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PREPARING SOCIAL WORKERS FOR INTERPROFESSIONAL PRACTICE: A
CONCEPTUAL INTERPROFESSIONAL EDUCATION (IPE) COMPETENCY-
BASED MODEL.

BY

Carlos Devone Graham

A doctoral project submitted to the faculty of the Medical University of
South Carolina in partial fulfillment of the requirements for the degree
Doctor of Health Administration in the College of Health Professions

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Abstract of Doctoral Project Presented to the
Doctoral Program in Health Administration & Leadership
Medical University of South Carolina
In Partial Fulfillment of the Requirements for the
Degree of Doctor of Health Administration

PREPARING SOCIAL WORKERS FOR INTERPROFESSIONAL PRACTICE: A
CONCEPTUAL INTERPROFESSIONAL EDUCATION (IPE) COMPETENCY-
BASED MODEL.

By

Carlos Devone Graham

Chairperson: Dusti Annan-Coultas, PhD
Committee: Jillian Harvey, PhD
Melissa Floyd-Pickard, PhD, LCSW

Interprofessional education (IPE) continues to advance as the best method to prepare health care professionals for interprofessional collaborative practice (IPCP). Large numbers of US social workers enter the workforce unprepared for interprofessional collaborative practice (Taylor & Coffey, 2014; Jones & Phillips, 2016; Stanhope et al., 2015). Without a clear understanding of the redundancies between social work educational standards and IPE competencies it is difficult to design IPE based courses for social work students with adequate content. The study purpose was to (1) identify were there was redundancy between the IPEC core competencies and CSWE 2015 EPAS competencies, (2) identify gaps in the social work competencies requiring integration of the

IPEC competencies and (3) develop and validate a conceptual model to guide the integration of IPEC core competencies into US social work education standards. A qualitative content analysis was conducted on the nine social work core competencies found in the *CSWE 2015 EPAS* utilizing the *IPEC Core Competencies for Interprofessional Collaborative Practice* sub-competencies as the coding scheme. The study found there was significant redundancy between the IPEC core competencies and the social work competencies. The study identified three gaps, (1) five sub-competencies were found in a document referenced within Social Work Competency 1, (2) seven sub-competencies were not found in the social work educational standards and (3) clarity issues from a lack of common terminology. The study findings were used to develop a conceptual model for IPE competency integration in to social work educational standards.

Key terms: social work competencies, IPEC competencies, interprofessional education, IPE and social work

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Introduction

IPE in Health care

Over the past decade there has been a growing body of literature supporting interprofessional education (IPE) as the method to prepare health care professionals for interprofessional collaborative practice (IPCP). The World Health Organization (WHO) defines interprofessional education as, “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010, p. 7). The WHO describes IPCP as “when multiple health workers from different professional backgrounds work together with patients, families, [careers], and communities to deliver the highest quality patient-centered care (as cited by Interprofessional Education Collaborative, 2016, p. 8). The ongoing shift to IPE in US health care has been driven by prospective benefits documented in several seminal publications. Often the benefits are found to occur when health care professionals’ function as collaborative teams rather than independent professionals in the same setting. These findings have served as the catalyst for increased emphasis on IPE in US health care.

The Institute of Medicine (IOM) has played a major role in this health care shift through the release of several seminal reports beginning in 2000 with *To Err is Human*. This report found that medical errors such medication, surgical, and procedural errors, along with healthcare-associated infections, cause over 98,000 deaths per year (Kohn, Corrigan, & Donaldson, 2000). A change in health care delivery is required to lower medical errors while improving patient outcomes, and quality of care. A 2001 IOM follow-up report called for redesigning the US health care system through increased focus on quality improvement. The new health care system should aim to provide safe, effective, patient-centered, timely, efficient and equitable care (IOM, 2001).

In 2003, the IOM released *Health Professions Education: A Bridge to Quality*. This report recommended five core competencies as a guide to educating a better prepared health care workforce as a means for improving US health care (IOM, 2003). These seminal publications were followed in 2010 by a WHO report explicitly calling for interprofessional collaboration among health care professionals to achieve quality improvement. The WHO (2010) *Framework for Action on Interprofessional Education and Collaborative Practice* cites numerous patient outcomes and quality improvement studies, arguing that, “After almost 50 years of inquiry, there is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice which in turn optimizes health-services, strengthens health systems and improves health outcomes.” The WHO identifies positive associations between interprofessional collaborative practice and improved health outcomes for people with chronic diseases; patient care and safety; appropriate use of specialist clinical resources, along with decreases in patient complications, hospital stay lengths, staff turnovers, clinical errors and mortality rates. There is also reduction in costs, treatment duration, suicide and outpatient visits (as cited on p.18). These associations between improvements to health care and interprofessional collaboration support a transition from traditional multidisciplinary health care practices to IPE because it will lead to wide-spread interprofessional collaborative practice.

A need to address multiple challenges in health care has given rise to the IPE movement. The increased emphasis on IPE has been influenced by multiple reports from organizations such as the IOM and WHO. The common interest found in these works is improving health care quality through increased interprofessional education of health care professionals. The next section explores which health professions have taken a leadership role in the advancement of IPE.

Professions Leading the Way in IPE

Several health professions have taken the lead on transitioning health professions education to an IPE-based system. Early IPE leaders are identified by Addy, Browne, Blake and Bailey (2015) who state, “Early activities typically involved clinical disciplines such as medicine, pharmacy and nursing, partially in response to compelling calls for changes in the health care delivery system from the Institute of Medicine and World Health Organization” (p. S106). This observation is further supported by the health professions represented as founding members of the Interprofessional Education Collaborative (IPEC). IPEC has been credited with establishing the first IPE competency framework in the United States. The founding members were the American Association of Colleges of Nursing (AACN), American Association of Colleges of Osteopathic Medicine (AACOM), American Association of Colleges of Pharmacy (AACP), Association of American Medical Colleges (AAMC) and the Association of Schools and Programs of Public Health (ASPPH). However, the nursing profession has led the IPE movement through the incorporation of interprofessional collaboration competencies into its education programs beginning with the advanced practice doctorate in 2006, followed by the baccalaureate in 2008, and finally the master’s degree in 2011 (IPEC, 2011; IPEC, 2016). As the IPE movement continues to evolve in the US through IPEC several health professions have followed nursing with implementation of IPE competencies into their education standards.

In 2008, the AAMC conducted a benchmark survey of U.S. medical schools focused on validating the need to incorporate IPE into medical professional education (IPEC, 2011). Then in 2010, dentistry promoted collaboration with other health professions through the incorporation of IPE oriented language into its’ accreditation standards. The pharmacy profession conducted a major study exploring the relevance of IPE in 2009 but did not formally incorporate IPE into the accreditation requirements until 2011. Public health integrated IPE learning outcomes into its’

undergraduate and master's programs in 2011, while osteopathic medicine initiated a three-phase program based on IPE the same year (IPEC, 2011, pp.6-8). The actions taken by IPEC and implementation by these health professions has established a foundation to recognize a common set of IPE core competencies in the US.

Social Work as a Leading Profession in IPE

As interprofessional collaborative practice becomes a highly emphasized approach in health care, there has been a call from some within the social work profession for it to lead the way in IPE (Jones and Phillips, 2016; Taylor, Coffee and Cashner, 2015). These calls to leadership are based on the rich history of the social work profession practicing in interdisciplinary environments. Interprofessional practice is on the path to becoming an independent discipline (IPEC, 2016). For this reason, it will take more than a rich history of practicing in interdisciplinary settings to prepare social workers for interprofessional collaborative practice. Other health professions such as nursing are already leading the way in embracing and integrating IPE into US health care. The social work profession must focus on simply becoming an active participant in the IPE movement given the lack of empirical evidence to validate it as a leader.

Buring, Bhushan, Broeseker, Conway, Duncan-Hewitt, and Hansen (2009) argue that interprofessional practice and education are more than simply practicing or learning in an interdisciplinary environment (as cited in Jones and Phillips, 2016, p.21). Before the social work profession can be considered an active participant in IPE, it must produce literature displaying how it does or could incorporate the core competencies of IPE into social work education curriculums and continuing education. Bronstein, Mizrahi, Korazim-Ko"rösy, and McPhee (2010) state, "While there is significant and growing literature on interdisciplinary collaboration in social work practice, there are surprisingly few empirical studies about the ways the schools of social work engage in interdisciplinary collaborative endeavors (p.459). The lack of empirical evidence to

prove the social work profession includes IPE competencies in its education standards creates a direct challenge to the idea of being a leader in the IPE movement. Instead it highlights a need for research to determine whether or not IPE competencies already exist or must be integrated into social work education standards. This research is necessary for the profession to establish itself as an active participant in the IPE movement. Jones and Phillips (2016) quote Bronstein et al. (2010) stating, “So while social work as a profession is committed to IPP [interprofessional practice] and IPE, there has been little in the empirical literature about ways social work education programs specifically participate in IPE” (p.23). Most social work studies to date have failed to address this discrepancy in the literature related to IPE. The performance of social work graduates entering the health care field also highlights the need for the integration of IPE competencies in social work education. Stanhope, Videka, Thorning and McKay (2015) argue, “Many social workers graduate without basic health literacy at the level needed by a health care professional” (p.399). Social workers learning and practicing in interprofessional health care environments do not possess the necessary interprofessional collaborative practice competency to lead the way in IPE. Stanhope et al. (2015) assert, “Although social work has long worked in varied work settings and with many collaborating professions and disciplines, social work has largely been excluded from interprofessional education initiatives, and social work education has not explicitly recognized competencies for interprofessional practice in its accreditation guidelines” (p.400).

Combining the views of Buring et al., Bronstein et al. and Stanhope et al. leads to a distinct conclusion. Social workers do not enter health care environments proficient in the competencies required for interprofessional collaborative practice. The limited empirical evidence of IPE core competencies inclusion in social work education programs coupled with the fact that many social work graduates do not possess the knowledge required to practice effectively in health care settings

support the need for exploration of methods to incorporate IPE competencies into social work program accreditation. The development of an educational model that integrates IPE core competencies with social work competencies will put the profession in a better position to lead the way in IPE.

Problem Statement

Few practicing social workers have a conceptual understanding of interprofessional collaborative practice which is required to practice effectively in a continually evolving IPE driven health care environment. This lack of expertise in interprofessional collaborative practice found among social work practitioners translates into a realization that social work students are not being oriented to IPE in the classroom or field settings. Furthermore, the relationship between common IPE competencies and the core content of social work education programs has not been elucidated. Without a clear understanding of the redundancies between social work educational standards and IPE competencies it is not possible to design IPE based courses for social work students that have adequate content without redundancy.

Study purpose

The purpose of this study is to develop and validate a conceptual model to guide the integration of IPE core competencies into social work education standards. The model would also provide a foundation for developing IPE-based course content for social work students and continuing education training for social work professionals currently practicing in the health care.

Research Questions/Result Expectation

1. What IPE core competencies are recognized in US health professions education?
2. What core competencies are taught in social work education?
3. Where do redundancies exist between the competencies?
4. What gaps in social work education do IPE core competencies need to fill?

5. What would be an appropriate model to guide the development and implementation of IPE core competencies in social work education?

The study expectation is to find considerable redundancy of core competencies between social work education and IPE while also identifying IPE core competencies requiring integration into social work education standards. Reeves, Fox and Hodges (2009) observed similarities in competency statements among various health care professions related to communication, assessment, planning, monitoring and advocacy. The authors state,

Such a ‘finding’ suggests the need to both challenge and streamline processes that essentially bring about the same core skills in many different professions. Given these difficulties, research could begin to compare competencies across professions to see what gets categorized as ‘unique’ to each group and what is regarded as ‘common’. Such work could also explore the impact of competency implementation on interprofessional practice, as the underlying assumption appears to be that by clearly defining each other’s roles practitioners will have a firmer understanding of how to work together. (p. 453)

These findings support the need to identify redundancies between IPE and social work core competencies when developing an educational model to integrate missing IPE competencies into social work education standards. Implementation of the same IPE competencies by all US health care professions would establish them as “common” competencies while allowing each profession to maintain their profession-specific competencies as “unique” competencies.

Methods overview

Study Design

The study design is a qualitative content analysis of documents. Krippendorff (2013) describes content analysis as, “an empirically grounded method, exploratory in process, and predictive or inferential in intent” (p.16). The aim of this study is to explore IPE and social work

core competencies to infer which IPE competencies are needed in current social work education standards and develop a conceptual educational model that integrates the missing IPE competencies to prepare social workers for interprofessional collaborative practice. Kyngas and Vanhanen provide the following description of content analysis, “The aim is to attain a condensed and broad description of the phenomenon, and the outcome of the analysis is concepts or categories describing the phenomenon. Usually the purpose of those concepts or categories is to build up a model, conceptual system, conceptual map or categories” (as cited in Elo & Kyngas, 2008, p.108). This study seeks to develop a conceptual model which validates the use of the qualitative content analysis method. The qualitative content analysis characteristics identified make it the most appropriate research design for this study.

Data Sources

The study will utilize three main data sources. These are policy documents created by IPE and social work education accrediting organizations, peer-reviewed literature from library web database and expert reviews. Each data source provides information for a specific part of the study. The policy documents are the *2015 Educational Policy and Accreditation Standards (EPAS)* produced by the Council on Social Work Education (CSWE) and IPEC documents including *Core Competencies for Interprofessional Collaborative Practice (2011)* and *Core Competencies for Interprofessional Collaborative Practice: 2016 Update (2016)*. These documents will comprise the sample unit data to be analyzed in this study. The CSWE *2015 EPAS* provides the core competencies taught in accredited social work education programs while the IPEC *Core Competencies of Interprofessional Collaborative Practice* serve as a guide for IPE curriculum development in the US.

A search of library web databases including EBSCOhost database which consists of many other databases (such as Academic Search Premier; CINAHL Plus; ERIC; Health Source; H.W.

Wilson; MasterFILE Premier; MEDLINE; American Doctoral Dissertations; etc.), ProQuest, Scopus and ClinicalKey will serve as a data source for peer-reviewed articles and other literature related to the study topics. IPE and social work education core competencies will be the focus of these database searches. The data collected will be utilized to establish the context for the content analysis and assist with developing coding frame definitions. The initial searches will begin broad and eventually narrow to literature on IPEC core competencies and competencies found CSWE accreditation standards. A librarian at the University where this study occurred will be interviewed to determine if any databases for inclusion as data sources have been omitted.

The final data source, expert review will serve as a method for increasing study reliability and validity. It will serve as resource for validating that the correct inferences are made from the data during the document analysis phase and as a means of establishing validity of the resulting conceptual model. The expert review details are provided in the Reporting/Validation section.

Data Analysis

A qualitative content analysis is the appropriate method for analyzing the collected data since the objective is to identify, compare and contrast core competencies in IPE and social work education resulting in the development of a conceptual model for integrating IPE competencies into social work education. Schreier (2012) defines qualitative content analysis as, “a method for systematically describing the meaning of qualitative material. It is done by classifying material as instances of the categories of a coding frame” (p. 12). The study will follow a systematic process for conducting qualitative content analysis consisting of the following steps: 1. Develop a research question(s) 2. Select material for analysis 3. Create a coding frame 4. Establish units of coding 5. Test the coding frame (double-coding) 6. Evaluate and modify the coding frame 7. Conduct the main analysis 8. Interpret findings and present conclusions (Schreier, 2012).

A portion of the coding frame will be re-coded after a period of at least 14 days based on results of the iterative process of content analysis. This double-coding step serves as a means to strengthen the reliability and validity. Double-coding part of the coding frame achieving the same results tests for consistency and objectivity. Reliability and validity are strengthened by ensuring coding frame consistency and objectivity (Schreier, 2012). Schreier (2012) states, “If your code definitions are clear and subcategories do not overlap, two rounds of independent coding should yield approximately the same results” (p. 45). When there is one researcher the double-coding process is conducted at two different points in time. Inconsistency and researcher bias or error will often cause the second coding to yield different results from the first. The best way to avoid such an outcome is to systematically develop a data-driven coding frame with categories focused on answering the research questions (Schreier, 2012).

The sample units will consist of policy documents related to the *IPEC Core Competencies for Interprofessional Collaborative Practice* and the *CSWE 2015 Educational Policy and Accreditation Standards*. The CSWE became an institutional member of IPEC in February 2016 (IPEC, 2016). This new relationship between CSWE and IPEC provides the context for using the identified sample units. Krippendorff (2013) states, “The context specifies the world in which texts can be related to the analyst’s research questions” (p. 53). The context for this study is that IPEC core competencies would be the IPE competencies incorporated into social work education by the CSWE as a result of its status as a new institutional member. Krippendorff (2013) explains,

Unless told, readers of the conclusions of a content analysis may not know the context that the analyst was using and may come to seriously misleading interpretations. In view of this possibility, content analysts need to make their chosen contexts explicit, so that the results

of their analyses will be clear to their scientific peers and to the beneficiaries of the research results (p. 54).

The Krippendorff statement solidifies the necessity for establishing context in this study. Context clarification adds to the validity of the study conclusions by providing future reviewers with an understanding of factors that influence specific inferences (Krippendorff, 2013). Context also serves as a foundation for establishing semantic validity. Semantic validity is a measurement of whether or not the coded categories appropriately match the meanings within the identified context for the purpose of analysis (Krippendorff, 2013). Semantic validity will support the validity of study inferences and conclusions. Schreier's qualitative content analysis definition highlights the importance of semantic validity and further supports the selection of qualitative content analysis as the analysis method for this study (p. 12).

The identified individual core competencies for IPE and social work will serve as the unit of analysis. Schreier states, "Your coding frame can be regarded as valid to the extent that your categories adequately represent the concepts in your research question, and to achieve this you have to adapt your frame so as to fit your material" (p. 18). The main categories of the coding frame will be the four core competencies found in *IPEC Core Competencies for Interprofessional Collaborative Practice* while the sub-competencies will serve as the codes for this study. The coding frame will be evaluated and modified as necessary to validate the analysis.

Study Variables

Identified common or differing core competencies are the study variables. The values of these variables are redundant, social work or IPE exclusive. These variables will be established by identifying the common and differing core competencies in social work education and IPE.

Reporting Method/Validation

The findings will be organized into evidence tables and used to create conceptual model in CSWE EPAS table format. The evidence table categories for this study will be IPE exclusive, social work exclusive, common and incorporate competencies. The IPE and social work exclusive categories will represent the differing core competencies and inform inferences to identify gaps in social work education to incorporate IPE competencies. The common core competencies category will be those currently found in IPE and social work education. The competencies requiring incorporation will serve as a foundation element for developing a conceptual model.

The conceptual model will be reviewed and critiqued by one social work educator and one IPE educator/expert for validation. The model draft will be reviewed by the IPE expert first to ensure proper conceptualization and use of IPE competency elements. Any necessary changes will be made prior to sending the model to the social work educator for review. The same process will be implemented for changes recommended by the social work reviewer to produce a final draft. A before and after comparison of the model will be included in the study index. This index inclusion will display the rigor in which the conceptual model has been developed to strengthen validity.

Assumptions and Limitations

A major limitation of this study is the applicability of findings to an international audience. Social workers in other countries have their own core competencies. For example, the study may not be applicable to Australian social workers due to differing core competencies and IPE frameworks. However, the overall study design could be replicated using Australian social work competencies and IPE framework with results applicable to Australian social workers. Another limitation is universal application of the results to other U.S. health professions, as each has its own core competencies. The continued evolution of IPE and CSWE core competencies provide limitations for application after the current competencies become obsolete. There is also the potential for researcher and/or coding bias.

Study Significance

As this is the first study to explore similarities and differences among interprofessional and US social work education competencies it will contribute to a very limited knowledge base related to social work and IPE. The Council on Social Work Education (CWSE) became an institutional member of the Interprofessional Education Collaborative (IPEC) in February 2016 (Interprofessional Education Collaborative, 2016). The CSWE accreditation standards will require review and revision to ensure the incorporation of IPEC's IPE core competencies. This study is directly aligned with the CSWE accreditation standards trajectory as it seeks to develop a conceptual model that incorporates the IPE core competencies established by IPEC to prepare social workers for interprofessional collaborative practice.

Review of the Literature

Introduction

There are some within the US social work profession calling for it to take a leadership role in interprofessional education (IPE) (Jones and Phillips, 2016; Taylor, Coffee and Cashner, 2015). These calls to leadership are based on the rich history of the social work profession practicing in interdisciplinary environments. However, upon initial review of the social work literature, there is little evidence other than this long interdisciplinary practice history to support the idea that social work as a profession has been a leading contributor to the study and advancement of in IPE. Prior to this literature review, it was anticipated that IPE literature would either 1) provide evidence of contributions to the literature by the social work profession to a degree that validates calls for increased leadership or 2) demonstrate that the social work profession has contributed very little, as evidenced by the lack of IPE competencies into the educational standards for professional preparation.

This study seeks to identify which Interprofessional Education Collaborative (IPEC) *Core Competencies for Interprofessional Collaborative Practice* are currently found in the Council on Social Work Education (CSWE) *2015 Educational Policy and Accreditation Standards* (EPAS) and to develop a conceptual model that incorporates the IPEC core competencies not found in the CSWE's 2015 EPAS. The objectives of this literature review are to determine what role the social work profession has historically played in the evolution of IPE, to identify IPE competencies for US health professions education, and to identify the core competencies of social work education in the United States. Through this work, it will then be possible to begin to address the research questions related to gaps and overlaps of IPE and social work competencies and to begin to propose a model for IPE competencies in social work educational standards.

The literature review first will explore the history, seminal publications, and current leaders in IPE. Exploring the history of IPE will provide a background of its development and the contributions of social work thus far. The evidence supporting social work's call to leadership in IPE is largely anecdotal and scarce within the social work literature. The seminal works related to IPE highlight its significance to US health care and provide background for the development of IPE core competencies in the United States. If social work is to legitimately become a leading profession within IPE it must first identify the leading professions and what makes them leaders.

Next, this review will present the basis for competency-based education and will discuss the IPEC and CSWE core competencies. The rapid global growth of competency-based education as a prominent educational approach is a major factor behind the establishment of core competencies in IPE and social work. The IPEC and CSWE core competencies sections provide the reader with a contextual background for understanding the study significance, methodology and conclusions. Establishing context is important when conducting a qualitative content analysis (Krippendorff, 2013). If the reader understands the developmental background, contextual significance and structure of the IPEC and CSWE core competencies, he or she is better prepared to understand the researcher's methodology and findings to critically review them.

In providing a contextual foundation for this study the researcher must provide the reader with definitions for important terms found throughout the literature review. The lack of established common terminology throughout the IPE literature remains an issue that has limited its' advancement over the past century (WHO, 1988; IOM, 2003; Olenick, Allen, & Smego Jr., 2010; WHO, 2010; Harris, Mayo, Balas, Aaron, & Buron, 2013; Bressler & Persico, 2016; Perrier, Adhihetty, & Soobiah, 2016). Over the past two decades multiple countries have developed IPE frameworks seeking to establish common terminology and competencies (Thistlewaite, et al.,

2014). In seeking to establish commonality within IPE, these frameworks have presented modern definitions for regularly-used terms and sought to clarify others. Interprofessional and interdisciplinary are often used interchangeably in some of the seminal works covered in this literature review. Therefore, to provide study clarity the following terms are defined: interprofessional, interdisciplinary, multi-professional, multidisciplinary, interprofessional education and interprofessional collaborative practice.

No clear definitions for interprofessional, interdisciplinary, multi-professional, multidisciplinary were found within the IPE literature. Perrier, Adhietty, and Soobiah, (2016) conducted a bibliometric analysis on 1,148 interprofessional, multidisciplinary, and teamwork studies which found most did not provide term definitions and the only commonality among the definitions provided was the inclusion of two or more professions or disciplines involvement in the description. The studies that provided definitions also failed to define individual terms such as “interprofessional” and “interdisciplinary.” These studies defined terms like “interprofessional work” instead with very little attention placed on the “interprofessional” part of the terms (p.273). Therefore, the individual definitions for this study were obtained from a dictionary. Merriam-Webster Dictionary (2018) defines interprofessional as, “occurring between or involving two or more professions or professionals,” and interdisciplinary as, “involving two or more academic, scientific, or artistic disciplines.” Schofield and Amodeo (1999) defined multidisciplinary as, “when a number of individuals from various disciplines are involved in a project but work independently (and even sometimes at cross-purposes!” (p.217).

The Schofield and Amodeo definition could be modified to establish a functional definition for multi-professional, when a number of individuals from various professions are involved in a project but work independently. The major distinction between these terms is the concept of a

profession versus a discipline. Merriam-Webster (2018) defines a profession as, “a calling requiring specialized knowledge and often long and intensive academic preparation” and a discipline as, “a field of study.” There are often multiple fields of study within one profession. An example is physicians requiring different specialized fields of study to become a psychiatrist versus a surgeon. Applying this concept highlights a drastic difference in the definitions for interprofessional education/collaboration and interdisciplinary education/collaboration. The widely accepted definition for IPE is, “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010). Therefore a contemporary definition of interdisciplinary education is when students from two or more disciplines learn about, from and with each other. IPCP is “when multiple health workers from different professional backgrounds work together with patients, families, [careers], and communities to deliver the highest quality patient-centered care” (WHO, 2010). A contemporary definition of interdisciplinary collaboration is when multiple individuals from different disciplinary backgrounds work together towards accomplishing a specific goal. Establishing these contemporary definitions has been a part of the IPE evolutionary process. The literature review will reference the terms used by the authors during the publication period. In most instances the authors are using interdisciplinary, multidisciplinary or multi-professional to describe concepts that are described today with the term interprofessional.

History of IPE

This section will provide an overview of IPE history covering the period of 1915 through the 1980’s. The period is significant because it covers the historical roots of the social work profession in the development of IPE. It also provides background for the evolution of IPE core competencies in the US. These core competencies evolved from seminal publications beginning with the first one in 1988. IPE is the evolution of a concept that has existed in health care for quite

some time. The answer to how long IPE has been around depends on who you ask. There is evidence to suggest IPE dates back to the early 1900's with Richard Cabot and his seminal work *Social Work: Essays on the Meeting-Ground of Doctor and Social Worker* (Baldwin Jr., 2007). Other researchers cite origination in the 1960's with a grassroots movement, while still others present origination occurring in the 2000's with increased calls from the Institute of Medicine (IOM), World Health Organization (WHO) and the Lancet Commission for better preparation of health professions students to enter the workforce (Thistlethwaite, 2012). IPE has been a gradual evolution from Cabot's discussion about the importance of teamwork or what we know today as interprofessional collaborative practice (IPCP) between the physician and social worker, which necessitates the need for health professions to teach and learn from each other in health care settings. Merriam-Webster (2017) defines evolution as, "a process of continuous change from a lower, simpler, or worse to a higher, more complex, or better state." Cabot (1915) emphasized the importance of social workers teaching medical professionals about psychosocial aspects of the patient's condition not taught in their education programs and proposed this was a two-way street that required medical professionals to educate social workers on the biological and pathological aspects of the patient's condition. He also emphasized the social worker as a peer rather than a subordinate as they provide a needed contribution to effectively treating the patient. Nearly a century later, the WHO defines IPE as, "when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" and interprofessional collaboration as, "when multiple health workers from different professional backgrounds work together with patients, families, careers and communities to deliver the highest quality of care" (WHO, 2010, p. 7). The WHO definitions are an evolution of what Dr. Cabot

described in 1915. To understand IPE from an evolutionary context one must explore several significant events that have taken place since Cabot's work.

The late 1940's and 1950's was a significant period of progress in the evolution of IPE. During this period, the teamwork approach espoused by Cabot (1915) was further operationalized by teams of medical professionals in World War II (WWII). Baldwin (2007) cites WWII as having major influence on US health care practices through the transition of the multidisciplinary team approach from the battlefields and military hospitals to the public health care system. The medical professionals driving this transition could be characterized as "unknowing" IPE pioneers. These pioneers are characterized as "unknowing" because their goal at the time was not the development of IPE or IPCP, but rather to utilize multidisciplinary care teams as means to improve health care delivery. Successful adaptation of WWII multidisciplinary medical teams to combat-oriented medical situations required exceptional communication and collaboration among team members. This interprofessional collaboration allowed them to effectively perform under such high stress circumstances. Several of these professionals returned to civilian medical practice bringing with them the multidisciplinary team approaches developed during service in WWII (p.24-25).

Baldwin (2007) identifies two of these pioneers. He states, "The development of modern primary care interdisciplinary teams, however, at least in the US, clearly started with Martin Cherkasky's efforts at the Montefiore Hospital. This was followed shortly thereafter by the work of Silver, who also utilized teams of physicians, nurses and social workers to provide care for patients enrolled in his pioneering Family Health Maintenance Demonstration Project" (p.24). There are important details left out of Baldwin's statement that significantly connect interdisciplinary teams to WWII. Sidel (2006) solidifies the connection with the identification of Cherkasky as a US Army hospital administrator and Silver as a medical officer during WWII. The

two physicians' service in WWII along with their collaboration at Montefiore Hospital advanced the multidisciplinary team approach in US health care.

As stated by Baldwin (2007), Cherkasky pioneered interprofessional care teams through the use of physicians, nurses and social workers as teams for his hospital outreach program (p.23). When Cherkasky was promoted to Montefiore Hospital director in 1951, he hired Silver to replace him as chief of the Montefiore Division of Social Medicine. Cherkasky and Silver worked to further advance the interprofessional care team model through the development of Silver's Family Health Maintenance Demonstration Project (Sidel, 2006). This era also witnessed the development of what may be the first interdisciplinary faculty at a US university through the work of Deisher and Baldwin at the University of Washington. They developed a family health care program consisting of professors and students from medicine, nursing, psychiatry, social work, nutrition, psychology, dentistry, dental hygiene and medical technology (Baldwin Jr., 2007). The combining of these major events illustrates the IPE goal in action: that educating health care students together will lead to improved IPCP.

The early momentum of the IPE movement continued in a slower grassroots fashion during the 1960's, while the 1970's saw significant contributions from key players that remain very influential within the IPE movement. There was at least one noteworthy event that took place in the 1960's related to IPE. The establishment of interdisciplinary primary care project experiences for medical and health professions students by the American Medical Student Association (AMSA) (Baldwin Jr., 2007). These student interdisciplinary experiences may have been the earliest conceptualization of interprofessional internships. They provided the opportunity for students from different health professions to practice together in real world health care settings. Baldwin (2007) emphasizes these interdisciplinary experiences mainly took place during the

students' summer vacation (p.25). This is an early example of the health care workforce we see currently, which consists of some graduates gaining voluntary or elective interprofessional experience prior to entering the field as professionals (Reeves, Tassone, Parker, Wagner, & Simmons, 2012).

The 1970s saw significant contributions from the Institutes of Medicine, which produced in 1972 a seminal report focused on educating interdisciplinary teams. Harris, Mayo, Balas, Aaron, & Buron, (2013) cite the IOM (1972) conference report, *Education for the Health Team*, as the publication that formally introduced interprofessional education. In *Education for the Health Team* the IOM (1972) provides the following operational definition of interdisciplinary education,

An educational experience can be interdisciplinary at the level of students, at the level of faculty, or at both levels. Thus, each of the following combinations is properly interdisciplinary:

- i) Students from more than one health profession taught by faculty from one health profession;
- ii) Students in one health profession taught by faculty from more than one profession;
- iii) Students from more than one health profession taught by faculty from more than one profession. (p. 6)

Interdisciplinary is used interchangeably with interprofessional throughout the report. However, interdisciplinary education is the more consistently used term while interprofessional education is only utilized five times throughout the report.

The use of the terms “interdisciplinary” and “interprofessional” in the 1972 IOM report interchangeably is significant for two reasons. First, it provides a definition for what was considered “interdisciplinary/interprofessional education” in 1972. There is considerable

difference between the IOM's 1972 definition and what is considered interprofessional education today. The most widely accepted definition of "interprofessional education" today is published by the WHO and states, "when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010, p. 7). Comparing the two definitions highlights how easy it would be to misconstrue the concept of taking courses with or performing a field practicum with other health professions as IPE when it is far more complex. The vagueness of the IOM definition lends itself to easily be misinterpreted that if students from multiple health professions are taught in the same environment and/or by professors from multiple health professions they have experienced IPE. This definition for "interdisciplinary education" singularly focuses on the presence of students or faculty from more than one health profession in the same setting. There is no emphasis placed on the content of what is taught or the level of interaction among the students. Therefore, interdisciplinary presence is misconstrued as the equivalent of IPE content and interactions. The 1972 IOM definition of "interdisciplinary/interprofessional education" easily supports the calls to leadership in IPE from those within the social work profession. These calls are based on the long history of social workers practicing in interdisciplinary settings which is a presence rather than content perspective. When IPE content and interactions are applied to the same social work history there is little to no empirical evidence to support such calls to leadership. The WHO definition emphasizes IPE content such as "effective collaboration" and interactions between students from two or more health professions. The definition provided by WHO validates the significance of this study because current social work literature lacks empirical evidence to confirm IPE content exists within the CSWE social work competencies. Prior to taking a leadership role in the IPE movement the social work profession must establish itself as key player through empirical means.

Second, the IOM definition highlights a problem that continues to hinder the evolution of IPE. A major challenge to IPE is the lack of a common terminology and definitions within health professions education. This challenge has relevance to social work in that the field has historically referred to “interprofessional education” with the term “interdisciplinary education.” The use of “interdisciplinary education” and not “interprofessional education” along with the IPEC definition limits the social work field’s ability to definitively identify IPE competencies in its educational standards and research literature. It is difficult to verify the presence of competencies when there is significant ambiguity in terminology and definitions between IPEC and the CSWE educational standards. Therefore, the social work profession to adoption of IPEC terminology and definitions would serve as a means for removing the ambiguity caused by use of differing terms and definitions. Use of common terminology and definitions would greatly increase the ability of those outside the social work profession to definitely identify IPE competencies in the educational standards.

While the recommendations provided in *Education for the Health Team* by the IOM (1972) are possibly the first of calls for increased IPE in health professions education by a major health organization, it was not the first use of the term “interprofessional”. George Szasz’s used the term in his 1969 article titled, “Interprofessional education in the health sciences” which reported on several courses provided at the University of British Columbia in Canada (Baldwin Jr., 2007). However, the IOM report is cited as the first formal introduction to IPE, because it reached a broader audience and called for actions that influenced other developments within the IPE movement from the 1970’s to the present day.

Substantial traction was gained in the IPE movement during the 1970’s. The promotion of IPE at a global level began through the WHO during this time period. Numerous authors have

referenced the WHO influence on IPE globally. The IOM and WHO promotion of IPE served as a catalyst for major developments in the evolution of IPE during the 1970s. This is evidenced by the increased efforts of US universities to incorporate IPE into health professions education. Baldwin (1976) reported the development of possibly the first official IPE program in the US when the University of Nevada created a IPE curriculum that spanned from entrance to graduation for eleven health professions which included social work students (as cited in Baldwin Jr., 2007, p.26-27). Tanner et al. (1972), Royer (1972) and Connolly (1975) described the establishment of summer interprofessional experiences at the University of Miami, Indiana University and the University of Kentucky during the 1970's, respectively. (as cited by Baldwin Jr., 2007, p.27). Rosenberg and Anderson (1973) recorded the development of elective IPE courses at the University of Minnesota while Casto and Nystrom (1985) noted the development of such courses at the Medical College of Virginia and Ohio State University around the same time. These academic developments make the 1970's an important time period in the evolution of IPE.

According to Baldwin Jr. (2007) significant support for IPE was shown by the US government and private philanthropic organizations through the funding of IPE programs during this time period. The Department of Veterans Affairs joined the IPE movement around this time as well and remains a major contributor. The constraining effects of decreased funding is evidenced by the IPE movement's near dormancy during the 1980's. Federal funding for many programs that flourished during the 1970's drastically decreased leading to stagnation of support for IPE around 1980. Baldwin (2007) describes this period with the statement, "Indeed, education and training for health care teams might have disappeared almost completely had it not been for a rise of interest in better meeting the needs of geriatric patients" (p.31). Geriatrics have remained a major influence on the evolution of IPE. Goldberg, Koontz, Rogers, & Brickell (2012) assert,

“Evidence shows that an integrated, interprofessional approach to the care of older adults increased quality of care, improved compliance and health outcomes, reduced rates of rehospitalization and decreased costs (Famadas et al. 2008; Hirth, Baskins, & Dever-Bumba, 2009; Jencks, Williams, & Coleman, 2009; Zwarenstein et al. 2009)” (p.98). The benefits cited by Goldberg et al. (2012) are the reasons IPE has remained a vital asset to geriatric care. A major draught in IPE development during the 1980’s is supported by a 1988 WHO report being the only frequently referenced work from this time period.

This review of IPE history from 1915 through the 1980’s was intended to provide a historical background of social work involvement in IPE and the seminal works beginning in 1988 that led to the development of the IPEC core competencies. The review has demonstrated that the social work profession has been a contributor in the development of IPE and IPCP since 1915 with Dr. Richard Cabot’s publication of *Social Work: Essays on the Meeting-Ground of Doctor and Social Worker*. IPE and IPCP evolved from the “teamwork” concept of social workers and physicians learning from each other and working in collaborative teams highlighted in Dr. Cabot’s book. Social workers were also members of earliest formal interprofessional care teams established at Montefiore Hospital in the late 1940’s. Three decades later, social work students were included in the establishment of the first IPE curriculum at the University of Nevada. The social work profession has served as a significant contributory presence in the early development of IPE and IPCP. However, there is nothing within the historical literature that supports the social work profession as a leading contributor to the advancement of IPE. The Institute of Medicine and World Health Organization have served as the most influential leaders of the IPE movement through publication of seminal works.

Reflective Note:

The researcher's initial expectation was to provide a background on IPE and explore the participation of social work in the development. Previous brief reviews of the literature supported IPE originating in the 1960's and limited participation of the social work profession. However, as the process moved forward it was concluded that IPE as a concept originated far earlier and social work played a significant part in the process. It was determined that development of IPE was an evolutionary process rather than a recent shift. The rich history of social work working with other professions is broader than previously thought. The collaboration between medicine and social work led Cabot to initiate the discussion of the professions learning from and with each other to perform as a health care team. This concept eventually evolved to be called IPE. These findings influenced my decision to review the literature for publications other than those often referenced in recent IPE discussions.

Seminal Publications

The publication of multiple seminal reports over the last two decades has resulted in increased interest in interprofessional education (IPE) in health professions education. These seminal works are: 1) *Learning Together to Work Together for Health: Report of a WHO Study Group on Multiprofessional Education of Health Personnel: The Team Approach* (WHO, 1988); 2) *To Err is Human: Building a Safer Health System* (IOM, 2000); 3) *Crossing the Quality Chasm: A New Health System for the 21st Century* (IOM, 2001); 4) *Health Professions Education: A Bridge to Quality* (IOM, 2003); and 5) *Framework for Action on Interprofessional Education and Collaborative Practice* (WHO, 2010). While the foundational concepts of IPE and interprofessional collaborative practice (IPCP) in the US date back to the early 1900's, the most commonly identified initiation period for contemporary IPE and interprofessional collaborative practice is around 2000 beginning with the seminal Institute of Medicine (IOM) report *To Err is Human: Building a Safer Health System* (IOM, 2000). There is one other seminal work often

referenced in IPE literature from the 1980 – 2000-time period, *Learning Together to Work Together for Health: Report of a WHO Study Group on Multiprofessional Education of Health Personnel: The Team Approach* (WHO, 1988). This World Health Organization (WHO) report is often credited with reinvigorating interest in IPE after the staggering loss of financial and substantive support around 1980 (Thistlethwaite, 2012). This WHO publication not only reinvigorated interest in IPE it served as the catalyst for the current advancement of IPE in the health professions education.

The WHO (1988) maintains, “The aims of the Study Group were to clarify the meaning of “multiprofessional education,” to describe its rationale and purposes, to determine its implications, to suggest how it can be put into practice and to recommend ways of promoting and implementing it” (p.7). A major barrier to the advancement of IPE is lack of consensus on a common terminology (WHO, 1988; IOM, 2003; Olenick, Allen, & Smego Jr., 2010; WHO, 2010; Harris, Mayo, Balas, Aaron, & Buron, 2013; Bressler & Persico, 2016; Perrier, Adhietty, & Soobiah, 2016). This WHO report makes a very important distinction between “interdisciplinary education” and “interprofessional education.” The report acknowledges the use of terms such as “interdisciplinary” and “multidisciplinary” to define similar practices within the body of IPE literature. However, the WHO makes a distinction between a “discipline” and a “profession” in health care and clarifies that “multiprofessional” and “interprofessional” are considered equivalent in the report:

Since these words may mean something different (e.g., "discipline" in medical and nursing education corresponds to subjects such as anatomy, physiology, immunology), the Study Group recommended the use of the term "multiprofessional". The term "interprofessional"

is also found in the literature and has the same meaning as "multiprofessional." (WHO, 1988, p.6)

Clarifying terminology is important because, among other things, consistent use of terms adds to the knowledge base of the field which in turn can improve practice. Inconsistent use of terms contributes to misinterpretation or mis-classification of interdisciplinary studies within IPE literature (Perrier, Adhietty, & Soobiah, 2016). These misclassified studies often do not meet the criterion for inclusion and distort the literature base (Perrier, Adhietty, & Soobiah, 2016). IPE seeks to promote collaboration in health professions education beyond disciplines and instead among different health professions such as medicine, nursing, social work, pharmacy, etc. Therefore, to advance IPE such distinction must be unanimously accepted for inclusion in a common IPE terminology. "Interprofessional education" should become the only term used to define collaborative learning among two or more health professions.

The WHO rationale, purpose and implications of "multiprofessional" (interprofessional) education found in *Learning Together to Work Together for Health: Report of a WHO Study Group on Multiprofessional Education of Health Personnel: The Team Approach* are intertwined. The WHO maintains that continuing complexity of health problems requires the collaborative intervention of multiple health professionals, or in contemporary terms, IPCP, to address them effectively (WHO, 1988). One example is economic, social and cultural factors are often not a major focus of medical and nursing professional education programs. Social work preparation tends to focus heavily on such factors (Singer, Gray, & Miehl, 2012; Council on Social Work Education, 2015; Jones & Phillips, 2016). Thus, in order to address the complex health problems encountered in most health care environments it becomes necessary to apply a interprofessional team approach. According to the WHO, IPE provides individuals from different professions

educational experiences that allow them to become familiar with the functioning of effective interprofessional health care teams along with developing the necessary competencies to become effective team members (WHO, 1988, p.13). The implications of implementing IPE are a health care system in which health professionals learn how other professions think about health problems and appreciate each others' contributions to the treatment process (WHO, 1988, p. 14). The seminal work that followed *Learning Together to Work Together for Health: Report of a WHO Study Group on Multiprofessional Education of Health Personnel: The Team Approach* expanded the discussion about the problems plaguing US health care and called for system redesign which included an interprofessional approach.

The next seminal publication, *To Err is Human: Building a Safer Health System* was published in 2000 by the IOM as part of the *Quality Chasm Series*. It was followed by *Crossing the Quality Chasm: A New Health System for the 21st Century* in 2001 and *Health Professions Education: A Bridge to Quality* in 2003 to complete the series. In describing these three seminal works Goldberg, Koontz, Rogers, and Brickell (2012) state that in these works, "... the Institute of Medicine (IOM; 2000, 2001, 2003, 2009) stipulated that health care must be patient centered, safe, timely, equitable, effective (evidence-based), and efficient with an increased focus on quality improvement, outcome measurement, and interprofessional education, on-campus and across work settings" (p.98).

The health care problem found in *To Err is Human: Building a Safer Health System* is excessive medical errors resulting from a need to improve quality of care and patient safety. The IOM (2000) explains, "This report addresses issues related to patient safety, a subset of overall quality-related concerns, and lays out a national agenda for reducing errors in health care and improving patient safety" (p.5). A highly emphasized point of the report is that most of these

medical errors are preventable with improvements to the US health care system. One of these improvements is implementation of IPE into health professions education. Process improvements within the US health care system related to patient safety and quality of care are also a necessity to accomplish a decrease in avoidable errors. *To Err is Human: Building a Safer Health System* concludes that IPE is vital to the redesigning of the US health care system as a means to increase patient safety and improve quality of care (IOM, 2000). The report makes a connection between IPE and major health system redesign through emphasis of the need to train interprofessional healthcare teams to perform collaboratively. Reeves, Tassone, Parker, Wagner, and Simmons (2012) assert, "Critical issues with communication and collaboration amongst different health care professionals have been well documented, particularly in the patient safety literature, and continue to be a concern" (p.234). Implementing IPE in health professions education would improve communications and effective teamwork among health professionals by creating collaborative environments where students learn to work together as part of interprofessional healthcare teams rather than simply in each others' presence. The IOM conclusion is in agreement with the WHO proposal of IPE as the means to establish monumental change within health care but disagrees in reference to defining interdisciplinary versus interprofessional. IOM depicts these terms as interchangeable, leaning more towards the use of "interdisciplinary." *To Err is Human: Building a Safer Health System* utilizes the term interdisciplinary rather than interprofessional to describe the IPE and IPCP of health professionals (IOM, 2000). However, the IOM makes an interesting terminology substitution of "multidisciplinary" for "interdisciplinary" between reports in the *Quality Chasm Series*. The second seminal IOM report of the series, *Crossing the Quality Chasm: A New Health System for the 21st Century* is heavy laden with the use of multidisciplinary to describe concepts that could be considered IPE and IPCP when viewed in context.

The overarching focus of the *Crossing the Quality Chasm: A New Health System for the 21st Century* is redesigning and establishing an action plan for developing a new US health care system. The IOM acting on the recommendations provided in *To Err is Human: Building a Safer Health System* convened a multidisciplinary committee to explore redesigning the US health care system from an interprofessional collaborative approach (IOM, 2003). *Crossing the Quality Chasm: A New Health System for the 21st Century* is the report that resulted from the multidisciplinary committee convention. The report provides a set of aims the committee determined are necessary for an effective health care system (IOM, 2001). The IOM asserts a new health care system should focus on the following aims:

Safe—avoiding injuries to patients from the care that is intended to help them.

Effective—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).

Patient-centered—providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Timely—reducing waits and sometimes harmful delays for both those who receive and those who give care.

Efficient—avoiding waste, including waste of equipment, supplies, ideas, and energy.

Equitable—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status. (p.6)

The IOM emphasizes aspiring to achieve these objectives through an interprofessional approach will produce a health care system with exceptional quality of care. The IOM calls for a change in the way we prepare the health care workforce as part of the system redesign (IOM,

2001). IPE is the means to establish a workforce highly competent in practicing interprofessional collaboration and teamwork. A health care system could be oversaturated with specialized professionals and still function inadequately if they are not prepared to function effectively as a collaborative team. The next report in the *Quality Chasm Series* focuses on providing these required skills in the form of core competencies.

Health Professions Education: A Bridge to Quality operationalizes the manner in which workforce preparation should take place, identifying the core competencies required to adequately perform in a new health care system. The IOM (2003) provides the following description of *Health Professions Education: A Bridge to Quality*, “This follow-up report focuses on integrating a core set of competencies – patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement and informatics – into health professions education” (p.1). This report is not the first call for core competencies in the IPE literature. However, the report is a seminal publication because it was the first introduction of core competencies in IPE by a major organization in decades and continues to influence the development of IPE frameworks. Another aspect of the report that makes it significant is the emphasis placed on utilizing accrediting bodies as the means for implementing IPE principles. This emphasis is relevant to the current study as the document used to identify the core competencies found in social work education is the CWSE accreditation standards. The current IPE core competencies widely accepted within US health professions education were influenced by this particular IOM report (IPEC, 2011). The five core competencies and descriptions provided in *Health Professions Education: A Bridge to Quality* to prepare a new health care workforce are broad and difficult to measure. The IOM (2003) provides the following five core competencies and descriptions:

Provide patient-centered care – identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

Employ evidence-based practice – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.

Apply quality improvement – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care, with the objective of improving quality.

Utilize informatics – communicate, manage knowledge, mitigate error, and support decision making using information technology. (p.46)

One shortcoming of the report is the IOM does not provide the competencies in concrete measurable terms. The IOM does expound upon their descriptions of each competency within individualized sections of the report. However, these sections fall short in providing the audience with a significant enough understanding of each competency to develop effective tools to measure health professionals’ competency. Another weakness of the IOM competencies is a potential lack of correlation between the competencies, sub-competencies and required skills. However, it should

be noted that *Health Professions Education: A Bridge to Quality* does not specifically claim to identify IPE competencies, but rather emphasizes IPCP from the perspective of training health professionals to work in interdisciplinary teams. The road to establishing IPE core competencies in the US has been long and winding given nearly a decade past between the publication of *Health Professions Education: A Bridge to Quality* and the next seminal work, the WHO report, *Framework for Action on Interprofessional Education & Collaborative Practice*.

The WHO released *Framework for Action on Interprofessional Education & Collaborative Practice* in 2010. This report is best weighed as a follow up to the 1988 WHO report (Barr, 2010). When reviewed in context the 2010 WHO report does display an advancement in perspective on IPE over the preceding twenty-two years. There are several parts of the text that present a deeper understanding and conceptualization of IPE and its capacity to transform health care globally. The progression in the WHO promotion of IPE is not without some scrutiny.

Barr (2010) makes a valid observation stating, “References to IPE were, however, conspicuous by their absence from WHO publications during the ensuing 20 years, despite determined efforts to promote it in ever more countries” (p.475). This is an issue that has continually plagued IPE and stagnated its evolution. Throughout the evolution there have been periods of significant gain in the advancement of IPE, only to be followed by decades where it is rarely mentioned by important bodies such as the WHO. If the rationale that the 1988 WHO report revived the IPE movement is valid, then the 2010 WHO report is serving the same purpose. The WHO deems the report a call to action and not an instructional guide. The WHO clarifies this stance with the following statement:

This Framework is not intended to be prescriptive nor provide a list of recommendations or required actions. Rather it is intended to provide policy-makers with ideas on how to

contextualize their existing health system, commit to implementing principles of interprofessional education and collaborative practice, and champion the benefits of interprofessional collaboration with their regional partners, educators and health workers.

(p.11)

Framework for Action on Interprofessional Education & Collaborative Practice is considered a seminal publication because of its far-reaching influence on the advancement of IPE. The definition for IPE provided in this WHO report is widely used and referenced in the field. This WHO report significantly contributes to IPE advancement through continued advocacy for a common terminology and global promotion of IPE and IPCP. The WHO has also focused on supplying evidence to support IPE and IPCP as effective solutions to problems faced by inadequately functioning health care systems worldwide.

The WHO has consistently advocated the establishment of a common IPE terminology. In the 1988 report the WHO sought to clarify the meaning of terms commonly found in the IPE literature. In the 2010 report the WHO makes a complete transition from the formerly used term multiprofessional to interprofessional. It provides a more concrete definition for interprofessional education describing it as, “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010, p.10). The new definition shows an advancement in the conceptualization of IPE from the previous definition, “the educational experience shared by members or students of different health professions” (WHO, 1988). *Framework for Action on Interprofessional Education & Collaborative Practice* clearly defines several other terms commonly found within IPE literature such as, health and education systems, health worker and collaborative practice. These definitions have been accepted and utilized throughout the globe. However, they have not been accepted by

organizations and accrediting bodies worldwide as universal IPE terminology. Nevertheless, the WHO has advanced IPE with a significant amount of acceptance garnered.

Another significance of the 2010 report is the plethora of evidence provided to support the effectiveness of IPE. IPE effectiveness has been widely held as anecdotal based on the evidence within the literature base. *Framework for Action on Interprofessional Education & Collaborative Practice* provided a solid, research supported argument for the effectiveness of IPE. Barr (2010) states, “Never has the case for interprofessional education and collaborative practice been asserted so boldly” p.475). However, he also scrutinizes the validity and reliability of the WHO supporting evidence in the same publication. Thistlethwaite (2012) supports Barr with the assertion, “Although the WHO Framework summarizes the evidence for IPE, it does not claim to be a systematic review of the literature and has indeed been criticized for not weighting and evaluating that evidence” (p.61).

Several systematic reviews and publications have highlighted the limited scrutinization of the WHO evidence (Barr, 2010; Thistlethwaite, 2012; Reeves, Tassone, Parker, Wagner, & Simmons, 2012; Lapkin, Levett-Jones, & Gilligan, 2013; Reeves, Palaganas, & Zierler, 2016). While the WHO report may have been criticized as a systematic review, it is worth noting that multiple systematic reviews were added to the knowledge base since the publication of *Framework for Action on Interprofessional Education & Collaborative Practice*. Some of these systematic reviews have validated the findings provided in the WHO 2010 report, but when taken into context the literature supporting IPE as effective is ambiguous. The establishment of a universal IPE competency framework accepted by all health professions would contribute to creating a research environment to alleviate such ambiguity.

Seminal publications from the IOM and WHO have served as the most significant contributors to the advancement of IPE and IPCP over the past half century. At a time when IPE had all but fallen to the wayside, the WHO published *Learning Together to Work Together for Health: Report of a WHO Study Group on Multiprofessional Education of Health Personnel: The Team Approach* in 1988 which brought IPE back to forefront of health professions workforce development. Then the IOM published the Quality Chasm Series consisting of three reports between 2000 and 2003 calling for a redesign of the US health care system through an IPE approach to establish a new health care workforce prepared for IPCP. The IOM also provided 5 guiding core competencies in the final report, *Health Professions Education: A Bridge to Quality*. The five IOM core competencies have been acknowledged as the foundational build blocks to the Interprofessional Education Collaborative (IPEC) *Core Competencies for Interprofessional Collaborative Practice*. Seven years later in 2010 the WHO published what to date has been the most influential IPE report. *Framework for Action on Interprofessional Education & Collaborative Practice* influence the advancement of IPE globally and provided the definitions utilized in the US IPE framework, *Core Competencies for Interprofessional Collaborative Practice*. All of the seminal works share the same goal of advancing IPE as means of developing a health care work prepared to effectively perform as members of interprofessional care teams.

Reflective Note:

The seminal works section is to provide the reader with an understanding of how IPE evolved over time from an abstract concept to a legitimate solution for addressing issues in health care. It was also important for understanding the evolutionary development of IPE frameworks. Understanding IPE frameworks as the main vehicle for introducing and implementing IPE core competencies is important to this study for two reasons. First, they support the importance of the

study through the identification of issues faced by the IPE such as implementing a universal terminology. Second, implementation of the IPEC core competencies included in this study are paramount to US health professions establishing a universal IPE competency framework. The seminal works serve as a foundation to the IPEC competency framework. Finally, this section assists with establishing the context for understanding the study.

Which Health Profession Currently Leads the Way Based on the Literature?

Interprofessional education (IPE) dates back to around the beginning of the 20th century with Dr. Cabot's seminal work *Social Work: Essays on the Meeting-Ground of Doctor and Social Worker*. This work places social work as one of the earliest participants in the evolution of IPE along with the medical profession. However, it also places the nursing profession as an early participant in IPE development. Dr. Cabot's book was based on his collaboration with Ida Cannon in which they established the first social work department within a hospital setting (Massachusetts General Hospital, 2018). This development is often cited as the beginning of medical social work practice (Praglin, March 2007). Ida Cannon was originally trained and practiced as a nurse before pursuing a social work education. Ms. Cannon combined her experiences and knowledge as both a nurse and social worker to train health professionals and students to practice as part of interprofessional teams at Massachusetts General Hospital (Massachusetts General Hospital, 2018). Over the past two centuries many health professions have participated in the IPE evolution. Previously discussed were calls within the social work profession for it to take a leadership role in the current advancement of IPE taking place in health care. In spite of social work being one of the early professions involved in the conceptualization of what would later become IPE, it has not remained a leading contributor to the IPE evolution (Bronstein et al., 2010). In *Social Work and Interprofessional Education in Health Care: A Call for Continued Leadership*, Jones and Phillips (2016) provide the following as a path to leadership in IPE for the social work profession:

A variety of innovative strategies can increase the role of IPE in schools of social work and increase the leadership of social work in IPE. Social work leadership organizations such as CSWE, Society for Social Work Research, Society for Social Work Leadership in Healthcare, National Association of Social Workers, Association of Pediatric Oncology Social Workers, Association of Oncology Social Workers, and the Social Work in Hospice and Palliative Care Network are all working collaboratively with other health professions to bring about more IPE initiatives in education, practice, research, and advocacy. (p.27)

Based on the Jones and Phillips statement, the health profession leading the advancement of IPE must display leadership in the areas of education, practice, research and advocacy. The medical profession has remained a leader in the IPE movement, but even it is not the health profession empirically supported as the IPE leader in the US. The nursing profession which also shares historic roots to the early stages of the IPE evolution has led the advancement since around the mid-20th century as evidenced by participation in the most IPE studies, being the first health profession to integrate IPE competencies into every aspect of nursing education, and continuing to answer the call to lead through action (Zorek & Raehl, 2013).

Nursing is the first health profession to fully incorporate IPE competencies into its education curriculum through inclusion in nursing accreditation requirements. All nursing accrediting bodies have mandated the inclusion of IPE in every nursing program, undergraduate and graduate (Zorek & Raehl, 2013; Bressler & Persico, 2016; Ward, et al., 2016; Held, Mallory, & Cummings, 2017; Lennen & Miller, 2017). Nursing programs incorporated IPE incrementally with doctoral programs in 2006, baccalaureate in 2008 and finally the master's in 2011 (Held, Mallory, and Cummings, 2017). Medicine, pharmacy, public health, dentistry and occupational therapy followed suit establishing mandates for their accrediting standards while others have done

so informally (IPEC, 2011; Gray, et al., 2015; IPEC, 2016; Ward, et al., 2016; Held, Mallory, & Cummings, 2017). The nursing profession has distinguished itself as the leader in the IPE movement by setting the bar to which all health professions should aspire.

Adding to the evidence base is another important aspect of leadership in IPE. Nursing students have participated in more IPE research studies to date than any other health profession (Abu-Rish, et al., 2012; Reeves, Tassone, Parker, Wagner, & Simmons, 2012; Lapkin, Levett-Jones, & Gilligan, 2013; (Olson & Bialocerkowski, 2014; Reeves, et al., 2016). Nandan and Scott (2014) state, “Most of the IPE literature focuses on collaboration between two professions, most notably medicine and nursing” (p.151). Numerous studies and systematic reviews of IPE literature confirm these findings as they found nursing to be the most prominent participant as well (Reeves, Tassone, Parker, Wagner, & Simmons, 2012; Abu-Rish, et al., 2012; Lapkin, Levett-Jones, & Gilligan, 2013; Olson & Bialocerkowski, 2014; Brandt, Lutfiyya, King, & Chioreso, 2014; Reeves, et al., 2016; Congdon, 2016). A literature review conducted by Abu-Rish, Kim, Choe, Varpio, Malik, White, Craddick, Blondon, Robins, Nagasawa, Thigpen, Chen, Rich, and Zierler, (2012) found that 68.6% of their studies included nursing students. Nursing students are the most prominent participants in IPE studies regardless of practice area. Olson and Bialocerkowski (2014) found nursing was included most often in IPE studies during their systematic review of IPE in allied health professions education (p.239). The same conclusions are made when viewing IPE through a specific paradigm. Brandt and Scott (2014) reported, “Twenty different professions appeared in the literature reviewed, with nursing the most frequently included (62.2%) followed by medicine (57.9%)” in a study reviewing IPE through a Triple Aim perspective (p.396). When the bulk of IPE literature is taken into consideration nursing clearly leads the way in research study

participation. These findings are possibly the result of the nursing profession being the first to fully integrate IPE into its educational system.

The nursing profession has led the advancement of IPE through actions such as contributing to seminal works, answering the call to leadership from the IOM and being a founding member of the IPEC. These actions have distinguished nursing as a leader in interprofessional collaborative practice (IPCP) and advocacy for IPE advancement. Harris, Mayo, Balas, Aaron, and Buron (2013) confirm nursing as an early leader and major contributor. The authors provide the following background to make this confirmation:

Nurses were one of the first disciplines to embrace the vision and development of interprofessional education. In 1971, Dr. Eleanor C. Lambertsen, Dean of the Cornell University School of Nursing, was appointed by the IOM to the 11-member interdisciplinary steering committee. The committee made recommendations for changes in the interprofessional education of health professionals across the nation. Notably, some of nursing's most influential members, Dr. Madeline Leninger, Dr. Hildegard Peplau, Dr. Faye Abdellah, and Dr. Barbara Resnick, were listed as active participants of this report (IOM, 1972), and they provided leadership and vision for the early interprofessional education initiatives. (p.319)

Nurses took a leadership role in the conference that resulted in the IOM seminal work, *Education for the Health Team* (IOM, 1972; Baldwin Jr., 2007; Harris, Mayo, Balas, Aaron, & Buron, 2013). This work continues to influence the advancement of IPE. The nursing profession continues to be called upon by the IOM to serve as a leader in IPE. In two major reports the IOM formally called on the nursing profession to take the lead in transforming the US health care system (IOM, 2011; IOM, 2016). These works were *The Future of Nursing: Leading Change, Advancing*

Health in 2011 and Assessing Progress on the Institute of Medicine Report: The Future of Nursing in 2016. The Future of Nursing: Leading Change, Advancing Health makes recommendations for the nursing profession to alter nursing practice, education, and leadership in preparation for leading the US health care system transformation. The IOM (2011) provides the following leadership guidance to the nursing profession for transforming the US health care system:

They must lead in improving work processes on the front lines; creating new integrated practice models; working with others, from organizational policy makers to state legislators, to craft practice policy and legislation that allows nurses to work to their fullest capacity; leading curriculum changes to prepare the nursing workforce to meet community and patient needs; translating and applying research findings into practice and developing functional models of care; and serving on institutional and policy-making boards where critical decisions affecting patients are made. (p.254)

IPE and IPCP are emphasized throughout the report as being paramount to transforming the US health care system. The IOM has called on the nursing profession to take leadership in the IPE movement as part of transforming the US health care system. The nursing profession has answered this call to leadership and continues to set the pace. Nursing is a founding member of IPEC and a major contributor to the development of *Core Competencies for Interprofessional Collaborative Practice* (IPEC, 2011; IPEC, 2016). IPEC is the driving force for fully integrating IPE into US health professions education. The *Core Competencies for Interprofessional Collaborative Practice* are a major achievement towards establishing a universal set of IPE core competencies within the US. The nursing profession's status as a founding IPEC member and its contribution to the collaborative's achievements solidify nursing as an IPE leader.

The IPE literature distinguishes two health professions as the leaders in IPE advancement, nursing and medicine respectively. However, there is more evidence to validate nursing as the leading profession in education, practice, research and advocacy related to IPE and IPCP. The extensive participation in IPE studies, implementing IPE into accreditation standards and overall historical contributions of nursing separate it from even its' closest peer, medicine. Developing a conceptual model for integrating IPE into social work accreditation standards using the *IPEC Core Competencies for Interprofessional Collaborative Practice* will move the profession closer to the bar set by the nursing profession. Currently the empirical evidence to elucidate IPE competencies in social work accreditation standards and programs is scarce.

Reflective Note:

The significance of the “Who leads the way” section is to address the calls for social work to lead the way in IPE. The literature does support social work being a current leader in the IPE movement. The section was important to understanding the study significance, because it frames the characteristics of leadership in IPE. Understanding these leaders' implementation of IPEC core competencies into their accreditation standards provides context for why social work must elucidate the inclusion of IPEC core competencies in its' current accreditation standards or implement them. This must take place before social work can become an active participant in the IPE movement.

Competency-based Education in the United States

This section will provide a brief overview of competency-based education in the United States because the IPEC competency framework and the *CSWE 2015 EPAS* were developed based the learning approach. Competency-based education is an approach to higher education that originated in the 1960's as part of teacher education reform in the United States (Tuxworth, 1994). The foundational concepts of competency-based education originated earlier in the US, but the

term “competency” was not used to describe the learning approach until the teacher education reform movement. Ford (2014) explains, “This is when the word ‘competency’ began to be used widely in association with this model of instruction and learning, and when a number of concepts associated with modern competency-based learning came to the fore. For example, measurable, behavioral objectives were used to specify what a learner should be able to ‘do’ and at what level (standards-based performance) following training” (p.1). The second portion of Ford’s quote sums up the general concept of competency-based education in that it is an approach focused on evaluating whether or not a learner can skillfully apply acquired knowledge upon graduation. The goal of competency-based education is two-fold. It seeks to ensure accountability on the part of the educator while ensuring the student is properly prepared to enter the workforce (Ford, 2014). As previously noted, many health professions including social work have complained of graduates entering the field ill-prepared, especially for participation on interprofessional teams. Also, previously noted IPE competencies are viewed as the solution to preparing competent health professionals for the workforce.

IPE Core Competencies in the United States

The development of IPE competencies in the United States has also been an evolutionary process. IPEC formed in 2009 consisting of six schools of health professions, the American Association of Colleges of Nursing (AACN), American Association of Colleges of Osteopathic Medicine (AACOM), American Association of Colleges of Pharmacy (AACCP), Association of American Medical Colleges (AAMC) and the Association of Schools and Programs of Public Health (ASPPH). These founding members established an expert panel with a goal, “to create core competencies for interprofessional collaborative practice, to guide curriculum development across health professions schools” (IPEC, 2016, p.1). *Core Competencies for Interprofessional Collaborative Practice* was the result and continues to become the most widely recognized set of

IPE competencies in the United States. Many US health professions have begun to incorporate the IPEC competencies into their accreditation standards validating it as the competency framework to establish common IPE competencies within US health professions education. Thistlewaite, et al. (2014) state, “When competencies are grouped together for a particular profession, they may be referred to as professional accreditation standards (if stipulated by the professional licensing bodies) or, in some cases, as competency frameworks” (p. 870). IPEC’s *Core Competencies for Interprofessional Collaborative Practice* is considered a competency framework due to the ability to apply it across professions rather than using it to establish standards for a sole health profession. However, the method of implementation has been inclusion in the individual health professions accreditation standards or unique set of core competencies. *Core Competencies for Interprofessional Collaborative Practice* is one of four recognized IPE competency frameworks worldwide. It followed the development of IPE competency frameworks in the United Kingdom in 2004 and Canada in 2010 (Thistlewaite, et al., 2014). These preceding IPE frameworks are very similar and influenced the IPEC framework.

IPEC identifies the *National Interprofessional Competency Framework* created by the Canadian Interprofessional Health Collaborative (CHIC) in 2010 as a foundational inspiration for the *Core Competencies for Interprofessional Collaborative Practice*. However, there were several preceding publications that informed the development of the IPEC framework. For example, many definitions found in the IPEC publication are from the *Framework for Action on Interprofessional Education and Collaborative Practice* published by WHO in 2010 (IPEC, 2011). IPEC (2011) reports the competencies that form its competency framework evolved from those found in *Health Professions Education: A Bridge to Quality* published by IOM in 2003 (Interprofessional Education Collaborative (IPEC, 2011). IPEC states, “We link our efforts to the five IOM core

competencies for all health professions” (IPEC, 2011, p.1). Therefore, *Core Competencies for Interprofessional Collaborative Practice* could be viewed as the next phase in the evolution of the five core competencies identified by IOM in 2003. IPEC conceptualizes that one IOM core competency serves as a nucleus to the other four. *Core Competencies for Interprofessional Collaborative Practice* is framed from this conceptualization. IPEC (2011) describes this conceptualization with the following statement:

Our report examines the further development of the core competency—work in interdisciplinary teams—identified in the 2003 IOM report. Although the IOM report named the key processes of communication, cooperation, coordination, and collaboration in teamwork, the interprofessional competencies that underpin these processes were not defined. Also important to the elaboration of teamwork competencies are the interrelationships with the other four IOM core competencies. Provision of *patient-centered care* is the goal of interprofessional teamwork. The nature of the relationship between the patient and the team of health professionals is central to competency development for interprofessional collaborative practice. Without this kind of centeredness, interprofessional teamwork has little rationale. The other three core competencies, *in the context of interprofessional teamwork*, identify 21st-century technologies for teamwork communication and coordination (i.e., informatics), rely on the evidence base to inform teamwork processes and team-based care, and highlight the importance of continuous improvement efforts related to teamwork and team-based health care. (p.14)

Significant gains were made in defining interprofessional education and practice over the eight years between the release of *Health Professions Education: A Bridge to Quality* and *Core*

Competencies for Interprofessional Collaborative Practice. Framework for Action on Interprofessional Education and Collaborative Practice was the most impactful publication during this period as it provided most of the definitions found in the IPEC work. IPEC took the IOM competency of “work in interdisciplinary teams” and expanded it to interprofessional collaborative practice. IPEC (2011) utilizes the WHO definition of interprofessional collaborative practice, “When multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care” (WHO, 2010 as referenced by IPEC on p.2). Under the umbrella of Interprofessional Collaborative Practice, IPEC created four practice domains consisting of individual competencies that provide behavioral examples for performing the key processes of communication, cooperation, coordination, and collaboration in teamwork found within the IOM core competency, “work in interdisciplinary teams”.

IPEC (2011) established the following four Competency Domains, “1. Values/Ethics for Interprofessional Practice, 2. Roles/Responsibilities, 3. Interprofessional Communication and 4. Teams and Teamwork” (p. 16). Each Competency Domain consists of a “General Competency Statement” and multiple competencies. The competencies expand upon the “General Competency Statement” by providing specific behaviors in the form of statements. An example of this structure is the “General Competency Statement” for *Competency Domain 1: Values/Ethics for Interprofessional Practice* states, “Work with individuals of other professions to maintain a climate of mutual respect and shared values” and expands upon that concept with the competency, “Place the interests of patients and populations at the center of interprofessional health care delivery” (IPEC, 2011). This competency provides guidance for how interprofessional health care teams should communicate, cooperate, coordinate and collaborate to provide interprofessional

care. The competency outcome would be ensuring that interprofessional care is provided in a patient-centered manner which aligns with the goals of IOM and IPEC. IPEC provides the following as part of its explanation of this particular Competency Domain,

These values and ethics are patient centered with a community/population orientation, grounded in a sense of shared purpose to support the common good in health care, and reflect a shared commitment to creating safer, more efficient, and more effective systems of care. (p.17)

IPEC (2016) provided an update to *Core Competencies for Interprofessional Collaborative Practice* entitled, *Core Competencies for Interprofessional Collaborative Practice: 2016 Update*. The original competency framework consisted of four Competency Domains and thirty-eight individual competencies (IPEC, 2011). *Core Competencies for Interprofessional Collaborative Practice: 2016 Update* makes a significant conceptual change along with revising the wording of several competencies. IPEC (2016) explains the changes with,

The two changes are to present **Interprofessional Collaboration** as a domain in and of itself and to better integrate population health competencies. The first change flows from the work of Englander et al (2013). Instead of depicting four domains within interprofessional collaborative practice (values/ethics, roles/responsibilities, interprofessional communication, teams and teamwork), the four topical areas fall under the single domain of interprofessional collaboration in which four core competencies and related sub-competencies now reside. The second change responds to shifts in the health system since the 2011 report was released, most prominently the increased focus on the Triple Aim and implementation of the Patient Protection and Affordable Care Act in 2010. (p.9)

The changes represent the continued evolution of IPE within the United States. IPEC continues to revise its' competency framework to address changes within the US health care system. IPEC references making the 2016 revisions as a result of two important factors, new research and changes in health care policy. Englander, Cameron, Ballard, Dodge, Bull, and Aschenbrener (2013) state one goal of their study was, "to identify domains of competence that could accommodate the competency frameworks used by any health care profession" (p.1088). The authors found through the comparison of 153 health profession competency frameworks that Interprofessional Collaboration was an independent competency domain capable of being applied to any health profession rather than a competency to be included within a domain. Englander et al. (2013) utilized the General Competency Statements for each of the four competency domains found in *Core Competencies for Interprofessional Collaborative Practice* as competencies within their Interprofessional Collaboration domain for a universal health professions competency framework. Therefore, the adaptation of this concept within *Core Competencies for Interprofessional Collaborative Practice: 2016 Update* is IPEC's movement towards establishing one global IPE competency framework. It is imperative to determine whether the IPEC competencies are already included in the current CSWE EPAS core competencies for social work education. Answering this question and developing a conceptual model to incorporate the IPEC competencies that are missing or to better elucidate their inclusion is pertinent to social work becoming an active participant in the movement to develop a universal IPE competency framework used by all health professions in the United States to educate their students. The goal of this study is to complete this task. Now that the background and structure of the IPEC core competencies has been explored the same must be done for the core competencies found in the CSWE 2015 EPAS.

Reflective Note:

My initial plan was to provide the *IPEC Core Competencies for Interprofessional Collaborative Practice* background and explore each competency in depth in this section. However, as I wrote the section it became more apparent that it should provide the reader with an understanding of the IPEC competency framework background and structure. The IPEC framework structure is more important to understanding the study's use of each competency as code group and each sub-competency as a code. This is significant because the study seeks to learn if the IPEC core competencies are already found within the social work core competencies or require incorporation by the means of a conceptual model. An in-depth exploration of the actual IPEC competency is more appropriate for inclusion in the results section as dissection of them provides context for forming opinions about whether the study has made valid interpretations and conclusions.

Social Work Core Competencies in the United States

The path to the use of competency-based education in social work has been somewhat evolutionary as well, because it is not an entirely new concept to the social work profession. Decades past between when the first recommendations for implementing a competency-based approach to social work education were made and when it was actually implemented. The initial conversation dates back half a century while implementation dates back only a decade. Kovacs, Hutchison, Collins and Linde (2013) assist with establishing a historical background stating,

The social work profession and the social work education enterprise in the United States have been interested in a competency-based approach to the education of social workers at least since the 1960's, the decade following the creation of the National Association of Social Workers (NASW) in 1955 and CSWE in 1952. (p.230)

During the 1970's it seemed as though the recommendation might gain some steam with the publication of *Competency-Based Education for Social Work* by Arkava and Brennen in 1976. The Arkava and Brennen work was followed by a few articles throughout the 1970's and 80's (Kovacs et al., 2013). The trajectory of competency-based education in social work has traveled the same path as IPE in health professions education in that it has waxed and waned over decades. One major question is raised given the fact that the competency-based education conversation started in social work during the 1960's but was not implemented until 2008 by the CSWE. What took so long?

The answer is far less complicated than the question. Social work followed in lockstep with other professions and higher education in general within the United States. Kovacs et al. (2013) answers our question with their characterization of the period after the 1980's, "For the next three decades, the social work education enterprise, like the educational systems of other professional groups, became increasingly focused on knowledge, behavioral and attitudinal objectives, outcomes and competencies" (p.231). US higher education spent decades focused on providing social work and other health professions graduates with "what they should know" about their given professions and practice settings which led to an issue that has been referenced from multiple sources throughout this literature review. Too many graduates enter the health care field incapable of "performing what they know" at an adequate competency level. Social work has its' share of studies with findings that graduates enter the workforce unprepared for professional practice. However, such findings alone are not what led to the implementation of a competency-based approach in social work education. It is rather the result of continuing to march lockstep with other professions and higher education in the US.

Social work made the transition to competency-based education on the recommendations of a US Department of Education (DOE) report. The DOE created a Commission on the Future of Higher Education in 2005 to explore educator accountability and student outcomes issues identified in US higher education (Drisko, 2014). Drisko (2014) clarifies with, “DOE established the Commission because of concerns about the inadequate preparation of many students and the rising numbers of graduates who could not perform reasonably expectable work tasks” (p.415). The author proceeds to explain that the DOE proposed a transformation of the accreditation system to a more transparent, outcomes-based and accountable one focused on student performance as a solution in its’ 2008 report. The report served as the catalyst for the Council for Higher Education Accreditation (CHEA) to mandate recognized accrediting bodies to provide the public with routine progress reports on student achievement and institutional accountability. The DOE report and CHEA accreditation mandate are what led the CSWE to develop the 2008 EPAS as a means of transforming social work education to a student performance outcomes oriented system with competency-based standards (p.415). Kovacs et al. (2013) state, “In 2008 the Council on Social Work Education’s (CSWE) Education Policy and Accreditation Standards (EPAS) shifted from program objectives to a competency-based approach to social work education in the United States, indentifying 10 core social work competencies” (p.229). CSWE (2015) validates the Kovacs et al. 2013 observation in the 2015 EPAS stating,

In 2008 CSWE adopted a competency-based education framework for its’ EPAS. As in related health and human service professions, the policy moved from a model of curriculum design focused on content (what students should be taught) and structure (the format and organization of educational components) to one focused on student learning outcomes. (p.6)

The CSWE statement also validates the answer to the question “What took so long” to implement a competency-based approach to social work education. The statement eludes to social work remaining in lockstep with other health and human service professions. It also supports the goal of this study which is to ensure that social work education remains in lockstep with other US health professions through the implementation of the IPEC core competencies. The CSWE competency-based 2008 EPAS like the IPEC core competencies went through its’ own update in 2015. The revision of the 2008 EPAS core competencies was so significant that it nullifies the need to explore within this literature review. The overall competency structure remained the same save the 2015 EPAS going from ten core competencies to nine. The 2015 EPAS is different in content with several of the original 2008 core competencies either being combined or eliminated. It also differs in complexity. CSWE (2015) explains the core competency structure with,

Each competency describes the knowledge, values, skills, and cognitive and affective processes that comprise the competency at the generalist level of practice, followed by a set of behaviors that integrate these components. These behaviors represent observable components of the competencies, while the preceding statements represent the underlying content and processes that inform the behaviors. (p.7)

The EPAS document lists the competency, then follows with a paragraph containing a description of the knowledge, values, skills along with the cognitive and affective processes involved in performing the practice behaviors. Then, CSWE (2015) closes out the individual competency with the practice behaviors listed in a bullet statement format beginning with the phrase, “Social Workers:” (p.7). An example of this structure and content is illustrated in the following competency from the CSWE (2015) EPAS:

Competency 1: Demonstrate Ethical and Professional Behavior

Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social Workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice. Social workers:

- make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;
- use reflection and self-regulation to manage personal values and maintain professionalism in practice situations;
- demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;
- use technology ethically and appropriately to facilitate practice outcomes; and
- use supervision and consultation to guide professional judgment and behavior. (p.7)

The other eight competencies follow the same format. The knowledge, values, skills, and cognitive and affective processes described in the paragraph following the listed competency provide the context for which the competency and practice behaviors are to be viewed. The statement, “Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels” identifies the expectation that students will be competent in their knowledge of social work values and code of ethics along with laws that influence their professional practice while applying critical thinking (cognitive processes) to inform ethical decision-making (CSWE, 2015, p.7).

Part of the critical thinking process is the assessment of one’s own values and how they may influence affective responses related to ethical decision-making. A certain level of skill is required to make sound ethical decisions in the context of being knowledgeable of social work values and ethics while utilizing cognitive and affective processes to arrive at such decisions. This is an example of the complexity involved in understanding each competency and performing the practice behaviors. The practice behaviors operationalize the competency description found in the paragraph into something that is measureable. The practice behavior statement, “Social workers make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context” is considered the operationalization of “Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels” in that it states “what social workers should be able to do” while the latter focuses on “what social workers should know” (CSWE, 2015, p.7). One issue with the CSWE practice behaviors that is immediately apparent is they are broad and do not clarify how to measure or assess competence. Assess whether or not one is making

ethical decisions based on “NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context” is subjective and may not lend itself to consistency in every practice situation. This potentially contributes the problem this study seeks to address which is are the IPEC core competencies already included in the CSWE 2015 EPAS. The “additional codes of ethics as appropriate to context” part of the previously mentioned practice behavior could very well mean this includes those found in the IPEC (2016) competency *Values/Ethics for Interprofessional Practice*. However, such a statement is so broad that it does lend itself to assessing whether or not social work graduates are competent at applying *Values/Ethics for Interprofessional Practice* (IPEC, 2016). The CSWE (2015) statement, “Social Workers also understand the role of other professions when engaged in inter-professional teams” found in the description paragraph of Competency 1 is less ambiguous because it utilizes the term, “inter-professional teams” making it is easier to assume that such a statement would align with a sub-competency found with the IPEC (2016) competency *Roles/Responsibilities*. Therefore, this study seeks to assess which IPEC competencies are currently found within the CSWE 2015 EPAS and which ones either are not found or need further clarification through qualitative content analysis. Once the content analysis is completed a conceptual model will be developed for implementing the latter competencies. To date no such study has been conducted to address this problem. However, there are a few studies that provide the foundation for this one.

Reflective Note:

The social work competencies background and structure are important for understanding the study’s analysis, interpretations and conclusions. My objective for the social work section was to provide the reader with the context for understanding how coding the CSWE 2015 EPAS with

IPEC sub-competencies will serve as a means for comparing the competencies and determining which IPEC competencies are already found in the CSWE 2015 *EPAS*. After completing the IPEC competencies section I decided the social work competencies sections should follow the same format because, the structure of both competency set is different. It is paramount that the reader understands the format of each competency set as it serves as the context for understanding the results sections.

Conclusion and Study Significance

A review exploration of IPE literature concludes that social work has been around since the conceptual beginning of interprofessional collaborative practice. And social work has also remained a study participant in IPE related research over the past century. However, despite being the profession included in the original conversation initiated by Dr. Cabot, social work has failed to lead the way in the IPE movement. The nursing profession has been the leader in establishing IPE as the main approach to preparing health professionals in the United States. There have been multiple claims of IPE competency inclusion in social work educational standards without sufficient empirical evidence to support them. The elucidation of such claims is required before social work can become a relevant part of the IPE discussion. The current study seeks to accomplish this task. Social work must become an active participant in the development of the IPE literature before attempting to become a leader. There is very limited empirical evidence related to incorporation of IPE competencies into health professions education and even less related to IPE competencies in social work education. Three preceding studies and a multiple manuscript dissertation were found to establish a contextual or methodology foundation for the current study.

The foundational literature is interconnected through its comparison of competencies in health professions, interprofessional and/or social work education. The three foundational studies utilize qualitative content analysis. The dissertation manuscript does not utilize qualitative content

analysis methodology, but it does make a general comparison of competencies found in the CSWE 2015 EPAS and IPEC Core Competencies for Interprofessional Collaborative Practice. Three of the studies include either CSWE 2015 EPAS or 2008 EPAS while two those also include Core Competencies for Interprofessional Collaborative Practice. A final study uses qualitative content analysis in the same manner is the current study comparing public health and health education core competencies. The fact that none of the studies are replicative studies illustrates a significant discrepancy found in IPE literature (Reeves, et al., 2010; Abu-Rish, et al., 2012; Thistlethwaite, 2012; Lapkin, Levett-Jones, & Gilligan, 2013; Brandt, Lutfiyya, King, & Chioreso, 2014; Reeves, et al., 2016). It is for this reason each study must be explored individually to identify its unique contribution to this study. These foundational studies are explored in chronological order rather than hierarchy of importance.

Bartee, Olsen, and Winnail (2006) conducted a study utilizing qualitative content analysis entitled, *Comparison of Health Education and Basic Public Health Professional Competencies* in 2006. The authors state, “The purpose of this study was to examine the similarities between professional health education and public health core competencies” (p.12). The current study seeks to use qualitative content analysis to compare the *Core Competencies for Interprofessional Collaborative Practice: 2016 Update* and CSWE 2015 EPAS core competencies to identify any overlap or differences. Bartee, Olsen and Winnail (2006) emphasize the importance of identifying overlap between the sets of core competencies in their study. One reason for identifying overlap is to inform the development of public health education curriculum (p.11). The same is true for the current study in that the goal of identifying overlap between IPEC and social work core competencies is to inform the development of a conceptual model to implement any IPEC competencies that are not current found with the social work competencies which in turn will guide

program and curriculum development in social work education. The methodology from this particular study was utilized to inform the development of the current study methodology covered in Chapter 3.

The next study is relevant to the current one on multiple levels. Zorek and Raehl (2013) used qualitative content analysis to compare statements found in the accreditation documents of the following US health professions: dentistry, medicine, nursing, occupational therapy, pharmacy, physical therapy, physicians assistant, psychology, public health and social work with the WHO definitions for IPE and IPCP. The authors describe their study with, “This study assessed the current accreditation mandate for IPE in the USA, and thus the potential collective readiness of US health professions’ graduates for IPCP” (p.124). Zorek and Raehl analyzed the CSWE 2008 *EPAS* and found only one statement with potential IPE relevance. However, that statement was found to be non-applicable. The authors describe non-applicable statements as those that did not meet the WHO definitions of IPE and/or IPCP (p.125). Another important finding of the study was that nursing has the most IPE- and IPCP-related statements in their accreditation documents. The Zorek and Raehl findings are of significance because they validate nursing as the current leader of the IPE movement in US health professions education. The authors’ findings also support the current study’s hypothesis that social work has failed to elucidate IPE competencies in its educational standards and the issue requires further exploration. When viewed in conjunction with the Bartee, Olsen, and Winnail study Zorek and Raehl validate qualitative content analysis as the appropriate method for assessing whether or not the IPEC core competencies are found within the CSWE 2015 *EPAS*. Combining the Zorek and Raehl findings with a chapter entitled *EPAS 2015: Implications for Interprofessional Education in Social Work* found in the 2015 dissertation

Scaffolding in Interprofessional Education: Implications for Social Work by Jennifer J. Anderson assists with establishing context for the current study. Anderson (2015) states,

If the insertion of IPE-related terms in EPAS 2015 [are] to be meaningfully applied in social work education, then an accurate understanding of IPE and IPCP are needed by social educators. In addition, the placement of interprofessional language in the competencies, but its absence in corresponding practice behaviors, highlights a missed opportunity for students to learn, experience, and apply interprofessional learning in a meaningful way. (p.18)

The mere inclusion of IPE-related terms in *2015 EPAS* alone does not ensure that students will become competent in IPCP. If inclusion of IPE competencies in social work competencies are not clearly identified and taught as practice behaviors IPE incorporation beyond terminology will never be elucidated. The context for the current study is to elucidate whether or not IPE competencies are included in social work educational standards beyond sharing some terms. At the current moment no one has studied the issue in-depth. In order for social work to become an active participant in the IPE movement it must either prove IPE competencies are already included in educational standards or incorporate them. The best way to explore the issue is to compare IPEC and social work core competencies through qualitative content analysis. One other study was found involving *CSWE 2008 EPAS* that supports the methodological approach taken by the current study.

Voss, Bolton, Rolly, Dente, Ingersoll and Bartholomew (2017) conducted an exploratory qualitative analysis of reflective journals written by four American social work students participating in a 2-week study abroad in Germany as part of an international social work course. The authors sought to answer the following questions:

What educational benefits would a study abroad program in Germany have for American social work students, and can the EPAS criteria provide a useful critical lens for analysis of study abroad programs providing evidence that such programs provide significant educational benefits? (p.992)

Voss, et al. (2017) used the 10 social work core competencies and practice behaviors found in *2008 EPAS* as its coding scheme for conducting the analysis. The identification and prevalence of the *2008 EPAS* social work core competencies and practice behaviors in the students' reflective journals was used to answer the study research questions. The authors explain the study analysis methodology in describing the preliminary analysis conducted by a graduate assistant. Voss, et al. (2017) describe the study analysis process with,

This student was given a copy of the EPAS Competencies and Practice Behaviors (see Online Appendix accompanying this article). The student read through the EPAS documents to re-familiarize herself with the Competencies. She then read through the journal entries and assigned a code each time an EPAS Competency or Practice Behavior was exhibited. The authors reviewed the completed coding to determine the face validity of the judgments made. The incidents appeared to be valid behaviors associated with the coded EPAS Competencies. (p.994)

All 10 *2008 EPAS* competencies and practice behaviors were found within the study sample with the most prevalent having a mean score of 136 and the least prevalent being found once. The significance of the Voss et al. study to the current study is the successful use of core competencies as the coding scheme for analysis. The current study seeks to determine whether or not the IPEC core competencies can be found within the *CSWE 2015 EPAS* through qualitative content analysis. Using the IPEC core competencies as the coding scheme for the current study

will allow for the elucidation of IPE competencies within social work core competencies found in the 2015 EPAS. Therefore, the Voss et al. study was used to inform coding development for the current study.

In summary, there have been multiple calls from within the social work profession for it to take leadership of the IPE movement in the US. However, these calls seem to be without merit as a review of the literature does not support the requests. There is evidence to support understanding how those initiating the call to leadership may perceive social work as a natural leader for the IPE movement. Social work does have a rich history of collaborating with other health professions to include collaboration between social workers and physicians in one of the first pieces of literature to describe what is today known as IPCP. The literature supports the nursing profession as the leader of the IPE movement within the US. This leadership includes being one of the founding members of IPEC and participating in the establishment of the IPE frame work *Core Competencies for Interprofessional Collaborative Practice*. CSWE has demonstrated acceptance of the IPEC framework by becoming an institutional member in 2016.

CSWE becoming a member of IPEC validates the purpose of the current study which is to compare *Core Competencies for Interprofessional Collaborative Practice: 2016 Update* and CSWE 2015 EPAS to determine if there are any IPE competencies current found in social work educational standards and develop a conceptual model to incorporate any missing IPE competencies. The literature supports the use of these two documents as they provide the core competencies for IPE and social work in the US. The lack of literature to answer the current study research questions highlight its' significance. The Zorek and Raehl study supports the need for further research because not one applicable IPE statement was found in the CSWE 2008 EPAS. The findings highlight the problem and magnify the importance of the current study. This study

will contribute to a knowledge base lacking empirical evidence while assisting social work in becoming an active participant in the IPE movement.

Reflective Note:

After searching numerous databases in the Medical University of South Carolina (MUSC) library I found the studies included in this section. The significance of these studies is that to date only one study has compared the *IPEC Core Competencies for Interprofessional Collaborative Practice* and *CSWE EPAS* with negative results. Multiple decisions during the development of the current study's methodology were based on the studies found in this section. I felt following this process would add to the validity of the current study.

Methodology

Aim of the Study

The aim of this study is to develop and validate a conceptual competency-based model to guide the integration of IPE core competencies into US social work education. The study will identify the core competencies found in US social work education and IPE core competencies found in US health professions education. Given there is often competency overlap among social work and other health professions, the study will seek to identify if there are IPE core competencies currently found in social work education accreditation standards. The IPE competencies requiring inclusion in social work education will become evident upon the identification of currently shared competencies. The conceptual model will provide guidance on filling gaps in social work education with previously unincorporated IPE core competencies. These goals have been operationalized in the form of research questions. The study seeks to develop a conceptual model for implementing IPE competencies into social work education through the following research questions:

1. What IPE core competencies are recognized in US health professions education?
2. What core competencies are taught in social work education?
3. Where do redundancies exist between the competencies?
4. What gaps in social work education do IPE core competencies need to fill?
5. What would be an appropriate model to guide the development and implementation of IPE core competencies in social work education?

Qualitative Research Approach

A qualitative content analysis methodology is applied to documents in this study. The qualitative content analysis is conducted from a deductive approach. A deductive qualitative content analysis methodology was chosen because it aligns with the aim of the study. The overall

aim of the study is to develop a conceptual model for integrating IPE competencies into social work educational standards. Elo and Kyngas (2008) validate this approach stating, “When using content analysis, the aim was to build a model to describe the phenomenon in a conceptual form” (p.107). This study seeks to assess the current level of IPEC core competencies integration into US social work educational standards then, utilize the findings to develop a conceptual model. The study corresponds with the Elo and Kyngas description for using content analysis. A deductive qualitative content analysis is applied when one seeks to compare categories derived from existing data in a new context (Elo & Kyngas, 2008). This study seeks to compare the IPEC core competencies and social work core competencies to determine if any overlap or gaps exist which supports a deductive approach.

Study Sample

Relevance sampling was used to determine which text were included in the content analysis sample. Krippendorff (2013) states, “Relevance sampling, in contrast [to other sampling techniques], aims at selecting all textual units that contribute to answering given research questions” (p.134). One research question for the current study seeks to identify redundancies between the IPEC competencies and US social work educational standards. Once the redundant competencies are identified, the second study goal is to determine which IPE competencies require integration into social work educational standards. Relevance sampling is the best method for focusing specifically on answering the research questions found in this study. It adds strength to the study methodology as well. Krippendorff (2013) explains the relevance sampling process with,

Relevance sampling is not probabilistic. In using this form of sampling, an analyst proceeds by following a conceptual hierarchy, systematically lowering the number of units that need

to be considered for an analysis. The resulting units of text are not meant to be representative of a population of texts; rather, they are the population of relevant texts, excluding the textual units that do not possess relevant information. Only when the exclusion criteria have exhausted their ability to shrink the population of relevant texts to a manageable size may the analyst apply other sampling techniques. (p.135)

The process for determining the text used in this study followed the Krippendorff description. The process is deductive in nature which guided the study to first identify core competencies of IPE and social work on a broad conceptual level. Then, through a review of the literature the text sample for analysis was narrowed down to three documents. These three documents represent the relevant core competencies for IPE and social work education in the United States. The selected texts are directly relevant to the study research questions. *IPEC Core Competencies for Interprofessional Collaborative Practice: 2016 Update* is the relevant IPE competency framework as it has been widely accepted by many US health professions including social work with the CSWE joining IPEC in 2016. *CSWE 2015 EPAS* is the relevant text for a sample unit of analysis because it includes the core competencies for US social work education. The third text became relevant to the study sample upon an initial review of the first *2015 EPAS* social work competency.

The competency references the Code of Ethics of the National Association of Social Workers (NASW) in the practice behaviors section. CSWE (2015) states in *2015 EPAS*, “Social workers make ethical decisions by applying standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;” (p.7). In order to objectively conduct a qualitative content analysis that compares competencies found in the *IPEC Core Competencies for*

Interprofessional Collaborative Practice: 2016 Update and the CSWE 2015 EPAS one must also analyze the NASW *Code of Ethics*. The document is relevant to this study because it provides context to several competencies found in CSWE 2015 EPAS. NASW (2017) provides the following description of its' document,

The *NASW Code of Ethics* is intended to serve as a guide to the everyday professional conduct of social workers. This *Code* includes four sections. The first section, "Preamble," summarizes the social work profession's mission and core values. The second section, "Purpose of the *NASW Code of Ethics*," provides an overview of the *Code*'s main functions and a brief guide for dealing with ethical issues or dilemmas in social work practice. The third section, "Ethical Principles," presents broad ethical principles, based on social work's core values, that inform social work practice. The final section, "Ethical Standards," includes specific ethical standards to guide social workers' conduct and to provide a basis for adjudication. (NASW, 2017, "Overview," para. 1)

The *NASW Code of Ethics* "Overview" section describes a broad far reaching document that guides "how social workers should practice." To effectively analyze some of the CSWE 2015 EPAS competencies the NASW document becomes an important contextual reference. It was added to the study sample for this reason. The *NASW Code of Ethics* is not coded as part of the study but rather referenced for interpretation of some social work competencies. Therefore, it may be utilized during multiple steps in the process.

Procedures

Qualitative Content Analysis should follow a systematic process as a means for improving trustworthiness (Krippendorff, 2013; Schreier, 2012). The trustworthiness section will explore

the other processes incorporated into this study. The study will conduct a qualitative content analysis systematically through the following steps:

1. Problem identified
2. Research questions developed
3. Review literature related to research questions
4. Select material for analysis
5. Establish units of analysis
6. Develop categories and coding scheme
7. Test coding scheme (double-coding in a 14-day interval)
8. Conduct the main analysis
9. Interpret and present findings for expert review
10. Have Social work and IPE experts review analysis findings
11. Use final analysis after expert review to create a conceptual model for integrating IPEC competencies into the *2015 EPAS* competencies
12. Have Social work and IPE experts review model
13. Finalize and present model table

Data Analysis

Computer-assisted Qualitative Data Analysis Software (CAQDAS) is utilized to conduct the data analysis in this study. Zhang and Wildemuth (2017) provide the following description of CAQDAS,

Qualitative content analysis is usually supported by computer programs, such as NVivo or ATLAS.ti. The programs vary in their complexity and sophistication, but their common purpose is to assist researchers in organizing, managing, and coding qualitative data in a

more efficient manner. The basic functions that are supported by such programs include text editing, note and memo taking, coding, text retrieval, and node/category manipulation. More and more qualitative data analysis software incorporates a visual presentation module that allows researchers to see the relationships between categories more vividly. Some programs even record a coding history to allow researchers to keep track of the evolution of their interpretations. (p.324)

ATLAS.ti is the CAQDAS utilized in this study. NVivo and ATLAS.ti were previewed prior to selection of ATLAS.ti. The latter was selected for possessing an easily maneuvered interface with a plethora of functions. ATLAS.ti makes maintaining a systematic analysis of the data manageable through options such as the coding history or relationship plotting functions.

The qualitative content analysis will follow a systematic process consisting of the following steps:

1. Prepare the Data

The data has been collected in electronic and hard copy forms for analysis. A copy of the *Core Competencies for Interprofessional Collaborative Practice: 2016 Update* was downloaded from the IPEC website. A copy of *CSWE 2015 EPAS* was downloaded from the CSWE website. A copy of the *NASW Code of Ethics* was downloaded from the NASW website for use as a contextual reference. Electronic copies of *Core Competencies for Interprofessional Collaborative Practice: 2016 Update* and *2015 EPAS* were uploaded into ATLAS.ti and hard copies printed for analysis by hand. These documents may be found in the study appendix as follows: Appendix I. *Core Competencies for Interprofessional Collaborative Practice: 2016 Update*; Appendix II. *CSWE 2015 EPAS*; Appendix III. *NASW Code of Ethics*.

2. Define the Unit of Analysis

The unit of analysis has been established as the 9 social work core competencies found in the sample document, *CSWE 2015 EPAS*. The decision of identifying each social work core competency as the unit of analysis was based on the foundational studies discussed in the literature review and the research questions. One goal of this study is to determine if any IPEC core competencies are currently found within the social work core competencies and to identify those not found for the purpose of developing a conceptual model. The units of analysis, the nine social work core competencies are listed in Appendix II. *CSWE 2015 EPAS*.

3. Develop Categories and Coding scheme

The categories for this study are “found” or “not found” as it seeks to determine if the competencies contained in the *IPEC Core Competencies for Interprofessional Collaborative Practice: 2016 Update* are currently included in the *CSWE 2015 EPAS*. The IPEC competencies already included in social work education do not require inclusion the conceptual model developed from the study findings. The coding scheme for this study was developed deductively based on the foundational studies previously covered and the research questions. The codes for this study are the 39 sub-competencies found in the *Core Competencies for Interprofessional Collaborative Practice: 2016 Update*. The sub-competencies were selected as the codes because they operationalize each IPEC competency. While the IPEC competencies are broad, the sub-competencies are more specific and allow for better comparison against the *CSWE 2015 EPAS* core competencies to answer the research questions. The study contains 39 codes in which each code is defined by the actual IPEC sub-competency. Therefore, the code book for this study sub-competencies found in appendix I. *Core Competencies for Interprofessional Collaborative Practice: 2016 Update*.

4. Test the Coding Scheme (Double-coding)

The codes and sample texts will be loaded into ATLAS.ti. A project will be set up in the software to test the coding scheme. The coding scheme for this study will be tested through the double-coding process. A portion of the text will be coded and saved. Fourteen days later a duplicate project will be created and the same section of text coded. The results of both coding sessions will be printed and compared against one another. If the double-coding process yields results accurate enough to proceed the full text will be coded and analyzed.

5. Code All the Text

Coding of the sample text will be conducted in a systematic manner. Each core competency in *CSWE 2015 EPAS* will be coded by cycling through each IPEC competency's sub-competencies. Once the coding of all 9 social work competencies is complete the next IPEC competency sub-competencies will be used to code all 9 social work competencies. This process will continue until each social work competencies has been cycled through coding by all 4 IPEC competencies and 39 sub-competencies. The coding process will consist of each social work competency being compared against each IPEC competency and coded with any IPEC sub-competency identified during the competency comparison. *CSWE 2015 EPAS* Competency 1 will be compared to IPEC Competency 1 which consists of 10 sub-competencies. If an IPEC sub-competency is found to exist within in the *CSWE 2015 EPAS* the text is coded for that specific sub-competency. This process is continued until each social work competency has been coded for any existing IPEC sub-competency. Each time a social work competency is coded with an IPEC sub-competency and a note will be attached to that code documenting the rationale for why the text was coded. This process of analysis will ensure that the coding is conducted systematically and assists with interpreting the coded data.

6. Interpret Coded Data

The data will be interpreted using an evidence matrix to identify which IPEC sub-competencies were coded as currently existing within the social work competencies. The evidence matrix will identify the CSWE 2015 EPAS competency, the corresponding IPEC sub-competency that was coded along with a rationale for the coding. When a social work competency is coded for a specific IPEC sub-competency it will be interpreted that the IPEC sub-competency was found to currently exist within the CSWE 2015 EPAS core competency. If all CSWE 2015 EPAS core competencies have not been coded for an IPEC sub-competency it will be interpreted that the sub-competency has not found and will require incorporation through the conceptual model. For the purposes of this study the IPEC competency will determined as either found or not found in the CSWE 2015 EPAS competencies. In instances of ambiguity the IPEC competency will be considered not found and included for incorporation as part of the conceptual model. The evidence table consisting of six columns found in Table 1. below will be used to present the data interpretations. The Results section of the study will explain the findings in detail and provide a rationale for the interpreted conclusions.

Evidence Table for IPEC Competency 1: Values/Ethics

Work with individuals of other professions to maintain a climate of mutual respect and shared values.					
IPEC Sub-competency	Researcher Finding	Social Work Competency	Supporting Quotations	Rationale	IPE / Social Work Expert Review Response
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.	Found / Not Found	Competency 1 Competency 6 Competency 7 Competency 8			Found / Not Found

Table 3.1

7. Submit Data Interpretations for Expert Review

The findings will be submitted to an IPE and Social Work expert simultaneously for review. The experts will come from an academic setting with IPE or Social Work education as their field of expertise. The experts will possess significant professional experience in their respective field of expertise, IPE or Social Work that has prepared them to provide a critical review of the study findings. This professional experience will be exhibited through teaching, research and/or publications related to IPE or Social Work. Each expert will be provided with a copy of the evidence table and a corresponding survey that allows them to select whether or not they believe the IPEC sub-competency is current found or not found within the CSWE 2015 EPAS core competencies. The survey will also provide a comment section to provide a rationale for the expert's determination.

8. Finalize Findings

Social work and IPE expert review will significantly contribute to each process in the study's methodology. The researcher's interpretations will be reviewed by the disciplinary experts. A column has been incorporated into the evidence table for the experts to agree or disagree with the researcher's interpretations. The Expert Review column will allow the expert to agree or disagree by answering if the IPEC sub-competency has been found or not found by the researcher. Once the expert reviews are conducted, a comparison of each expert interpretation and the researcher's interpretations will be conducted to develop a final finding. A statistical analysis of these comparisons will be conducted to improve the trustworthiness of the study. This analysis is covered more in-depth in the Trustworthiness section. The interpretations found to be unanimously agreed upon by the experts and the researcher will be considered the final interpretation. If the interpretation agreed upon by both experts is different from the researcher's interpretation the researcher will defer to the

experts' conclusion as the final finding. Any interpretation not unanimously agreed upon by both experts will be considered an ambiguous finding, categorized as not found and deemed an IPEC sub-competency requiring incorporation into social work educational standards. Including these IPEC core competencies into the conceptual model will ensure that all IPEC core competencies can be found within the social work educational standards. This approach will answer the research questions surrounding the presence of IPE competencies in social work education.

Trustworthiness

Multiple processes have been incorporated into this study's research design for the purpose of establishing trustworthiness. Trustworthiness in this context is viewed as being synonymous with rigor (Lincoln & Guba, 1986). In seeking to establish criterion for qualitative research equivalent to terminology used to identify rigor in the conventional research paradigm Lincoln and Guba (1986) presented the following, "...credibility as an analog to internal validity, transferability as an analog to external validity, dependability as an analog to reliability and confirmability as an analog objectivity" (p.76). The Lincoln and Guba trustworthiness criteria has become the gold standard for evaluating qualitative research (Elo, Kaariainen, Kanste, Polkki, Utriainen & Kyngas, 2014; Zhang & Wildemuth, 2017). The decision to utilize the Lincoln and Guba criteria in this study was based on the review of multiple articles related to qualitative content analysis. The processes incorporated in this study design will address trustworthiness issues through the establishment of credibility, dependability, confirmability and transferability. Several of these processes combine to create a larger scale process, an audit trail. These are reflexive journaling, dependability audit and confirmability audit. Two other trustworthiness processes are included in this study design. They are triangulation and reliability coefficient. The reliability

coefficient analysis will measure the agreement between the researcher findings and expert reviewer conclusions. One process may support more than one of the Lincoln and Guba criteria. The purpose of each Lincoln and Guba criterion must be explained in greater detail for the reader to appreciate how each process seeks to establish trustworthiness.

Lincoln and Guba liken credibility to internal validity in their trustworthiness criterion. They define internal validity with the Cook and Campbell definition, “the approximate validity [the best available approximation of the truth or falsity of a statement] with which we infer that a relationship between two variables is causal or the absence of a relationship implies the absence of cause” which provides a solid foundational connection between credibility and internal validity (Cook and Campbell, 1979, p.37 as cited in Lincoln & Guba, *Establishing Trustworthiness*, 1985, p.291). Then, Lincoln and Guba (1985) explain that credibility concerns itself with the following tasks,

first, to carry out the inquiry in such a way that the probability that the findings will be found to be credible is enhanced and second, to demonstrate the credibility of the findings by having them approved by the constructors of the multiple realities being studied. (p.297)

Credibility and internal validity have a common thread of seeking to establish whether a statement is true or false. Credibility is about establishing if the data interpretation is valid or credible. Another Cook and Campbell definition is used by Lincoln and Guba to define external validity. The following definition of external validity is utilized, “the approximate validity with which we infer that the presumed causal relationship can be generalized to and across alternate measures of the cause and effect and across different types of persons, settings, and times” (Cook and Campbell, 1979, p.37 as cited in Lincoln & Guba, *Establishing Trustworthiness*, 1985, p.291). Nurse Key (2018) provides a useful definition for transferability. It defines transferability as, “the extent to which qualitative findings have applicability in other settings or groups. External validity

and transferability are not exactly synonymous. Lincoln and Guba (1985) explain, "...the naturalist cannot specify the external validity of an inquiry; he or she can only provide the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility" (p.316). External validity is more matter of fact while it is harder to make such conclusions in qualitative research, because the findings are more subjective in nature. Therefore, transferability is providing enough information for an individual to determine whether the findings are transferable to another specific situation. For example, interpretations of IPEC core competencies from this study may be transferable to another study pursuing how many of the competencies have been incorporated into another health accreditation standards. However, it would be for the new researcher to determine based on their review of this study's findings. Transferability is increased when qualitative research seeks to limit bias in the data interpretation and conclusions through objectivity.

Lincoln and Guba (1985) state, "...the usual criterion for objectivity is intersubjective agreement; if multiple observers can agree on a phenomenon their collective judgment can be said to be objective" (p.293). Confirmability seeks to establish objectivity in qualitative research. Nurse Key (2018) defines confirmability as, "the potential for congruence between two or more independent people about the data's accuracy, relevance, or meanings." It is further explained that the goal of confirmability is for the findings to be based on the context and content of the data rather than researcher bias (Nurse Key, 2018). Finally, dependability seeks to ensure a qualitative study's methodology is reliable enough to produce similar findings through replication. An example would be to apply this study's methodology to another health profession and produce similar findings such as how many IPEC core competencies are found within its' accreditation standards. A multitude of processes suggested for use in qualitative research to establish trustworthiness were

explored for inclusion in the study design. However, an audit trail, triangulation and reliability of agreement analysis were the ones found applicable to this particular study.

An audit trail consisting of reflexive journaling, dependability audit and confirmability audit has been incorporated into this study as a means to establish credibility, dependability, confirmability and transferability. Lincoln and Guba (1982) explain, "...the naturalist will, during the study establish an 'audit trail' that will make it possible for an external auditor to examine the processes whereby data were collected and analyzed and interpretations made" (p.10). Nurse Key explains the significance of reflexive journaling with the following statement,

The most widely used strategy for maintaining reflexivity is to maintain a reflexive journal or diary. Reflexive writing can be used to record, in an ongoing fashion, thoughts about how previous experiences and readings about the phenomenon are affecting the inquiry. (Nurse Key, 2018)

Reflexive journaling has been utilized in the study to increase the credibility, confirmability, dependability and transferability of the study (Nurse Key, 2018; Lincoln & Guba, Establishing Trustworthiness, 1985). The researcher began reflexive journaling during the literature reviewing process and reflective notes have been incorporated into the literature review. The researcher recording thoughts, observations and motivations for decision making will allow those reviewing the study to evaluate trustworthiness based on the previously described Lincoln and Guba criteria. Reflexive journaling will also assist the researcher with providing rationale for the data interpretations that are presented to the disciplinary experts.

Given this study is a doctoral dissertation the dissertation committee will serve as dependability auditors. Lincoln and Guba (1982) state,

After the completion of the study the naturalist will arrange for a dependability audit to be done by an external auditor—someone competent to examine the ‘audit trail’ and to comment upon the degree to which procedures used fall within ‘generally acceptable’ categories. Such an audit is concerned primarily with process. (p.10)

The dissertation committee will review and approve the study proposal based on submission of the first three chapters. This includes the study methodology covered in Chapter 3. Therefore, the committee will ensure that the study follows an acceptable methodology to be completed successfully which is analogous with the dependability audit definition provided by Lincoln and Guba. The expert review process included in the study design aligns with the Lincoln and Guba definition for a confirmability audit. Lincoln and Guba (1982) describe the audit with the following, “[and] after completion of the study naturalists will arrange for a confirmability audit...certifying that data exists in support of every interpretation and that the interpretations have been made in ways consistent with the available data” (p.10). The review of the study findings by an IPE and Social Work expert will certify that the researcher’s interpretations of the data align with the professions’ interpretation of the data. Therefore, the researcher is utilizing a confirmability audit by disciplinary experts to increase the credibility, confirmability and transferability of the study’s findings. The expert review process incorporated in this study design serves multiple purposes. It is significant part of the triangulation and agreement reliability coefficient processes.

In the triangulation process expert review becomes a second data source. Denzin (1978) identified four types of triangulation that have been sighted by others to include Lincoln and Guba when referencing uses of the process. The four types of triangulation are methods triangulation, triangulation of sources, analyst triangulation and theory triangulation. However, this study utilizes only triangulation of sources. The expert responses become a secondary data source to

compare against interpretations of the collected study data. It will confirm that the researcher has interpreted the data effectively if the experts are in agreement with the study findings. An example of source triangulation in relation to this study is the researcher interpreting a specific IPEC sub-competency as found within the social work competencies and then both experts mark it as found on the survey confirming their agreement with the original interpretation. Such an occurrence will strengthen the credibility and confirmability of the study findings.

Finally, use of the reliability coefficient is intertwined with the triangulation processes because it will measure agreement between the researcher and expert reviewers on the data interpretations. There are several reliability coefficient methods. However, Krippendorff's Alpha-Reliability was selected for use in this study. Krippendorff (2011) provides the following description of the alpha (α) coefficient,

Krippendorff's alpha (α) is a reliability coefficient developed to measure the agreement among observers, coders, judges, raters, or measuring instruments drawing distinctions among typically unstructured phenomena or assign computable values to them. α emerged in content analysis but is widely applicable wherever two or more methods of generating data are applied to the same set of objects, units of analysis, or items and the question is how much the resulting data can be trusted to represent something real. (Krippendorff, Computing Krippendorff's Alpha-Reliability, 2011, p.1)

Krippendorff's alpha (α) in this context could be view as a continuance of the triangulation process because it will measure the agreement among the researcher, IPE expert and social work expert. The researcher interpretations and IPE and social work expert responses become data for measurement. The reliability coefficient will be used to rule out chance in the agreements on each

individual core competency identified as found by all three sources of data. Krippendorff's alpha (α) was selected for use in this study because of its' versatility. Most reliability coefficients will only measure agreement between two data sources while Krippendorff's alpha (α) can measure agreement among an unlimited number of sources. This was important for this study because it will measure agreement among three data sources, the researcher, IPE expert and social work expert. If there is agreement among the three data sources regardless of the agreement category of found or not found, Krippendorff's alpha (α) will ensure that agreement is not by chance. Incorporation of Krippendorff's alpha (α) into the study design will increase the credibility, dependability and confirmability of the study findings. Table 2 below is a chart displaying the processes incorporated into this study and the corresponding Lincoln and Guba criterion.

Study Trustworthiness				
Strategy	Credibility	Dependability	Confirmability	Transferability
Throughout the Inquiry				
Reflexivity/reflexive journaling	X			
Careful documentation, audit trail	X	X	X	X
Data Collection				
Triangulation (data sources)	X	X		
Data Coding/Analysis				
Systematic Method	X	X	X	X
Intercoder reliability checks	X	X	X	
Triangulation (investigator) *Modified*	X	X	X	
Confirmability audit (Expert Review)	X		X	X
Dependability audit (Dissertation Committee Review)	X	X		
Presentation of Findings				
Documentation of quality-enhancement efforts	X			X
Thick, vivid description				X
Documentation of reflexivity	X			

(Table adapted from Nurse Key, 2018)

Table 3.2

Potential Research Bias

The researcher has a background in social work consisting of Bachelor of Social Work and Master of Social Work degrees. This background has the potential to influence the researcher's interpretation of the data overly based on a social perspective rather than a balanced perspective between social work and interprofessional education. However, the current study is part of researcher's dissertation to complete a Doctorate of Health Administration with a concentration in Interprofessional Leadership degree. The researcher's preceding two years of course work in interprofessional practice should provide for a more objective interpretation of the data. The research has also included expert review from both disciplines to control potential bias.

Findings

Introduction to Results

The aim of this study was to develop and validate a conceptual competency-based model to guide the integration of IPE core competencies into US social work education competencies. There have been calls from within the social work profession for it to take a leadership role in the advancement of IPE in US health professions education (Taylor & Coffey, 2014; Jones & Phillips, 2016). However, to date there is little empirical data supporting IPE competency inclusion in current social work accrediting standards. Therefore, the initial goal of this study was to answer two questions. Answering these two research questions establishes the foundational data sources for analysis. These research questions were:

1. What IPE core competencies are recognized in the U.S.?
2. What core competencies are taught in US social work education?

The study answered the first question finding that the Interprofessional Education Collaborative (IPEC) core competencies were the IPE competencies widely accepted in US health professions education. Then, the second question was answered finding that the nine core competencies found in the Council of Social Work Education (CSWE) *2015 EPAS* are taught in accredited US social work programs. The researcher answered these research questions early in the study through a review of literature related to IPE competencies and social work education in the US.

There is often competency overlap among social work and other health professions (Reeves, Fox, & Hodges, 2009). The researcher hypothesized the study would find some redundancy between the IPEC core competencies and the CSWE *2015 EPAS*. However, the researcher also hypothesized there were IPEC core competencies not currently found in social work education accreditation standards. Thus, there was the need for a conceptual model to

incorporate any missing IPEC competencies. The research design was structured to produce findings that address these two hypotheses and answer the final three research questions. The study results consist of where redundancies were found to exist, gaps that were identified within the social work educational standards and finally, a conceptual competency-based model for implementation.

The researcher's findings from qualitative content analysis of the study data were put into evidence tables. These evidence tables were provided to the IPE and Social Work expert for review to serve as a trustworthiness measure. The conclusive findings included in this chapter are a result of the two experts reviewing the researcher's findings and agreeing or disagreeing through a response of "Found" or "Not Found." The final results of the study were determined through an analysis of agreement between the researcher's findings and experts' review. In order for an IPEC competency to be considered found within the social work educational standards there was a requirement of unanimous agreement between the researcher and experts or sole agreement between the experts. The IPEC core competencies determined "not found" in the final findings would require incorporation into the CSWE social work accreditation standards. The resulting conceptual model will provide guidance on such incorporation. The results have been structured to answer the final three research questions and to address each of the 4 IPEC competencies individually.

Study Results

The study results validated the both of the researcher's hypotheses. The findings determined there was considerable redundancy between the IPEC core competencies and the social work core competencies. There were also some IPEC sub-competencies not found within the social work educational standards. The IPEC sub-competencies not found split into two sub-categories,

competencies that were found within the *NASW Code of Ethics* instead of the *CSWE 2015 EPAS* and competencies not found within either social work document. There were 32 out of 39 IPEC sub-competencies found, 27 in the *CSWE 2015 EPAS* and 5 in the *NASW Code of Ethics*. There were 7 IPEC sub-competencies not found in the *CSWE 2015 EPAS* or the *NASW Code of Ethics*. These results are further explored in the next few sections.

Krippendorff alpha

Table 4.1 below displays the results of a Krippendorff alpha analysis conducted on the responses of the researcher, IPE expert and Social Work expert. SPSS software was utilized to calculate the Krippendorff (α) estimate. The findings were insignificant due to a low amount of disagreement among the researcher and experts. Krippendorff (2013) states an acceptable alpha for which tentative conclusions should be between .667 - .800 while reliable conclusions above a .800 alpha. When there is too little disagreement and/or too much agreement the resulting alpha is meaningless (Yarnold, 2016).

Krippendorff's Alpha Reliability Estimate						
	Alpha	LL95%CI	UL95%CI	Units	Observers	Pairs
Nominal	.5404	.3872	.6783	78.0000	3.0000	234.0000
Probability (q) of failure to achieve an alpha of at least alphamin:						
alphamin	q					
.9000	1.0000					
.8000	.9996					
.7000	.9842					
.6700	.9580					
.6000	.7518					
.5000	.3168					

Table 4.1

Where do redundancies exist between the competencies?

There is significant redundancy between the IPEC core competencies and the social work competencies found in the *CSWE 2015 EPAS*. The content analysis identified all sub-competencies of IPEC Competency 1: Values/Ethics for Interprofessional Practice within the social work documents. As shown below in tables 4.2 – 4.9, 8 sub-competencies were found in the *CSWE 2015 EPAS* and 9 were found in the *NASW Code of Ethics*. However, the significance of two sub-competencies being found in the *NASW Code of Ethics* and not in the *CSWE 2015 EPAS* is covered in the gaps section.

	VE1	VE2	VE3	VE4	VE5	VE6	VE7	VE8	VE9	VE10
Researcher	Found	Found	Found	Found	Found	Found	Found	Found	Found	Found
Expert 1	Not Found	Found	Found	Found	Found	Found	Found	Not Found	Found	Found
Expert 2	Found	Found	Found	Found	Found	Found	Found	Found	Found	Found
	Not Found	Found	Found	Found	Found	Found	Found	Not Found	Found	Found

Table 4.2 Depicts the finding of 8 sub-competencies of IPEC Competency 1: Values/Ethics within the *CSWE 2015 EPAS*. Sub-competencies VE1 and VE8 were not found in the document.

Evidence Table for IPEC Competency 1: Values/Ethics and CSWE 2015 EPAS

Work with individuals of other professions to maintain a climate of mutual respect and shared values.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Study Result
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.	Competency 6 Competency 7 Competency 8	SW comp 6: Social workers: present themselves as learners and engage clients and constituencies as experts of their own experiences; SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.	Not Found
VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.	Competency 1 Competency 3	SW comp 1: Social workers: make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context; SW comp 3: Social workers understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education.	Found
VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.	Competency 2 Competency 7 Competency 8	SW comp 2: Social workers: apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels; present themselves as learners and engage clients and constituencies as experts of their own experiences; and apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.	Found

Table 4.3

Evidence Table for IPEC Competency 1: Values/Ethics and CSWE 2015 EPAS

VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.	Competency 1 Competency 7 Competency 8	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams.</p> <p>SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity.</p> <p>Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.</p> <p>Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	Found
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.	Competency 1 Competency 6 Competency 7 Competency 8	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams.</p> <p>SW comp 6: Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities.</p> <p>Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p> <p>SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	Found
VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).	Competency 2 Competency 6	<p>SW comp 2: Social workers: present themselves as learners and engage clients and constituencies as experts of their own experiences;</p> <p>SW comp 6: Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities.</p> <p>Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	Found

Table 4.4

Evidence Table for IPEC Competency 1: Values/Ethics and CSWE 2015 EPAS

VE7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.	Competency 1	<p>SW comp 1: Social workers: make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context; demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication; use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; use supervision and consultation to guide professional judgment and behavior.</p>	Found
VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.	Competency 1	<p>SW comp 1: Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas.</p> <p>Social workers: make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context; use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; use supervision and consultation to guide professional judgment and behavior.</p>	Not Found
VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.	Competency 1 Competency 6	<p>SW comp 1: Social workers: demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication;</p> <p>SW comp 6: Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities.</p> <p>Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	Found
VE10. Maintain competence in one's own profession appropriate to scope of practice.	Competency 1	<p>SW comp 1: Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession.</p> <p>Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels.</p> <p>Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective.</p>	Found

Table 4.5

	VE1_NASW	VE2_NASW	VE3_NASW	VE4_NASW	VE5_NASW	VE6_NASW	VE7_NASW	VE8_NASW	VE9_NASW	VE10_NASW
Researcher	Found	Found	Found	Not Found	Found	Found	Found	Found	Found	Found
Expert 1	Found	Found	Found	Not Found	Found	Found	Found	Found	Found	Found
Expert 2	Found	Found	Found	Not Found	Found	Found	Found	Found	Found	Found
	Found	Found	Found	Not Found	Found	Found	Found	Found	Found	Found

Table 4.6 Shows the finding of 9 sub-competencies of IPEC Competency 1: Values/Ethics within the NASW *Code of Ethics*. Sub-competency VE4 was not found in the document.

Evidence Table for IPEC Competency 1: Values/Ethics and NASW Code of Ethics

Work with individuals of other professions to maintain a climate of mutual respect and shared values.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Study Result
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.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients.</p> <p>Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.</p> <p>Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society.</p> <p>Social workers should respect clients' right to privacy.</p>	Found
VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients.</p> <p>Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.</p> <p>Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society.</p> <p>Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.</p> <p>Social workers respect the inherent dignity and worth of the person.</p> <p>Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons.</p> <p>Social workers should respect clients' right to privacy.</p>	Found
VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.</p> <p>Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity.</p>	Found

Table 4.7

Evidence Table for IPEC Competency 1: Values/Ethics and NASW Code of Ethics

VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.			Not Found
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.	Competency 1	SW comp 1/NASW Code of Ethics: Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.	Found
VE6. Develop a trusting relationship with patients, families, and other team members (CHC, 2010).	Competency 1	SW comp 1/NASW Code of Ethics: Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Social workers understand that relationships between and among people are an important vehicle for change.	Found
VE7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.	Competency 1	SW comp 1/NASW Code of Ethics: Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them.	Found
VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.	Found

Table 4.8

Evidence Table for IPEC Competency 1: Values/Ethics and NASW Code of Ethics

VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Social workers understand that relationships between and among people are an important vehicle for change. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Value: Integrity Ethical Principle: Social workers behave in a trustworthy manner.	Found
VE10. Maintain competence in one's own profession appropriate to scope of practice.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics. (c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.	Found

Table 4.9

The content analysis identified 7 of the 10 sub-competencies under IPEC Competency 2: Roles/Responsibilities. Tables 4.10 – 4.13 shows 5 sub-competencies were found in *CSWE 2015 EPAS* while Tables 4.14 – 4.17 shows 7 sub-competencies were found in the *NASW Code of Ethics*. Therefore, 3 sub-competencies were not found in the social work documents. These missing sub-competencies are covered in the gaps section of the chapter.

	RR1	RR2	RR3	RR4	RR5	RR6	RR7	RR8	RR9	RR10
Researcher	Found	Found	Found	Found	Found	Found	Found	Found	Found	Found
Expert 1	Not Found	Found	Found	Found	Not Found	Not Found	Not Found	Found	Found	Not Found
Expert 2	Found	Found	Found	Found	Found	Found	Found	Found	Found	Found
	Not Found	Found	Found	Found	Not Found	Not Found	Not Found	Found	Found	Not Found

Table 4.10 Shows the finding of 5 sub-competencies of IPEC Competency 2: Roles/Responsibilities within the *CSWE 2015 EPAS*. Sub-competencies RR1, RR5, RR6, RR7 and RR10 were not found in the document.

Evidence Table for IPEC Competency 2: Roles/Responsibilities and CSWE 2015 EPAS

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Study Result
RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.	Competency 8	SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Not Found
RR2. Recognize one's limitations in skills, knowledge, and abilities.	Competency 2 Competency 8	SW comp 2: Social workers: apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found
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.	Competency 2 Competency 6 Competency 7 Competency 8	SW comp 2: Social workers: apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels; SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found
RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.	Competency 1 Competency 8	SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found

Table 4.11

Evidence Table for IPEC Competency 2: Roles/Responsibilities and CSWE 2015 EPAS

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.	Competency 1 Competency 6 Competency 8	SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 6: Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Not Found
RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.	Competency 1 Competency 8	SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Not Found
RR7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.	Competency 6 Competency 8	SW comp 6: Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Not Found
RR8. Engage in continuous professional and interprofessional development to enhance team performance and collaboration.	Competency 8 Competency 9	SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. SW comp 9: Social workers: critically analyze, monitor, and evaluate intervention and program processes and outcomes; and apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.	Found

Table 4.12

Evidence Table for IPEC Competency 2: Roles/Responsibilities and CSWE 2015 EPAS

RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.	Competency 6 Competency 8	SW comp 6: Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found
RR10. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.	Competency 1 Competency 8	SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Not Found

Table 4.13

	RR1_NASW	RR2_NASW	RR3_NASW	RR4_NASW	RR5_NASW	RR6_NASW	RR7_NASW	RR8_NASW	RR9_NASW	RR10_NASW
Researcher	Found	Found	Found	Found	Not Found	Found	Found	Found	Found	Not Found
Expert 1	Found	Found	Found	Found	Not Found	Found	Not Found	Found	Found	Not Found
Expert 2	Found	Found	Found	Found	Not Found	Found	Found	Found	Found	Not Found
	Found	Found	Found	Found	Not Found	Found	Not Found	Found	Found	Not Found

Table 4.14 Shows the finding of 7 sub-competencies of IPEC Competency 2: Roles/Responsibilities within the NASW *Code of Ethics*. Sub-competencies RR5, RR7 and RR10 were not found in the document.

Evidence Table for IPEC Competency 2: Roles/Responsibilities and NASW Code of Ethics

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Study Result
RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.</p> <p>Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.</p> <p>Social workers practice within their areas of competence and develop and enhance their professional expertise.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers: develop and enhance their professional expertise.</p>	Found
RR2. Recognize one's limitations in skills, knowledge, and abilities.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.</p> <p>Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.</p> <p>Social workers practice within their areas of competence and develop and enhance their professional expertise.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers continually strive to increase their professional knowledge and skills.</p> <p>Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	Found

Table 4.15

Evidence Table for IPEC Competency 2: Roles/Responsibilities and NASW Code of Ethics

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.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.</p>	Found
RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers continually strive to increase their professional knowledge and skills.</p> <p>Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	Found
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.			Not Found
RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers continually strive to increase their professional knowledge and skills.</p> <p>Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	Found

Table 4.16

Evidence Table for IPEC Competency 2: Roles/Responsibilities and NASW Code of Ethics

RR7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.	Not Found
RR8. Engage in continuous professional and interprofessional development to enhance team performance and collaboration.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers: develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.	Found
RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.	Found
RR10. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.			Not Found

Table 4.17

The content analysis identified 6 of the 8 sub-competencies under IPEC Competency 3: Interprofessional Communication. Tables 4.18 – 4.22 shows 6 sub-competencies were found in CSWE 2015 EPAS while Tables 4.23 – 4.26 shows 5 sub-competencies were found in the NASW Code of Ethics. Sub-competencies CC1 and CC5 were not found in the social work documents. These missing sub-competencies are covered in the gaps section of the chapter.

	CC1	CC2	CC3	CC4	CC5	CC6	CC7	CC8
Researcher	Found	Found	Found	Found	Found	Found	Found	Found
Expert 1	Not Found	Found	Found	Found	Not Found	Found	Found	Found
Expert 2	Found	Found	Found	Found	Found	Found	Found	Found
	Not Found	Found	Found	Found	Not Found	Found	Found	Found

Table 4.18 Shows the finding of 6 sub-competencies of IPEC Competency 3: Interprofessional Communication within the CSWE 2015 EPAS. Sub-competencies CC1 and CC5 were not found in the document.

Evidence Table for IPEC Competency 3: Interprofessional Communication and CSWE 2015 EPAS

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Study Result
CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.	Competency 1 Competency 8	SW comp 1: Social workers: demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication; use technology ethically and appropriately to facilitate practice outcomes; SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.	Not Found
CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.	Competency 6	SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.	Found

Table 4.19

Evidence Table for IPEC Competency 3: Interprofessional Communication and CSWE 2015 EPAS

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.	Competency 1 Competency 6 Competency 7 Competency 8	SW comp 1: Social workers: demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication; SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 7: Social workers: develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and facilitate effective transitions and endings that advance mutually agreed-on goals.	Found
CC4. Listen actively, and encourage ideas and opinions of other team members.	Competency 1 Competency 6 Competency 8	SW comp 1: use supervision and consultation to guide professional judgment and behavior. SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.	Found

Table 4.20

Evidence Table for IPEC Competency 3: Interprofessional Communication and CSWE 2015 EPAS

CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.	Competency 1 Competency 6 Competency 8	SW comp 1: Social workers: use supervision and consultation to guide professional judgment and behavior. SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.	Not Found
CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.	Competency 1 Competency 6	SW comp 1: Social workers: demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication; SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.	Found
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).	Competency 1 Competency 6 Competency 8	SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found

Table 4.21

Evidence Table for IPEC Competency 3: Interprofessional Communication and CSWE 2015 EPAS

CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.	Competency 6 Competency 7 Competency 8	SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found
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Table 4.22

	CC1_NASW	CC2_NASW	CC3_NASW	CC4_NASW	CC5_NASW	CC6_NASW	CC7_NASW	CC8_NASW
Researcher	Not Found	Found	Found	Found	Found	Found	Found	Not Found
Expert 1	Not Found	Found	Found	Found	Not Found	Found	Found	Not Found
Expert 2	Not Found	Found	Found	Found	Found	Found	Found	Not Found
	Not Found	Found	Found	Found	Not Found	Found	Found	Not Found

Table 4.23 Shows the finding of 5 sub-competencies of IPEC Competency 3: Interprofessional Communication within the *NASW Code of Ethics*. Sub-competencies CC1, CC5 and CC8 were not found in the document.

Evidence Table for IPEC Competency 3: Interprofessional Communication and NASW Code of Ethics

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Study Result
CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.			Not Found
CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, Social workers should use accurate and respectful language in all communications to and about clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.	Found
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.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.	Found

Table 4.24

Evidence Table for IPEC Competency 3: Interprofessional Communication and NASW Code of Ethics

CC4. Listen actively, and encourage ideas and opinions of other team members.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, Social workers should use accurate and respectful language in all communications to and about clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.	Found
CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.	Not Found
CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.	Competency 1	SW comp 1/NASW Code of Ethics: Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, Social workers should use accurate and respectful language in all communications to and about clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.	Found
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).	Competency 1	SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.	Found

Table 4.25

Evidence Table for IPEC Competency 3: Interprofessional Communication and NASW Code of Ethics

CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.			Not Found
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Table 4.26

The content analysis identified 8 of the 11 sub-competencies under IPEC Competency 4: Teams and Teamwork. Tables 4.27 – 4.32 shows 8 sub-competencies were found in *CSWE 2015 EPAS* while Tables 4.33 – 4.36 shows 8 sub-competencies were found in the *NASW Code of Ethics*. Sub-competencies TT1 and TT5 were not found in the social work documents. These missing sub-competencies are covered in the gaps section.

	TT1	TT2	TT3	TT4	TT5	TT6	TT7	TT8	TT9	TT10	TT11
Researcher	Found	Found	Found	Found	Found	Found	Found	Found	Found	Found	Found
Expert 1	Not Found	Found	Not Found	Found	Not Found	Found	Found	Found	Found	Found	Found
Expert 2	Found	Found	Found	Found	Found	Found	Found	Found	Found	Found	Found
	Not Found	Found	Not Found	Found	Not Found	Found	Found	Found	Found	Found	Found

Table 4.27 Shows the finding of 8 sub-competencies of IPEC Competency 4: Teams and Teamwork within the *CSWE 2015 EPAS*. Sub-competencies TT1, TT3 and TT5 were not found in the document.

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Study Result
TT1. Describe the process of team development and the roles and practices of effective teams.	Competency 1 Competency 7 Competency 8	SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Not Found
TT2. Develop consensus on the ethical principles to guide all aspects of team work.	Competency 1 Competency 8	SW comp 1: Social Workers: make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context; SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found
TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.	Competency 6 Competency 7 Competency 8	SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; .	Not Found

Table 4.28

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

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.	Competency 2 Competency 7 Competency 8	SW comp 2: Social workers: present themselves as learners and engage clients and constituencies as experts of their own experiences; SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found
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Table 4.29

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

TT5. Apply leadership practices that support collaborative practice and team effectiveness.	Competency 6 Competency 7 Competency 8 Competency 9	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</p> <p>SW comp 7: Social workers: collect and organize data, and apply critical thinking to interpret information from clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies; develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and facilitate effective transitions and endings that advance mutually agreed-on goals.</p> <p>SW comp 9: Social workers: select and use appropriate methods for evaluation of outcomes; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes; critically analyze, monitor, and evaluate intervention and program processes and outcomes; and apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.</p>	Not Found
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Table 4.30

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

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.	Competency 6 Competency 7 Competency 8	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</p> <p>SW comp 7: Social workers: develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and facilitate effective transitions and endings that advance mutually agreed-on goals.</p>	Found
TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.	Competency 7 Competency 8	<p>SW comp 7: Social workers: develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	Found
TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.	Competency 1 Competency 7 Competency 8	<p>SW comp 1: Social workers: use reflection and self-regulation to manage personal values and maintain professionalism in practice situations</p> <p>SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	Found

Table 4.31

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

TT9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.	Competency 4 Competency 7 Competency 8 Competency 9	SW comp 4: Social workers: apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings; and use and translate research evidence to inform and improve practice, policy, and service delivery. SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. SW comp 9: Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness.	Found
TT10. Use available evidence to inform effective teamwork and team-based practices.	Competency 4 Competency 7 Competency 8 Competency 9	SW comp 4: Social workers understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. SW comp 9: Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness.	Found
TT11. Perform effectively on teams and in different team roles in a variety of settings.	Competency 8	SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found

Table 4.32

	TT1_NASW	TT2_NASW	TT3_NASW	TT4_NASW	TT5_NASW	TT6_NASW	TT7_NASW	TT8_NASW	TT9_NASW	TT10_NASW	TT11_NASW
Researcher	Not Found	Found	Found	Found	Not Found	Found	Found	Not Found	Found	Found	Found
Expert 1	Not Found	Found	Found	Found	Not Found	Found	Found	Not Found	Not Found	Found	Found
Expert 2	Not Found	Found	Found	Found	Not Found	Found	Found	Not Found	Found	Found	Found
	Not Found	Found	Found	Found	Not Found	Found	Found	Found	Not Found	Found	Found

Table 4.33 Shows the finding of 8 sub-competencies of IPEC Competency 4: Teams and Teamwork within the NASW *Code of Ethics*. Sub-competencies TT1, TT5 and TT9 were not found in the document.

Evidence Table for IPEC Competency 4: Teams and Teamwork and NASW Code of Ethics

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Study Result
TT1. Describe the process of team development and the roles and practices of effective teams.			Not Found
TT2. Develop consensus on the ethical principles to guide all aspects of team work.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	Found
TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	Found
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.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	Found

Table 4.34

Evidence Table for IPEC Competency 4: Teams and Teamwork and NASW Code of Ethics

TT5. Apply leadership practices that support collaborative practice and team effectiveness.			Not Found
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.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	Found
TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels.</p>	Found
TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.			Not Found
TT9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.</p> <p>Social workers practice within their areas of competence and develop and enhance their professional expertise.</p>	Not Found

Table 4.35

Evidence Table for IPEC Competency 4: Teams and Teamwork and NASW Code of Ethics

TT10. Use available evidence to inform effective teamwork and team-based practices.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	Found
TT11. Perform effectively on teams and in different team roles in a variety of settings.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	Found

Table 4.36

In answering the research question of redundancy between the IPEC core competencies and social work educational standards the study found there was significant redundancy. The level of redundancy was 82% when identifying the IPEC core competencies within the *CSWE 2015 EPAS* and the *NASW Code of Ethics*. There was a lower level of redundancy at 69% when the IPEC core competencies are solely identified within the *CSWE 2015 EPAS*. Although, the *NASW Code of Ethics* is found under Social Work Competency 1 in the *CSWE 2015 EPAS* it is referenced in the context of being a resource for social workers to make ethical decisions. Taking context into consideration the identification of 5 IPEC core competencies only in the *NASW Code of Ethics* highlight a gap discussed in the next section. In conclusion, nearly 70% redundancy is still significant enough to note.

What gaps in social work education do IPE core competencies need to fill?

The study found that three gaps exist within social work educational standards. The first gap focuses on where some IPEC competencies are found within the educational standards. The second gap consists of IPEC competencies not found anywhere within the social work educational standards. The third gap is a need for further terminological clarity to make distinguishing the IPEC competencies within social work educational standards easier. These gaps were used to inform the development of the conceptual model found in the next section.

There were 5 IPEC competencies not found within the Council on Social Work Education (CSWE) 2015 EPAS. IPEC sub-competencies VE1, VE8, RR1, RR6 and TT3 were implicitly found within the National Association of Social Workers (NASW) *Code of Ethics* rather than explicitly in the CSWE 2015 EPAS. The NASW *Code of Ethics* is included within Social Work Competency 1. However, in the context of this study IPEC competencies found only within the NASW *Code of Ethics* were considered not found within the CSWE 2015 EPAS. The NASW *Code of Ethics* is referenced as a guide for social workers to make ethical decisions (CSWE, 2015). There is no reference made to the NASW *Code of Ethics* providing social work competencies recognized by the CSWE. This is considered a gap because social work programs are required to design their curriculums based on the 9 core competencies found in the CSWE 2015 EPAS (CSWE, 2015). Not being found within the CSWE 2015 EPAS means the 5 identified IPEC sub-competencies are not guaranteed integration into accredited US social work programs. The next gap consists of 7 IPEC sub-competencies currently not presented in US social programs as they were not found within the CSWE 2015 EPAS or the NASW *Code of Ethics*.

The 7 IPEC sub-competencies shown in Tables 4.37 and 4.38 are the sub-competencies that were not found through content analysis of the CSWE 2015 EPAS or the NASW *Code of Ethics*. IPEC sub-competencies RR5, RR7, RR10, CC1, CC5, TT1 and TT5 were not found in either document. This is a gap because the 7 IPEC sub-competencies are not found anywhere within the US social work educational standards. One purpose of the conceptual model is to provide guidance on implementing IPEC competencies not found within the CSWE 2015 EPAS. The final gap is an issue identified throughout IPE literature.

IPEC sub-competencies Not Found in CSWE 2015 EPAS							
	RR5	RR7	RR10	CC1	CC5	TT1	TT5
Researcher	Found	Found	Found	Found	Found	Found	Found
Expert 1	Not Found	Not Found	Not Found	Not Found	Not Found	Not Found	Not Found
Expert 2	Found	Found	Found	Found	Found	Found	Found
	Not Found	Not Found	Not Found	Not Found	Not Found	Not Found	Not Found

Table 4.37 Shows IPEC sub-competencies RR5, RR7, RR10, CC1, CC5, TT1 and TT5 were not found in the CSWE 2015 EPAS due to lack of either unanimous agreement or between the experts.

IPEC sub-competencies Not Found in NASW Code of Ethics							
	RR5_NASW	RR7_NASW	RR10_NASW	CC1_NASW	CC5_NASW	TT1_NASW	TT5_NASW
Researcher	Not Found	Found	Not Found	Not Found	Found	Not Found	Not Found
Expert 1	Not Found	Not Found	Not Found	Not Found	Not Found	Not Found	Not Found
Expert 2	Not Found	Found	Not Found	Not Found	Found	Not Found	Not Found
	Not Found	Not Found	Not Found	Not Found	Not Found	Not Found	Not Found

Table 4.38 Shows IPEC sub-competencies RR5, RR10, CC1, TT1 and were not found in the NASW Code of Ethics based on unanimous agreement. IPEC sub-competencies RR7 and CC5 were not found due to lack of either unanimous agreement or between the experts.

The final gap is a lack of universal terminology. This gap makes identifying the IPEC competencies within *2015 EPAS* social work competencies difficult. The *CSWE 2015 EPAS* is written in social work specific terminology which does not directly align with the terminology used by IPEC. The IPE expert's feedback on quotes from the *CSWE 2015 EPAS* found in the evidence table and unanimous agreement between the researcher and the social work expert are examples of this gap. Figure 1 displays a particular segment of an evidence table with feedback from the IPE expert. The IPE expert notes, "[it is a] different activity to 'use' rather than 'understand' and 'value'" in reference to *CSWE 2015 EPAS* quotes the researcher interpreted as representing the IPEC sub-competency in the social work educational standards. The IPEC sub-competency was 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 (IPEC, 2016). Two of the CSWE 2015 EPAS quotes compared were Social Work Competency 1: Social workers also understand the role of other professions when engaged in interprofessional teams and Social Work Competency 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional and inter-organizational collaboration (CSWE, 2015).

The researcher interpreted the CSWE 2015 EPAS quotes to have a latent content that if “social workers understood the roles of other professionals when engaged in interprofessional teams” and “valued the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration” it is implied that social workers will “use the full scope of knowledge, skills, and abilities of professionals from other fields to provide care that is safe, timely, efficient, effective, and equitable” (CSWE, 2015; IPEC, 2016) . However, the difference in interpretation is a perfect example of a need for clarity in the social work educational standards language to make it easier to distinguish the IPEC competencies.

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.	Competency 1 Competency 6 Competency 8	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams.</p> <p>SW comp 6: Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	<p>different activity to "use" rather than understand "value specific knowledge, skills, ability"</p> <p>Found</p> <p>Not Found</p>
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Figure 4.1

There is some overlap among these gaps. Lack of common terminology makes it difficult to determine whether the IPEC sub-competencies identified as not being found are actually not

found within the CSWE *2015 EPAS*. Therefore, a model for implementing missing IPEC sub-competencies must address these three gaps.

What would be an appropriate model to guide the implementation of IPE core competencies in social work educational standards?

The appropriate model would include IPEC oriented language and more content directly from the *NASW Code of Ethics*.

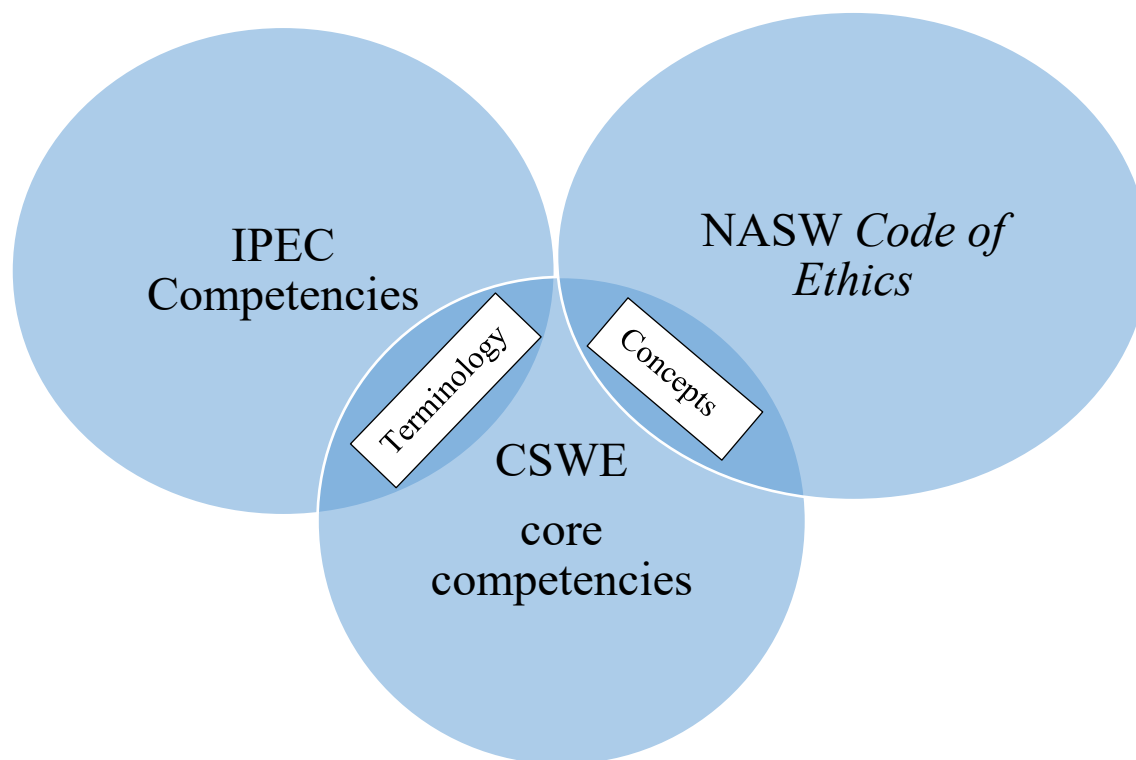


Figure 4.2

To improve clarity and increase the focus on competence the appropriate model would transition social work language found in the CSWE *EPAS* from a values and practice principles orientation to a skills and applied knowledge focused language.

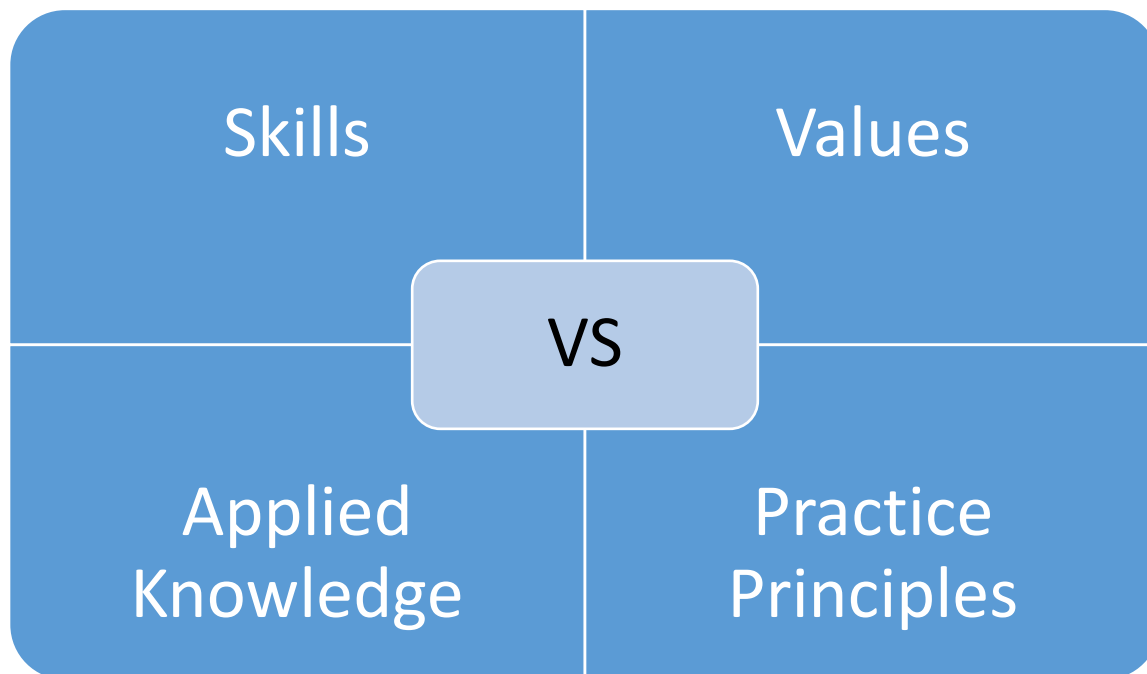


Figure 4.3

The appropriate social work competency-based model for implementing IPE core competencies would be a culmination of figures 1 and 2 as shown in figures 3 and 4. The model would utilize IPEC terminology combined with a focus on promoting skill development and knowledge applied in interprofessional interactions and activities that is grounded in a social work values and practice principles. Therefore, the appropriate model explicitly incorporates IPEC core competencies while maintaining social work values and practice principles. Increased focus on skill development and applied knowledge would result in IPE oriented social work competencies that produce measurable student outcomes in turn preparing social workers for post-graduate interprofessional collaborative practice. Figure 4 displays an example of the model in practice.

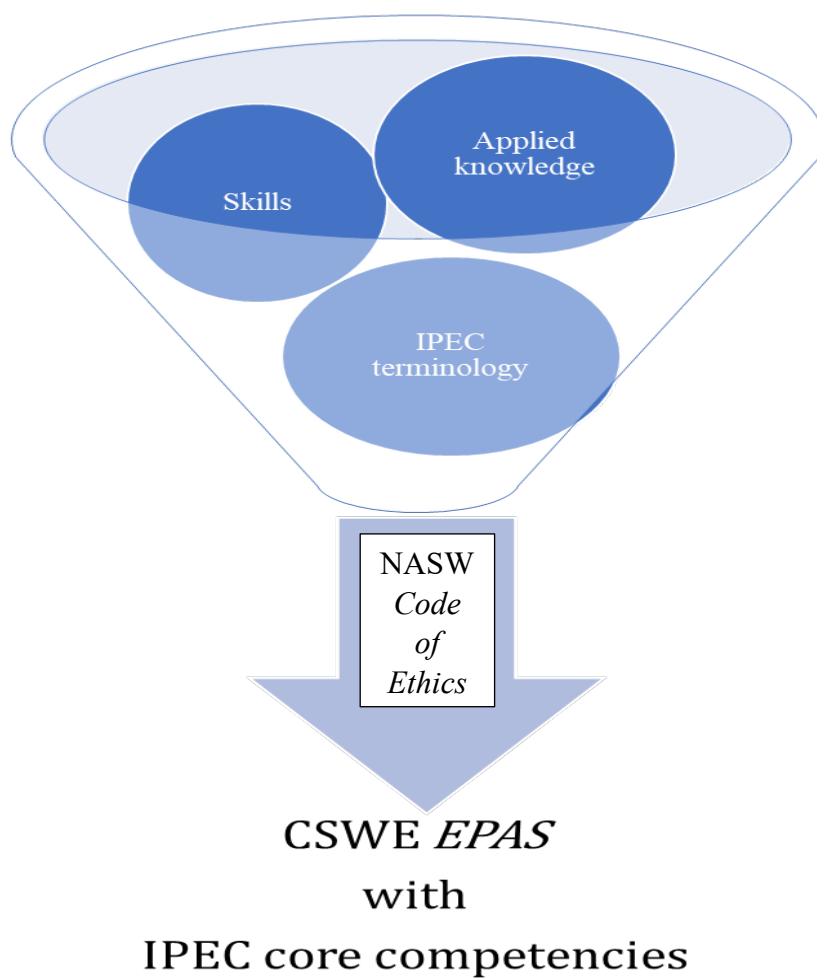


Figure 4.4

The IPE Competency-Based Model in Practice

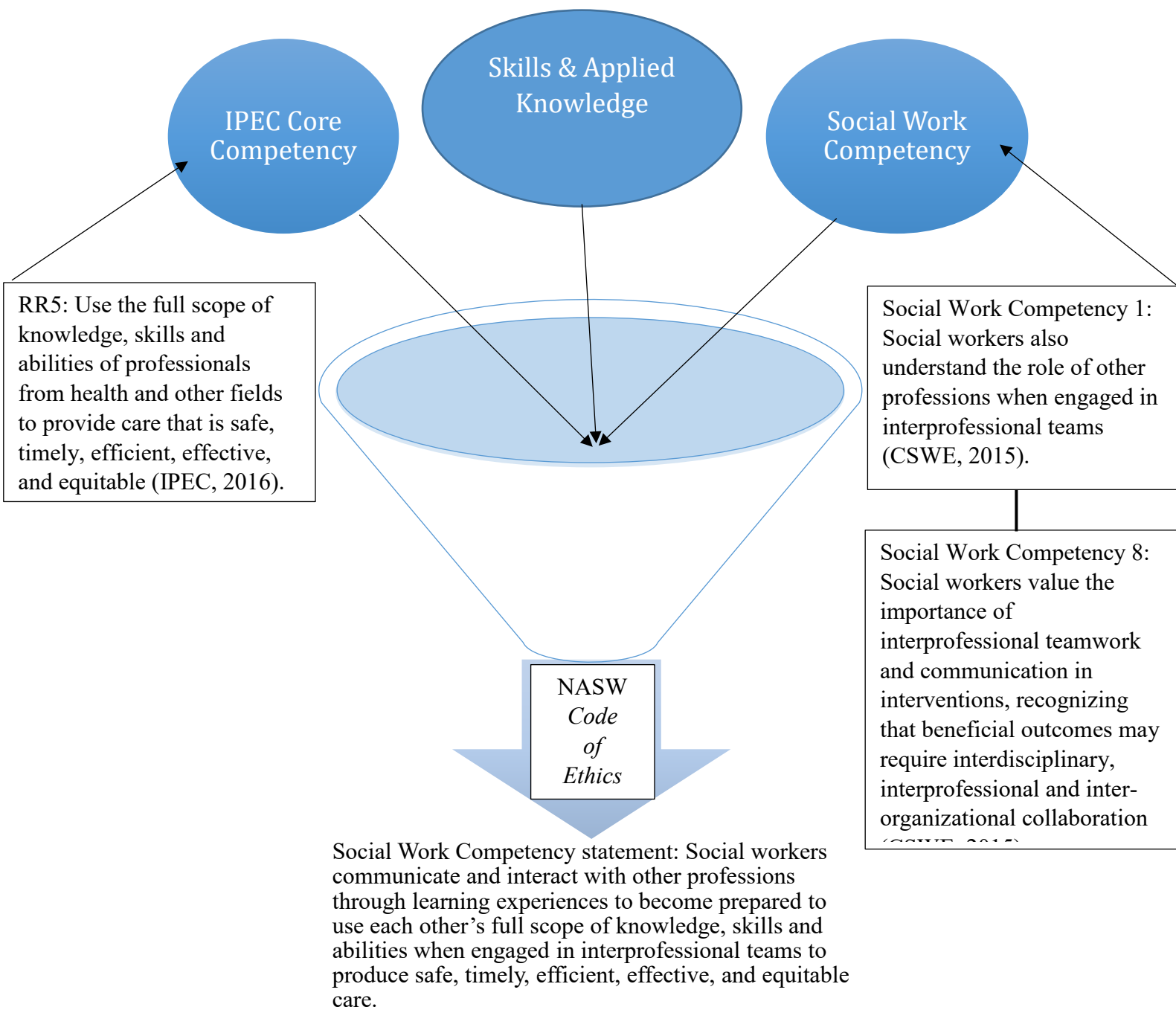


Figure 4.5

Examples from Nursing

The nursing profession incorporated IPE into its programs, the baccalaureate in 2008 and the master's in 2011 (Held, Mallory, and Cummings, 2017). Figures 5 and 6 depict how the nursing profession incorporated IPE into *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing, 2008). Figures 7 and 8 depict how the nursing profession incorporated IPE into *The Essentials of Master's Education in Nursing* (American Association of Colleges of Nursing, 2011). It is important to note that the IPE content was integrated into nursing academic standards prior to the development of IPEC *Core Competencies for Interprofessional Collaborative Practice*. Therefore, nursing has incorporated IPE content but not specifically the IPEC core competencies in spite being a founding member.

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

Rationale

Effective communication and collaboration among health professionals is imperative to providing patient-centered care. All health professions are challenged to educate future clinicians to deliver patient-centered care as members of an interprofessional team, emphasizing communication, evidence-based practice, quality improvement approaches, and informatics (IOM, 2003a). Interprofessional education is defined as interactive educational activities involving two or more professions that foster collaboration to improve patient care (Freeth, Hammick, Koppel, & Reeves, 2002). Teamwork among healthcare professionals is associated with delivering high quality and safe patient care (Barnsteiner, Disch, Hall, Mayer, & Moore, 2007). Collaboration is based on the complementarities of roles and the understanding of these roles by the members of the healthcare teams.

Interprofessional education enables the baccalaureate graduate to enter the workplace with baseline competencies and confidence for interactions and with communication skills that will improve practice, thus yielding better patient outcomes. Interprofessional education can occur in a variety of settings. An essential component for the establishment of collegial relationships is recognition of the unique discipline-specific practice spheres. Fundamental to effective interprofessional and intra-professional collaboration is a definition of shared goals; clear role expectations of members; a flexible decision-making process; and the establishment of open communication patterns and leadership. Thus, interprofessional education optimizes opportunities for the development of respect and trust for other members of the healthcare team.

The baccalaureate program prepares the graduate to:

1. Compare/contrast the roles and perspectives of the nursing profession with other care professionals on the healthcare team (i.e., scope of discipline, education and licensure requirements).
2. Use inter- and intraprofessional communication and collaborative skills to deliver evidence-based, patient-centered care.
3. Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working relationships.
4. Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.
5. Demonstrate appropriate teambuilding and collaborative strategies when working with interprofessional teams.

6. Advocate for high quality and safe patient care as a member of the interprofessional team.

Sample Content

- interprofessional and intraprofessional communication, collaboration, and socialization, with consideration of principles related to communication with diverse cultures
- teamwork/concepts of teambuilding/cooperative learning
- professional roles, knowledge translation, role boundaries, and diverse disciplinary perspectives
- relationship building
- navigating complex systems, system facilitation
- interdependence and resource sharing of healthcare professions
- individual accountability/shared accountability
- advocacy
- ethical codes and core values of different healthcare professions
- autonomy
- safety
- scopes of practice
- conflict management, conflict resolution strategies, and negotiation
- group dynamics
- principles of referral process for specialized services
- participatory decision-making
- caring

Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Rationale

In a redesigned health system a greater emphasis will be placed on cooperation, communication, and collaboration among all health professionals in order to integrate care in teams and ensure that care is continuous and reliable. Therefore, an expert panel at the Institute of Medicine (IOM) identified working in interdisciplinary teams as one of the five core competencies for all health professionals (IOM, 2003).

Interprofessional collaboration is critical for achieving clinical prevention and health promotion goals in order to improve patient and population health outcomes (APTR, 2008; 2009). Interprofessional practice is critical for improving patient care outcomes and, therefore, a key component of health professional education and lifelong learning (American Association of Colleges of Nursing & the Association of American Medical Colleges, 2010).

The IOM also recognized the need for care providers to demonstrate a greater awareness to “patient values, preferences, and cultural values,” consistent with the Healthy People 2010 goal of achieving health equity through interprofessional approaches (USHHS, 2000). In this context, knowledge of broad determinants of health will enable the master’s graduate to succeed as a patient advocate, cultural and systems broker, and to lead and coordinate interprofessional teams across care environments in order to reduce barriers, facilitate access to care, and improve health outcomes. Successfully leading these teams is achieved through skill development and demonstrating effective communication, planning, and implementation of care directly with other healthcare professionals (AACN, 2007).

Improving patient and population health outcomes is contingent on both horizontal and vertical health delivery systems that integrate research and clinical expertise to provide patient-centered care. Inherently the systems must include patients’ expressed values, needs, and preferences for shared decision making and management of their care. As

members and leaders of interprofessional teams, the master's-prepared nurse will actively communicate, collaborate, and consult with other health professionals to manage and coordinate care across systems.

The master's-degree program prepares the graduate to:

1. Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.
2. Understand other health professions' scopes of practice to maximize contributions within the healthcare team.
3. Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.
4. Use effective communication strategies to develop, participate, and lead interprofessional teams and partnerships.
5. Mentor and coach new and experienced nurses and other members of the healthcare team.
6. Functions as an effective group leader or member based on an in-depth understanding of team dynamics and group processes.

Sample Content

- Scopes of practice for nursing and other professions
- Differing world views among healthcare team members
- Concepts of communication, collaboration, and coordination
- Conflict management strategies and principles of negotiation
- Organizational processes to enhance communication
- Types of teams and team roles
- Stages of team development
- Diversity of teams
- Cultural diversity
- Patient-centered care
- Change theories
- Multiple-intelligence theory
- Group dynamics
- Power structures
- Health-work environments

Discussion

Interprofessional education (IPE) continues to advance as the best method to prepare health care professionals for interprofessional collaborative practice (IPCP). While some within the social work profession are calling on it to take a leadership role in the advancement of IPE, large numbers of US social workers enter the workforce unprepared for interprofessional collaborative practice (Taylor & Coffey, 2014; Jones & Phillips, 2016; Stanhope et al., 2015). There is a lack of empirical evidence to support social work programs participating in IPE or integrating IPE core competencies into social educational standards (Bronstein et al., 2010). To prepare social workers for IPCP social work programs must develop curriculums that incorporate IPE competencies. Research must elucidate which IPE competencies already exist within social work educational standards to avoid redundancy and ensure integration of the appropriate IPE content. This study accomplished that goal. It identified how much redundancy currently exists between IPE core competencies and social work educational standards, where gaps exist and developed a conceptual model for incorporating missing IPE core competencies.

There is nearly 70% redundancy between the IPEC core competencies and the social work competencies found in the *CSWE 2015 EPAS*. This significant amount of redundancy is considerably higher than hypothesized by the researcher. The researcher expected more gaps in the form IPEC sub-competencies requiring integration into the social work educational standards. Two unexpected gaps were identified in the study. The researcher did not expect to include the *NASW Code of Ethics* in content analysis. However, it was deemed necessary after reviewing the *NASW Code of Ethics* due to its reference in *CSWE 2015 EPAS* Social Competency 1 and identifying content that addressed social work and interprofessional practice. The third gap was unexpected as well. The gap resulted from the expert review feedback. The IPE expert's feedback

on CSWE 2015 EPAS quotes in the evidence table and unanimous agreement between the researcher and social work expert highlighted the terminology gap. The CSWE 2015 EPAS is written in social work specific terminology which does not directly align with the terminology used by IPEC. It is highly probable that the unanimous agreement between the researcher and the social work expert is based on a common understanding of social work terminology resulting from the researcher having a background in social work. This gap makes identifying the IPEC competencies within 2015 EPAS social work competencies difficult. Examining the terminology gap led the researcher to determine in order for the model to be competency-based the social work language requires changing from a values and practice principles focus to a skills and applied knowledge one. This observation supports the overall significance of the study's contribution to the social work IPE literature base.

Integration of Findings

The study results hold significance for the social work and IPE knowledge base. To date such as study has not been conducted in either discipline. Zorek and Raehl (2013) examined the amount of IPE and IPCP related statements within following US health professions: dentistry, medicine, nursing, occupational therapy, pharmacy, physical therapy, physicians assistant, psychology, public health and social work accreditation standards. The authors found one IPE related statement in the CSWE 2008 EPAS. This study identifies a significant increase in IPE related statements in the CSWE 2015 EPAS which advances the Zorek and Raehl effort. Furthermore, it elucidates the existence of IPEC core competencies within social work educational standards. The study design and conceptual model are transferable to other health professions. However, there are some limitations to the study.

Limitations

One major limitation of this study is the findings are not generalizable to other US health professions or social work accreditation standards in other countries. As previously noted, the findings of qualitative content analysis are limited due to the subjective nature of qualitative research. There is potential for the replication of this study by other researchers with differing findings, because the data interpretation is subjective. This subjectivity of the qualitative content analysis findings allows for differing interpretations. These interpretations may be influenced by excessive bias rather than fact.

The potential for researcher and disciplinary expert bias is another limitation of this study. There is no way to assure that all bias has been removed from the study findings due to the subjective nature of the data interpretations. However, the researcher has sought to address this limitation through the incorporation of an audit trail, triangulation and reliability coefficient into the study design. There was the potential for researcher bias in the coding frame development prior to the data interpretation.

There were limited coding frame testing options due to the study being a dissertation which does not allow for a second coder. Often the coding frame testing process includes a second coder (Schreier, 2012). The rationale for a second coder is if two different coders come up with the same results during coding frame testing there is higher probability of developing a reliable coding frame.

Finally, there are no previous studies for direct comparison of findings. Being able to directly compare the findings of this study with others would potentially increase confirmability. Very few empirical studies have explored social work accreditation standards and none have sought to determine whether the IPEC core competencies are already integrated into the social work core competencies.

Future Research

Given there is an issue with social workers entering the workforce prepared for interprofessional collaborative practice, future research should focus on three areas. First, research must continue to explore how IPE is incorporated into US social work curriculums. As previously mentioned, there is very little empirical evidence that shows how social work programs engage IPE (Bronstein et al., 2010). A survey of US social work program faculties with an instrument developed from the IPEC core competencies could produce meaningful data if there is an adequate sample size. Such a study would address the lack of empirical evidence on how social work programs are engaging in IPE. Another potential study would be to collect a random sample of US social work program field evaluations and conduct a content analysis to determine how many include IPE oriented competencies.

Second, there must be more research into social work student outcomes in reference to developing IPE competency. There is an overall need for more research focused on student IPE competence outcomes across health professions (Reeves, et al., 2016; Lapkin, Levett-Jones, & Gilligan, 2013; Thistlethwaite, 2012). It would be very beneficial to conduct a longitudinal study of social work students when they first enter into their program through at a minimum of two years post-graduation to assess how much competency in IPE core competencies is developed throughout the period of observation. Such a study could produce significant data related to social work student competency and preparation for interprofessional collaborative practice.

Third, future research must focus on developing and adopting a common IPE terminology across health professions. As this study results found social work must adopt terminology that aligns more with IPEC competencies. Broadening the range of the current study, to include more educational standards of health professions and a more robust, diverse group of experts to review

the findings. This could produce meaningful results towards establishing common terminology. Another potential study would be to conduct focus groups that include representation from a larger array of health professions with the IPEC core competencies as a focus topic. After focus groups are conducted, developing a survey instrument from the results and surveying an equally represented random sample of the health professions should be performed. All of these areas require further research in order to effectively prepare social work and other health professions students for IPCP.

Conclusion

In conclusion, social work has more than a rich history of working in interprofessional environments. It contributed to the foundational work that would evolve into interprofessional education (IPE) and interprofessional collaborative practice (IPCP) through the work of Dr. Cabot and Ida Cannon at Massachusetts General Hospital (Massachusetts General Hospital, 2018). The profession continues to participate in IPE research studies with other health professions. However, at the current moment social work must focus improving preparation of graduates ready to engage in IPCP. This will require the profession to take on a more active role in IPE development.

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APPENDICES

Analysis Reflexive Notes

- During initial testing of the coding frame one project was created in Atlas.ti consisting of the complete *CSWE 2015 EPAS*. I began coding for all the IPEC sub-competencies within an individual social work competency. However, this process was changed to focus on coding a *CSWE 2015 EPAS* condensed to only the nine social work competencies for an individual IPEC core competency, sub-competencies at a time. Therefore, four individual projects were created in Atlas.ti with the same condensed document with only the codes for on specific IPEC competency.
- A project was created in Atlas.ti consisting of the *NASW Code of Ethics* and coded for all IPEC sub-competencies at once. The process was initiated after reviewing the *NASW Code of Ethics* as part of Social Work Competency 1 and noticing multiple references to interprofessional practice.

IPE Expert Evidence Tables

Evidence Table for IPEC Competency 1: Values/Ethics and CSWE 2015 EPAS

Work with individuals of other professions to maintain a climate of mutual respect and shared values.		Supporting Quotations		Expert Review (Circle One)
IPEC Sub-competency	Social Work Competency			
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.	Competency 6 Competency 7 Competency 8	SW comp 6: Social workers present themselves as learners and engage clients and constituencies as experts of their own experiences. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.	Found	Not Found <i>this IPE competency is not found in our case</i>
VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.	Competency 1 Competency 3	SW comp 1: Social workers make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context. SW comp 3: Social workers understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. SW comp 2: Social workers apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels; present themselves as learners and engage clients and constituencies as experts of their own experiences; and apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.	Found	Not Found
VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.	Competency 2 Competency 7 Competency 8		Found	Not Found

Evidence Table for IPEC Competency 1: Values/Ethics and CSWE 2015 EPAS

<p>VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.</p>	<p>Competency 1 Competency 7 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	<p>Found</p>	<p>Not Found</p>
<p>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.</p>	<p>Competency 1 Competency 6 Competency 7 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 6: Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).</p>	<p>Competency 2 Competency 6</p>	<p>SW comp 2: Social workers present themselves as learners and engage clients and constituencies as experts of their own experiences. SW comp 6: Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.</p>	<p>Competency 1</p>	<p>SW comp 1: Social workers make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context; demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication; use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; use supervision and consultation to guide professional judgment and behavior.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 1: Values/Ethics and CSWE 2015 EPAS

<p>VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.</p>	<p>Competency 1</p>	<p>SW comp 1: Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context; use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; use supervision and consultation to guide professional judgment and behavior. SW comp 1: Social workers demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication. SW comp 6: Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	<p>Found</p>	<p>Not Found <i>social work individuals</i></p>
<p>VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.</p>	<p>Competency 1 Competency 6</p>	<p>SW comp 1: Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE10. Maintain competence in one's own profession appropriate to scope of practice.</p>	<p>Competency 1</p>	<p>SW comp 1: Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective.</p>	<p>Found</p>	<p>Not Found</p>

IPEC compet

social work individuals

Evidence Table for IPEC Competency 2: Roles/Responsibilities and CSWE 2015 EPAS

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Expert Review (Circle One)
RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.	Competency 8	SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found Not Found
RR2. Recognize one's limitations in skills, knowledge, and abilities.	Competency 2 Competency 8	SW comp 2: Social workers: apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found Not Found
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.	Competency 2 Competency 6 Competency 7 Competency 8	SW comp 2: Social workers: apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels; SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found Not Found
RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.	Competency 1 Competency 8	SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found Not Found

Evidence Table for IPEC Competency 2: Roles/Responsibilities and CSWE 2015 EPAS

<p>RR3. 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.</p>	<p>Competency 1 Competency 6 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 6: Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary/theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>different activity to use "rather than" instead of value</p> <p>Found</p>	<p>Not Found</p>
<p>RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.</p>	<p>Competency 1 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Found</p>
<p>RR7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.</p>	<p>Competency 6 Competency 8</p>	<p>SW comp 6: Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Found</p>
<p>RR8. Engage in continuous professional and interprofessional development to enhance team performance and collaboration.</p>	<p>Competency 8 Competency 9</p>	<p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in inter-organizational collaboration. SW comp 9: Social workers: critically analyze, monitor, and evaluate intervention and program processes and outcomes; and apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.</p>	<p>Found</p>	<p>Not Found</p>
<p>RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.</p>	<p>Competency 6 Competency 8</p>	<p>SW comp 6: Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 2: Roles/Responsibilities and CSWE 2015 EPAS

<p>RR10. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.</p>	<p>Competency 1 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	<p>Found</p>	<p>Not Found</p>
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describes how population health

Evidence Table for IPEC Competency 3: Interprofessional Communication and CSWE 2015 EPAS

<p>CC4. Listen actively, and encourage ideas and opinions of other team members.</p>	<p>Competency 1 Competency 6 Competency 8</p>	<p>SW comp 1: use supervision and consultation to guide professional judgment and behavior. SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions; recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	<p>Found</p>	<p>Not Found</p>
<p>CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.</p>	<p>Competency 1 Competency 6 Competency 8</p>	<p>SW comp 1: Social workers: use supervision and consultation to guide professional judgment and behavior. SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions; recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	<p>feedback Found</p>	<p>Not Found</p>
<p>CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.</p>	<p>Competency 1 Competency 6</p>	<p>SW comp 1: Social workers: demonstrate professional demeanor in behavior, appearance, and oral, written, and electronic communication. SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPPEC Competency 3: Interprofessional Communication and CSWE 2015 EPAS

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.		Supporting Quotations		Expert Review (Circle One)	
IPPEC Sub-competency	Social Work Competency				
CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.	Competency 1 Competency 8	<p>SW comp 1: Social workers demonstrate professional demeanor in behavior, appearance, and oral, written, and electronic communication; use technology ethically and appropriately to facilitate practice outcomes;</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	Found	Not Found	
CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.	Competency 6	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	Found	Not Found	
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.	Competency 1 Competency 6 Competency 7 Competency 8	<p>SW comp 1: Social workers demonstrate professional demeanor in behavior, appearance, and oral, written, and electronic communication.</p> <p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p> <p>SW comp 7: Social workers develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and facilitate effective transitions and endings that advance mutually agreed-on goals.</p>	Found	Not Found	

Evidence Table for IPPEC Competency 3: Interprofessional Communication and CSWE 2015 EPAS

<p>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).</p>	<p>Competency 1 Competency 6 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Not Found</p>
<p>CC8: Communicate the importance of teamwork in patient-centered care and population health programs and policies.</p>	<p>Competency 6 Competency 7 Competency 8</p>	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

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.		Supporting Quotations		Expert Review (Circle One)	
IPEC Sub-competency	Social Work Competency				
TT1. Describe the process of team development and the roles and practices of effective teams.	Competency 1 Competency 7 Competency 8	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams.</p> <p>SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>		Found	Not Found
TT2. Develop consensus on the ethical principles to guide all aspects of team work.	Competency 1 Competency 8	<p>SW comp 1: Social Workers: make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>		Found	Not Found
TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.	Competency 6 Competency 7 Competency 8	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p> <p>SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>		Found	Not Found
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.	Competency 2 Competency 7 Competency 8	<p>SW comp 2: Social workers: present themselves as learners and engage clients and constituencies as experts of their own experiences;</p> <p>SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>		Found	Not Found

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

<p>TT5: Apply leadership practices that support collaborative practice and team effectiveness.</p>	<p>Competency 6 Competency 7 Competency 8 Competency 9</p>	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to effectively engage diverse clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</p> <p>SW comp 7: Social workers collect and organize data, and apply critical thinking to interpret information from clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies; develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and facilitate effective transitions and endings that advance mutually agreed-on goals.</p> <p>SW comp 9: Social workers select and use appropriate methods for evaluation of outcomes; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes; critically analyze, monitor, and evaluate intervention and program processes and outcomes; and apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.</p>	<p>Found</p>	<p>Not Found</p>
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Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

<p>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.</p>	<p>Competency 6 Competency 7 Competency 8</p>	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies. SW comp 7: Social workers: develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and facilitate effective transitions and endings that advance mutually agreed-on goals.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.</p>	<p>Competency 7 Competency 8</p>	<p>SW comp 7: Social workers: develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes. SW comp 1: Social workers: use reflection and self-regulation to manage personal values and maintain professionalism in practice situations SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.</p>	<p>Competency 1 Competency 7 Competency 8</p>	<p>SW comp 1: Social workers: use reflection and self-regulation to manage personal values and maintain professionalism in practice situations SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

<p>TT9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.</p>	<p>Competency 4 Competency 7 Competency 8 Competency 9</p>	<p>SW comp 4: Social workers apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings; and use and translate research evidence to inform and improve practice, policy, and service delivery. SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. SW comp 9: Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT10. Use available evidence to inform effective teamwork and team-based practices.</p>	<p>Competency 4 Competency 7 Competency 8 Competency 9</p>	<p>SW comp 4: Social workers understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. SW comp 9: Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT11. Perform effectively on teams and in different team roles in a variety of settings.</p>	<p>Competency 8</p>	<p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Not Found</p>



Evidence Table for IPEC Competency 1: Values/Ethics and NASW Code of Ethics

Work with individuals of other professions to maintain a climate of mutual respect and shared values.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Expert Review (Circle One)
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.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients. Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.</p> <p>Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society.</p> <p>Social workers should respect clients' right to privacy.</p>	<p>Found</p> <p>Not Found</p>
VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients. Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.</p> <p>Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society.</p> <p>Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.</p> <p>Social workers respect the inherent dignity and worth of the person.</p> <p>Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons.</p> <p>Social workers should respect clients' right to privacy.</p>	<p>Found</p> <p>Not Found</p>
VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.</p> <p>Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity.</p>	<p>Found</p> <p>Not Found</p>
VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.			

Evidence Table for IPEC Competency 1: Values/Ethics and NASW Code of Ethics

<p>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.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.</p> <p>SW comp 1/NASW Code of Ethics: Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Social workers understand that relationships between and among people are an important vehicle for change.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE6. Develop a trusting relationship with patients, families, and other team members (CHC, 2010).</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them.</p> <p>SW comp 1/NASW Code of Ethics: Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them.</p> <p>SW comp 1/NASW Code of Ethics: Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE8. Manage ethical dilemmas specific to interprofessional/patient/population centered care situations.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them.</p> <p>SW comp 1/NASW Code of Ethics: Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPCC Competency 1: Values/Ethics and NASW Code of Ethics

<p>VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Social workers understand that relationships between and among people are an important vehicle for change. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Value: Integrity Ethical Principle: Social workers behave in a trustworthy manner.</p>	<p></p>	<p>Not Found</p>
<p>VE10. Maintain competence in one's own profession appropriate to scope of practice.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics. (c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.</p>	<p></p>	<p>Not Found</p>

Evidence Table for IPEC Competency 2: Roles/Responsibilities and NASW Code of Ethics

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.

IPEC Sub-competency	Social Work Competency	Supporting Quotations	Expert Review (Circle One)	
<p>RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required. Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers: develop and enhance their professional expertise.</p>	<p>Found</p>	<p>Not Found</p>
<p>RR2. Recognize one's limitations in skills, knowledge, and abilities.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required. Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers continually strive to increase their professional knowledge and skills. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 2: Roles/Responsibilities and NASW Code of Ethics

<p>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.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.</p>	<p>Found</p>	<p>Not Found</p>
<p>RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers continually strive to increase their professional knowledge and skills. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	<p>Found</p>	<p>Not Found</p>
<p>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.</p>			<p>Found</p>	<p>Not Found</p>
<p>RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers continually strive to increase their professional knowledge and skills. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 2: Roles/Responsibilities and NASW Code of Ethics

<p>RR7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.</p>	<p>Found Found</p>	<p>Not Found could go beyond manual Not Found</p>
<p>RR8. Engage in continuous professional and interpersonal development to enhance team performance and collaboration.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers: develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	<p>Found</p>	<p>Not Found</p>
<p>RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p>	<p>Not Found</p>
<p>RR10. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.</p>				

Evidence Table for IPEC Competency 3: Interprofessional Communication and NASW Code of Ethics

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.		Supporting Quotations	Expert Review (Circle One)
IPEC Sub-competency	Social Work Competency		
CC1: Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.			
CC2: Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services.</p> <p>Social workers should use accurate and respectful language in all communications to and about clients.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p> <p>Not Found</p>
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.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p> <p>Not Found</p>
CC4: Listen actively, and encourage ideas and opinions of other team members.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services.</p> <p>Social workers should use accurate and respectful language in all communications to and about clients.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p> <p>Not Found</p>

Evidence Table for IPEC Competency 3: Interprofessional Communication and NASW Code of Ethics

<p>CC5: Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p>	<p>Not Found</p>
<p>CC6: Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, Social workers should use accurate and respectful language in all communications to and about clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>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).</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>CC8: Communicate the importance of teamwork in patient-centered care and population health programs and policies.</p>				

lead back specifically

Evidence Table for IPPEC Competency 4: Teams and Teamwork and NASW Code of Ethics

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.				
IPPEC Sub-competency	Social Work Competency	Supporting Quotations	Expert Review (Circle One)	
TT1. Describe the process of team development and the roles and practices of effective teams.				<i>Not found</i>
TT2. Develop consensus on the ethical principles to guide all aspects of team work.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<i>Found</i>	Not Found
TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<i>Found</i>	Not Found
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.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<i>Found</i>	Not Found
TT5. Apply leadership practices that support collaborative practice and team effectiveness.				

Evidence Table for IPEC Competency 4: Teams and Teamwork and NASW Code of Ethics

<p>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.</p>	<p>Competency I</p>	<p>SW comp I/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.</p>	<p>Competency I</p>	<p>SW comp I/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.</p>				
<p>TT9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.</p>	<p>Competency I</p>	<p>SW comp I/NASW Code of Ethics: Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. Social workers practice within their areas of competence and develop and enhance their professional expertise.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT10. Use available evidence to inform effective teamwork and team-based practices.</p>	<p>Competency I</p>	<p>SW comp I/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT11. Perform effectively on teams and in different team roles in a variety of settings.</p>	<p>Competency I</p>	<p>SW comp I/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p>	<p>Not Found</p>

process script

Social Work Expert Evidence Tables

Evidence Table for IPEC Competency 1: Values/Ethics and CSWE 2015 EPAS

Work with individuals of other professions to maintain a climate of mutual respect and shared values.				
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Expert Review (Circle One)	Expert Review (Circle One)
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.	Competency 6 Competency 7 Competency 8	<p>SW comp 6: Social workers present themselves as learners and engage clients and constituencies as experts of their own experiences;</p> <p>SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	Found	Not Found
VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.	Competency 1 Competency 3	<p>SW comp 1: Social workers make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;</p> <p>SW comp 3: Social workers understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education.</p>	Found	Not Found
VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.	Competency 2 Competency 7 Competency 8	<p>SW comp 2: Social workers apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels; present themselves as learners and engage clients and constituencies as experts of their own experiences; and apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.</p> <p>SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	Found	Not Found

Evidence Table for IPEC Competency 1: Values/Ethics and CSWE 2015 EPAS

<p>VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.</p>	<p>Competency 1 Competency 7 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	<p>Found</p>	<p>Not Found</p>
<p>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.</p>	<p>Competency 1 Competency 6 Competency 7 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 6: Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE6. Develop a trusting relationship with patients, families, and other team members (CHC, 2010).</p>	<p>Competency 2 Competency 6</p>	<p>SW comp 2: Social workers present themselves as learners and engage clients and constituencies as experts of their own experiences; SW comp 6: Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.</p>	<p>Competency 1</p>	<p>SW comp 1: Social workers make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context; demonstrate professional demeanor in behavior, appearance, and oral, written, and electronic communication; use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; use supervision and consultation to guide professional judgment and behavior.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 1: Values/Ethics and CSWE 2015 EPAS

<p>VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.</p>	<p>Competency 1</p>	<p>SW comp 1: Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers: make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context; use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; use supervision and consultation to guide professional judgment and behavior.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.</p>	<p>Competency 1 Competency 6</p>	<p>SW comp 1: Social workers demonstrate professional demeanor in behavior, appearance, and oral, written, and electronic communication; SW comp 6: Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE10. Maintain competence in one's own profession appropriate to scope of practice.</p>	<p>Competency 1</p>	<p>SW comp 1: Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective.</p>	<p>Found</p>	<p>Not Found</p>

more specific to IPEC

Evidence Table for IPEC Competency 2: Roles/Responsibilities and CSWE 2015 EPAS

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Expert Review (Circle One)
RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.	Competency 8	SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found Not Found
RR2. Recognize one's limitations in skills, knowledge, and abilities.	Competency 2 Competency 8	SW comp 2: Social workers: apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found Not Found
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.	Competency 2 Competency 6 Competency 7 Competency 8	SW comp 2: Social workers: apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels; SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found Not Found
RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.	Competency 1 Competency 8	SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;	Found Not Found

Evidence Table for IPEC Competency 2: Roles/Responsibilities and CSWE 2015 FPAS

<p>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.</p>	<p>Competency 1 Competency 6 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 6: Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	<p>Found</p>	<p>Not Found</p>
<p>RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.</p>	<p>Competency 1 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	<p>Found</p>	<p>Not Found</p>
<p>RR7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.</p>	<p>Competency 6 Competency 8</p>	<p>SW comp 6: Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	<p>Found</p>	<p>Not Found</p>
<p>RR8. Engage in continuous professional and interprofessional development to enhance team performance and collaboration.</p>	<p>Competency 8 Competency 9</p>	<p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. SW comp 9: Social workers: critically analyze, monitor, and evaluate intervention and program processes and outcomes; and apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels. <i>Comp 1: Lifelong Learning</i></p>	<p>Found</p>	<p>Not Found</p>
<p>RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.</p>	<p>Competency 6 Competency 8</p>	<p>SW comp 6: Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 2: Roles/Responsibilities and CSWE 2015 EPAS

<p>RR10. Describe how other professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.</p>	<p>Competency 1 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	<p>Found</p>	<p>Not Found</p>
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Evidence Table for IPEC Competency 3: Interprofessional Communication and CSWE 2015 EPAS

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Expert Review (Circle One)
CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.	Competency 1 Competency 8	<p>SW comp 1: Social workers demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication; use technology ethically and appropriately to facilitate practice outcomes;</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	<p>Found</p> <p>Not Found</p>
CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.	Competency 6	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	<p>Found</p> <p>Not Found</p>
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.	Competency 1 Competency 6 Competency 7 Competency 8	<p>SW comp 1: Social workers demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication.</p> <p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p> <p>SW comp 7: Social workers develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and facilitate effective transitions and endings that advance mutually agreed-on goals.</p>	<p>Found</p> <p>Not Found</p>

Evidence Table for IPEC Competency 3: Interprofessional Communication and CSWE 2015 EPAS

<p>CC4. Listen actively, and encourage ideas and opinions of other team members.</p>	<p>Competency 1 Competency 6 Competency 8</p>	<p>SW comp 1: use supervision and consultation to guide professional judgment and behavior. SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	<p>Found</p>	<p>Not Found</p>
<p>CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.</p>	<p>Competency 1 Competency 6 Competency 8</p>	<p>SW comp 1: Social workers: use supervision and consultation to guide professional judgment and behavior. SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.</p>	<p>Found</p>	<p>Not Found</p>
<p>CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.</p>	<p>Competency 1 Competency 6</p>	<p>SW comp 1: Social workers: demonstrate professional demeanor in behavior, appearance, and oral, written, and electronic communication; SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 3: Interprofessional Communication and CSWE 2015 EPAS

<p>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).</p>	<p>Competency 1 Competency 6 Competency 8</p>	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams. SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	<p>Found</p>	<p>Not Found</p>
<p>CC8: Communicate the importance of teamwork in patient-centered care and population health programs and policies.</p>	<p>Competency 6 Competency 7 Competency 8</p>	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

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.		Supporting Quotations		Expert Review (Circle One)
IPEC Sub-competency	Social Work Competency			
TT1. Describe the process of team development and the roles and practices of effective teams.	Competency 1 Competency 7 Competency 8	<p>SW comp 1: Social Workers also understand the role of other professions when engaged in inter-professional teams.</p> <p>SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	Found	Not Found
TT2. Develop consensus on the ethical principles to guide all aspects of team work.	Competency 1 Competency 8	<p>SW comp 1: Social Workers: make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context;</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p> <p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.</p> <p>SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;.</p>	Found	Not Found
TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.	Competency 6 Competency 7 Competency 8	<p>SW comp 2: Social workers: present themselves as learners and engage clients and constituencies as experts of their own experiences;</p> <p>SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	Found	Not Found
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.	Competency 2 Competency 7 Competency 8	<p>SW comp 2: Social workers: present themselves as learners and engage clients and constituencies as experts of their own experiences;</p> <p>SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;</p>	Found	Not Found

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

<p>TT5. Apply leadership practices that support collaborative practice and team effectiveness.</p>	<p>Competency 6 Competency 7 Competency 8 Competency 9</p>	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.</p> <p>SW comp 7: Social workers: collect and organize data, and apply critical thinking to interpret information from clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies; develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.</p> <p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and facilitate effective transitions and endings that advance mutually agreed-on goals.</p> <p>SW comp 9: Social workers: select and use appropriate methods for evaluation of outcomes; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes; critically analyze, monitor, and evaluate intervention and program processes and outcomes; and apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.</p> <p>SW IPEC for Learning?</p>	<p>Found</p>	<p>Not Found</p>
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Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

<p>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.</p>	<p>Competency 6 Competency 7 Competency 8</p>	<p>SW comp 6: Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers: apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies. SW comp 7: Social workers: develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies; apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies; use inter-professional collaboration as appropriate to achieve beneficial practice outcomes; negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and facilitate effective transitions and endings that advance mutually agreed-on goals.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.</p>	<p>Competency 7 Competency 8</p>	<p>SW comp 7: Social workers: develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.</p>	<p>Competency 1 Competency 7 Competency 8</p>	<p>SW comp 1: Social workers: use reflection and self-regulation to manage personal values and maintain professionalism in practice situations SW comp 7: Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers: use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 4: Teams and Teamwork and CSWE 2015 EPAS

<p>TT9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.</p>	<p>Competency 4 Competency 7 Competency 8 Competency 9</p>	<p>SW comp 4: Social workers apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings, and use and translate research evidence to inform and improve practice, policy, and service delivery. SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. SW comp 9: Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT10. Use available evidence to inform effective teamwork and team-based practices.</p>	<p>Competency 4 Competency 7 Competency 8 Competency 9</p>	<p>SW comp 4: Social workers understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. SW comp 7: Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. SW comp 9: Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT11. Perform effectively on teams and in different team roles in a variety of settings.</p>	<p>Competency 8</p>	<p>SW comp 8: Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration. Social workers use inter-professional collaboration as appropriate to achieve beneficial practice outcomes.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 1: Values/Ethics and NASW Code of Ethics

Work with individuals of other professions to maintain a climate of mutual respect and shared values.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Expert Review (Circle One)
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.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients. Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.</p> <p>Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society.</p> <p>Social workers should respect clients' right to privacy.</p>	<p>Found</p> <p>Not Found</p>
VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients. Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.</p> <p>Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society.</p> <p>Social workers should respect confidentiality and any exceptions related to it.</p> <p>Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons.</p> <p>Social workers should respect clients' right to privacy.</p>	<p>Found</p> <p>Not Found</p>
VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.</p> <p>Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity.</p>	<p>Found</p> <p>Not Found</p>
VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.			

Evidence Table for IPEC Competency 1: Values/Ethics and NASW Code of Ethics

<p>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.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.</p> <p>SW comp 1/NASW Code of Ethics: Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Social workers understand that relationships between and among people are an important vehicle for change.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them.</p> <p>SW comp 1/NASW Code of Ethics: Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them.</p> <p>SW comp 1/NASW Code of Ethics: Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them.</p> <p>SW comp 1/NASW Code of Ethics: Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 1: Values/Ethics and NASW Code of Ethics

<p>VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Social workers understand that relationships between and among people are an important vehicle for change. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Value: Integrity Ethical Principle: Social workers behave in a trustworthy manner.</p>	<p>Found</p>	<p>Not Found</p>
<p>VE10. Maintain competence in one's own profession appropriate to scope of practice.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics. (c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 2: Roles/Responsibilities and NASW Code of Ethics

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.		Supporting Quotations		Expert Review (Circle One)	
IPEC Sub-competency	Social Work Competency				
RRI. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.</p> <p>Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.</p> <p>Social workers practice within their areas of competence and develop and enhance their professional expertise.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers develop and enhance their professional expertise.</p>	Found	Not Found	
RR2. Recognize one's limitations in skills, knowledge, and abilities.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.</p> <p>Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.</p> <p>Social workers practice within their areas of competence and develop and enhance their professional expertise.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers continually strive to increase their professional knowledge and skills.</p> <p>Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	Found	Not Found	

Evidence Table for IPEC Competency 2: Roles/Responsibilities and NASW Code of Ethics

<p>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.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.</p>	<p>Found</p>	<p>Not Found</p>
<p>RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers continually strive to increase their professional knowledge and skills. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	<p>Found</p>	<p>Not Found</p>
<p>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.</p>			<p>Found</p>	<p>Not Found</p>
<p>RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers continually strive to increase their professional knowledge and skills. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	<p>Found</p>	<p>Not Found</p>

Evidence Table for IPEC Competency 2: Roles/Responsibilities and NASW Code of Ethics

<p>RR7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.</p>	<p>Found</p>	<p>Not Found</p>
<p>RR8. Engage in continuous professional and interprofessional development to enhance team performance and collaboration.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers: develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.</p>	<p>Found</p>	<p>Not Found</p>
<p>RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p>	<p>Not Found</p>
<p>RR10. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.</p>				

Evidence Table for IPEC Competency 3: Interprofessional Communication and NASW Code of Ethics

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Expert Review (Circle One)
CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.			
CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, Social workers should use accurate and respectful language in all communications to and about clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p> <p>Not Found</p>
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.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p> <p>Not Found</p>
CC4. Listen actively, and encourage ideas and opinions of other team members.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, Social workers should use accurate and respectful language in all communications to and about clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p> <p>Not Found</p>

Evidence Table for IPEC Competency 3: Interprofessional Communication and NASW Code of Ethics

<p>CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p>	<p>Not Found</p>
<p>CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, Social workers should use accurate and respectful language in all communications to and about clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>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).</p>	<p>Competency 1</p>	<p>SW comp 1/NASW Code of Ethics: Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.</p>				

Evidence Table for IPEC Competency 4: Teams and Teamwork and NASW Code of Ethics

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.			
IPEC Sub-competency	Social Work Competency	Supporting Quotations	Expert Review (Circle One)
TT1. Describe the process of team development and the roles and practices of effective teams.			
TT2. Develop consensus on the ethical principles to guide all aspects of team work.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p> <p>Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p> <p>Not Found</p>
TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p> <p>Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p> <p>Not Found</p>
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.	Competency 1	<p>SW comp 1/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p> <p>Not Found</p>
TT5. Apply leadership practices that support collaborative practice and team effectiveness.			

Evidence Table for IPEC Competency 4: Teams and Teamwork and NASW Code of Ethics

<p>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.</p>	<p>Competency 1</p>	<p>SW comp I/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.</p>	<p>Competency 1</p>	<p>SW comp I/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.</p>	<p>Competency 1</p>	<p>SW comp I/NASW Code of Ethics: Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence. Social workers practice within their areas of competence and develop and enhance their professional expertise.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.</p>	<p>Competency 1</p>	<p>SW comp I/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established. Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT10. Use available evidence to inform effective teamwork and team-based practices.</p>	<p>Competency 1</p>	<p>SW comp I/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p>	<p>Not Found</p>
<p>TT11. Perform effectively on teams and in different team roles in a variety of settings.</p>	<p>Competency 1</p>	<p>SW comp I/NASW Code of Ethics: Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.</p>	<p>Found</p>	<p>Not Found</p>