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**Health & Human Service Programs**

**Interprofessional Practice Initiative**

**January 2021**

**Fall 2022 Sim-IPE**

**STUDENT INSTRUCTIONS**

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**Learning Objectives**

Following this IPE simulation, students will be able to

1. Use knowledge of one’s own role and those of other professions to appropriately assess and address patient, family and population health needs
2. Apply relationship-building values and the principles of interprofessional team dynamics
3. Work with individuals of other professions to maintain a climate of mutual respect and shared values
4. Communicate in a responsive and responsible manner that supports a team approach to optimal care

# **Student Responsibilities**

**Prior to IPE Session**

* Review assigned Patient Summary document
* Review IPE module in Appendix A (#1)
* Prepare for interacting with Embedded Simulated Person (student serving in the role of patient or family member) - if assigned to your session. See instructions below.
* Review references in student instructions documents
  + Generic IPE case scenario references and resources (Appendix A)
  + Proposed roles of health and human service disciplines (Appendix B)
  + IPE session roles (Appendix C)
  + IPE core competencies (Appendix D)
  + Resources on Implicit Bias (Appendix E)
* Identify your professional role in the patient’s care from the Patient Summary report.
* Review Introduction to Implicit Bias video (video will be provided by faculty in advance of the session).
* Please know that it is not expected for you to fully understand each other’s discipline progress reports or terms used in providing patient care. One of the goals of this IPE simulation is to develop an understanding about each other’s roles so you may ask your peer colleagues other about those roles and terms you may not understand.

**During the IPE Session**

* After introductions and pre-briefing on the scheduled case scenario, you will be introduced to the patient (live standardized patient or video of patient/family members).
  + If a live standardized patient is scheduled for the session, the IPE team will briefly meet to discuss roles for interviewing the patient on current condition and concerns
  + If a video of the patient/family member’s perspective is shown, the IPE team will consider the patient and family member’s perspectives before proceeding with a discussion on a recommended plan of care
* At an interprofessional healthcare team roundtable meeting, you and your team will work together to develop a plan of action for the patient’s care with the other disciplines, using the information from your specific discipline progress report.
* Note that the team will also be meeting to determine the patient’s current needs, such as: managing associated co-morbidities of the patient’s current condition, specialist referrals, transportation/food insecurity, care coordination needs, social networks, and ability to support the patient and her household members.
* For the assigned case, you will need to examine the effect that implicit bias has on patient care, how healthcare professionals integrate clinical care and public health interventions to address healthcare disparities in vulnerable populations and implement shared patient-centered and population focused problem-solving that address health disparities and promotes health equity.
* Consider the following questions:

1. What additional information have we missed here that you might want to help evaluate the patient’s/caregiver’s current presentation? How can you obtain the information? From whom?
2. What are your observations of this encounter related to potential bias?
3. How might judgement or bias affect the patient’s outcome?
4. What can you do if you’re in a situation similar to this one in the future? ​
5. What did you learn from the patient and/or family member that emphasizes or highlights specific aspects of the patient’s condition or care needs?
6. What are the ***physical, social*** and ***mental health*** needs of this patient and her family?
   1. What ***biological factors*** may contribute to the patient or family member’s mental health presentation?
   2. What ***psychological factors*** may contribute to the patient or family member’s mental health presentation?
   3. What are the ***social contributors*** that may contribute to the patient or family member’s mental health status?
   4. How might the patient’s history of impact the mental health needs of Ann now?
   5. What other factors do you think are playing a role at this time?
7. What do you need to know about the other student interprofessional roles? How will this information impact the patient and family’s plan of care?
8. How does an IPE approach address this patient’s needs?

**Immediately following IPE Session**: all students (participants and observers) will complete a survey on their self-reflections of the Sim-IPE session. The survey will be posted on Chat at the end of the IPE session and is expected to complete before ending the session. In addition, faculty may work student participants and observers on with you on reflections on the case scenario following the IPE session.

# **Embedded Simulated Persons (ESPs)**

**If ESP Assigned to the IPE Session:** Once the introductions and briefing sections of the IPE session are completed, the faculty facilitator will introduce IPE student participants to the ESP and ask you to briefly interview them before initiating your 30-minute discussion on a recommended plan of care for the patient.

In the encounter, you have approximately 5 minutes to speak with your patient and/or family member. Please remember, the purpose of the brief encounter is to provide an opportunity for you to interact with the patients and families in your care, so that learners can gain insights into the experiences and emotions of patients and families in difficult situations.

In your interactions, you might consider focusing on the following:

1. How is the patient/family doing?
2. How are they feeling?
3. What are the things you find most difficult right now?
4. What are the ways we can best help you?

**For Students Assigned as ESPs:** Students assigned to ESPs will be prepared in advance by faculty to assume the role of the patient or family member for the assigned case scenario at the scheduled session. This includes general guidance on the role and expectations for the role of ESP role and preparation for the brief interview during the IPE session.

Student ESPs will join the scheduled session ***15 minutes in advance*** of the start time to huddle with faculty and review their role. They will keep their camera off and remain muted until introduced by the faculty facilitator. Once the brief interview is completed, the ESP student will turn camera and audio off and observe the remainder of the session.

# **Virtual IPE Meeting**

Health and human service student participants will meet together as a virtual roundtable to review the patient summary and discipline-specific progress reports to develop the patient’s plan of care. Discussion will include specific patient needs, any additional information needs, and how to ensure that the patient and family have the necessary resources and understanding to adequately manage the patient’s optional care and planned recover needs.

**Zoom Pre-brief:** TheIPE session will begin withstudents completing a brief survey on Implicit Bias.Faculty will then lead **s**tudent and facilitator introductions. The facilitator will prompt students to offer something fun about themselves as an Icebreaker. Students will come prepared to ask a question of at least one the other profession included in the scenario. Faculty facilitators and students will use video to view each other throughout the scenario (unless the session is hosted in-person or hybrid). Observers will mute Zoom audio and video throughout the session. Faculty facilitators will provide an overview of the organization of the IPE session, prompting students to move through the scenario as outlined below, and lead the debrief with students following the scenario.

**Patient Perspective**: Following introductions and pre-brief, students will be asked to meet with a patient (if live standardized patient scheduled for the event) or view a video on the patient and family’s perspective of the current situation and any concerns. If a live SP is available, IPE participants will be asked to take five minutes to discuss roles for the patient interview. If a video is used, IPE participants will spend 5 minutes after viewing the video to discuss implications of the patient and/or family member’s presentation of the case.

**Simulation IPE Case Discussion**:

* Students will proceed with a multidisciplinary discussion of the patient’s plan of care, based on the professional notes in the patient summary record and information gained from the patient and family member. Each student participant will provide their professional assessment of the patient and her family/household members’ current status and establish an action plan to address specific patient and family needs, any additional information needed, and a recommended plan of care.
* Current data on the patient and family will be shared (X-ray, scans, lab data, mental health, nutritional and physical assessments as relevant) in the patient summary report. Focus topics will include issues surrounding, but not limited to, transportation/food insecurity, coordinating needs, social network ability to support the patient and her family and specific education relevant to the patient’s relevant environmental assessment.
* The interprofessional team will develop recommendations on referrals, additional treatment consideration, and community, social and public health interventions specific to the patient and their family’s needs, and discuss next steps on how to implement the plan of care in the next stage of the patient’s care continuum.

**Zoom Debrief**: Following the IPE case discussion, faculty will lead a de-brief session to reflect on the experience of working with an interdisciplinary team of health and human service professions, and to identify specific implications in the experience that supporting development of any of the four IPE core competencies. In addition, the debrief will reflect on case-specific considerations for the specific scenario and reflections on Implicit Bias that may be triggered during the presentation and discussion of this case. All members of the Sim-IPE are expected to actively participate in the debriefing discussion, and student observers are encouraged to share comments and ask questions on the Chat.

**Materials and Equipment:** all participants in virtual sessions will participate on computer with internet access, working audio and webcam, login to Zoom, and the case scenario patient summary report. Instructions for in-person or hybrid IPE sessions will be provided separately, based on arrangements and location for the session.

## **Appendix A: Student Activities/Resources**

1. Please review the following module prior to the simulation:

Interprofessional Communication & Teams/Teamwork IPE modules:

<http://www.hunter.cuny.edu/shp/centers/ipe/roles-responsibilities/story_html5.html>

<http://www.hunter.cuny.edu/shp/centers/ipe/teams-teamwork/story_html5.html>

1. Resources for Occupational Therapy:

Occupational Therapy’s Role with Children and Youth (AOTA, 2021). <https://www.aota.org/-/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/CY/Fact-Sheets/Children%20and%20Youth%20fact%20sheet.pdf>

Occupational Therapy in Early Intervention: Helping Children Succeed. (AOTA, 2021).  <https://www.aota.org/About-Occupational-Therapy/Professionals/CY/Articles/Early-Intervention.aspx>

1. Kesselheim, J. C., Stockman, L. S., Growdon, A. S., Murray, A. M., Shagrin, B. S., & Hundert, E. M. (2019). Discharge Day: A Case-Based Interprofessional Exercise About Team Collaboration in Pediatrics. *MedEdPORTAL : the journal of teaching and learning resources*, *15*, 10830. <https://doi.org/10.15766/mep_2374-8265.10830>. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6759138/>
2. Resources for Recreational Therapy
   1. American Therapeutic Recreation Association (ATRA) COVID-19 resources <https://www.atra-online.com/page/COVIDResources>
   2. Tele-health and Recreational Therapy <https://www.atra-online.com/page/Telehealth>
3. Trauma Informed Care Guidelines <https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf>
4. National Association of Home care and Hospice Coronavirus Resources: <https://www.nahc.org/resources-services/coronavirus-resources/>
5. US Dept of Health and Human Services: Caring for the Health and Wellness of Children Experiencing Homelessness: https://eclkc.ohs.acf.hhs.gov/publication/caring-health-wellness-children-experiencing-homelessness
6. AHRQ Health Care Disparities: https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities
7. Heightened Awareness of Implicit Bias and Its Impact on Patient Care During COVID-19: https://www.hss.edu/conditions\_heightening-awareness-implicit-bias-impact-patient-care-during-COVID-19.asp
8. Intimate Partner Violence Screening AHRQ: <https://www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/partner-violence.html>
9. American College of Obstetricians and Gynecologists Intimate Partner Violence: https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence

**Appendix B: IPE Discipline Roles for Interprofessional Discussion**

The following represent a description of student roles to be represented during the Sim-IPE case scenario.

|  |
| --- |
| **The Role of the Nutrition Student**  The nutrition students will focus on appetite, intake and the patient's ability to obtain, prepare and eat food.  They also will use screening tools to assess for malnutrition risk.  They do anthropometric assessments and estimations for energy needs.  They can also be involved with recommending community programs to assist with nutrition provision and education. Using the Nutrition Care Process, the nutrition student will assess, diagnose nutrition problems, provide interventions and monitor and evaluate outcomes. Students will coordinate with other disciplines such as SLP and PT to provide proper diet prescription and ability to obtain, prepare and consume meals. In the acute care setting students may be required to provide nutrition support to those patients unable to eat or unable to meet needs via oral diet alone. |
| **The Role of the Nuclear Medicine Student**  The NMT students will focus on screening protocols associated with out-patients who have had/been exposed to COVID and are now scheduled for a routine Nuclear Medicine scans. The students will practice reviewing guidelines with the patient via a simulated telephone interview. Questions included in the interview will include topics such as current vitals including temperature, active cough, overall well-being, & pain scale. In addition, the students will explain their assigned out-patient NMT exam, (Gallium/Sarcoidosis, PET/CT, Lung or Bone scan), including preparation for the test, visitor limitations, and required face covering. Students will be responsible for helping to determine if the patient will be able to tolerate the exam due to potential health ailments, (claustrophobia, pain level, ability to lay still). Students will be assessed on their performance by utilizing the Kirkpatrick Model, focusing on the four levels: Reaction, Learning, Behavior & Results. |
| **The Role of the Public Health Student**  The public health student will focus on contact tracing procedures, coordinating community resources and providing health education to patient and family.  Public health professionals collect and analyze data, conduct home visits, and connect patients to community resources using the following methods:   * Comprehensive individual and family assessments ( i.e., health history, physical assessment, psycho-social assessment, assessment of family functioning, assessment for substance abuse or domestic violence issues, and assessment of basic needs including food, housing, income, resources and supports, and access to health care) * Care coordination, referrals, and follow-up * Evaluation of services and outcomes * Public health surveillance/disease investigation methods in community outreach, screening, case finding * Health education, disease prevention and disease management |
| **The Role of the Nursing Student**  The role of the nursing student will be to provide comprehensive care in response to the health care needs of the patient focusing on assessment, goal setting, developing interventions and evaluation. The nursing student will utilize evidence-based knowledge and clinical judgment skills to apply concepts of health and wellness, socioeconomic issues, stress and coping and cultural and spiritual implications of health and healthcare. The student will develop their role as patient advocate and collaborative member of the interdisciplinary team.  The student will apply the following competencies in caring for the patient in the community healthcare setting:   * Conduct a comprehensive assessment to meet the patient’s changing needs and utilize the nursing process, multiple data sources while incorporating cultural influences to provide nursing care. * Demonstrate professional behaviors fundamental to the discipline of nursing including autonomy, integrity and respect for human dignity. * Integrate principles of safety when caring for patients * Integrate principles of patient-centered care for positive patient outcomes understanding that the patient is the full partner in care that is respectful of and responsive to individual patient preferences, needs and values * Work collaboratively with the team members and community agencies to facilitate the delivery of high quality patient care. * Integrate the best current evidence with clinical expertise and patient values into the decision-making process for patient care. * Utilize quality measures to understand performance and achieve measurable improvements in clinical outcomes. * Incorporate information and technology to communicate, manage information, and mitigate error and support decision making. * Identify vulnerable populations and their diverse health care needs and advocate to protect against healthcare discrimination and inequities in these vulnerable groups by ensuring that the delivery of Covid-19 information is accurate, up- to- date, understandable and accessible by all. * Recognize the importance of social determinants of health and health literacy throughout all patient care * Understand the significance of life-long learning by continually updating Covid-19 virus specific knowledge & skills, complexity of ARDS; and the impact of the proficiency, availability and intensity of COVID-19 medical care * Provide psycho-social support to all patients and acknowledge the deeper role of human contact during patient relationships secondary to social isolation |
| **The Role of the Social Work Student**  Students will develop skills of practice: engagement, assessment, intervention, prevention and evaluation within a framework of collaboration with related disciplines of practice.   * Students will consider the case of Ann Thomas through the lens of the bio-psycho-social-spiritual framework as well as the psychology of the trauma response.   + Students will develop the skills required to complete a biopsychosocial-spiritual assessment for a client with a past COVID-19 hospitalization     - Demographic information, presenting problem, and mental status     - Current and previous agency contacts     - Medical, psychiatric, and substance use history and data     - Brief history of the client, including salient relationships with significant others     - Summary of the current situation, including mitigating interpersonal, and environmental factors and client strengths     - Ethical dilemmas that may be presented in the case     - Analysis of the problem-for-work and relevant factors     - Preliminary treatment plan: goals, objectives, and interventions     - Develop mutually agreed-on intervention goals and objectives     - Case reflections   + Tools     - Patient Summary     - GAD-7     - PHQ-9     - ISI     - IES-R     - Epidemic – Pandemic Impacts Inventory (EPII)     - Epidemic – Pandemic Impacts Inventory (EPII)- *Racial/Ethnic Discrimination Addendum*     - Trauma-Informed Self Care (TISC) Action Planning Worksheet     - Emotions & COVID-19 |
| **The Role of the Dental Hygiene Student**  The role of the Dental Hygiene students is to share their discipline specific knowledge on oral heath with other healthcare disciplines to provide patient-centered care to promote best patient outcomes. The dental hygiene students will utilize evidence-based knowledge along with clinical judgement skills to apply concepts of oral health to overall systemic health. The Dental Hygiene Students will develop their role as the oral healthcare provider on a multidiscipline team promoting best outcomes for the patient:  ●discuss how oral health impacts systemic health  ●discuss how nutrition quality impacts the health of the oral cavity  ●discuss motivational interviewing strategies can engage the patient in the decision-making process to improve  oral health  ●share with other disciplines how to do an intra-oral exam to screen for COVID related oral manifestations  ●Interventions to manage of the COVID related oral manifestations |
| **The Role of the Recreational Therapy Student**  The role of the recreational therapy student is to improve or maintain client’s quality of life through a holistic approach. Based on client interests and resources, recreational therapists purposefully use recreation and leisure to bring about a positive change in one or more domains of health (physical, emotional, cognitive, spiritual, or social). |
| **The Role of the Speech-Language Pathology Student**  The role of the speech language pathology student is to evaluate, diagnose and treat communication and swallowing disorders. The speech language pathologist should assess all areas of communication including speech, language, voice, cognitive-communication skills, nonverbal and social communication to determine strengths and challenges in each skill area. The speech language pathologist should also evaluate swallow function and safety using a clinical assessment and determine if additional assessments and/or interventions (e.g., instrumental assessment, diet modifications, compensatory strategies) are warranted. The SLP student will integrate the results of the assessments with best current evidence, their clinical expertise and the client’s goals to develop and implement a treatment plan in collaboration with the other members of the health care team.    The SLP student will perform the following tasks to develop their role as a member of an interprofessional health care team:  · Report current level of function for speech/language/cognition/swallowing  · Evaluate impact of communication and/or cognitive impairments on safety and readiness to transfer to next level of care and/or to be independent in the home environment  · Communicate recommendations for diet textures and strategies to improve swallow safety and communication skills  · Determine needs for ongoing services and referrals to other professionals  · Provide education and counseling to the patient and their caregivers  · Consult and collaborate with health care team to create and implement a patient-centered plan of care |
| **The Role of the Nursing Aid or Home Health Aid**  In addition to following the patient plan of care written by the RN and placed in the home address PPE stockpile, cleaning and disinfecting, pets, visitors, laundry, eating utensils etc. |
| **The Role of the Occupational Therapy Student**  The role of the occupational therapy student is to address occupational performance and participation in areas of daily living that are of concern for the client. Occupational therapy practitioners apply skills and expertise about the transactional relationship between the client, occupations, and contexts to conduct assessments, develop and implement intervention plans, and target outcomes that focus on performance in occupations of daily living that are meaningful to the client. Occupational therapy outcomes may include occupational performance, participation, role competence, quality of life and well-being, prevention, health and wellness, and occupational justice depending on the needs of the client (AOTA, 2020).  Occupational therapy practitioners have skilled knowledge across areas of occupation which include Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), Work, Education, Health Management, Rest and Sleep, Social Participation, Play and Leisure. Occupational therapy practitioners also have skilled knowledge about contexts, client factors, performance patterns and performance skills. Working within the scope of practice, Occupational therapy practitioners implement evidence-based interventions which may include: therapeutic use of occupations and activities, interventions that support occupations (such as physical agent modalities, adaptive equipment and technology, wheelchair/seating and positioning, orthotics and splinting), client/family education and training, advocacy, group interventions, and virtual interventions. Approaches to occupational therapy intervention are determined based on the specific needs of the client and the context of the delivery of services and may include establish/restore, modify, maintain, create/promote, and/or prevent (AOTA, 2020).  The occupational therapy student will apply knowledge about the client’s occupational profile (history, interests, priorities, and goals) and analysis of occupational performance in order to communicate with the team members about the course of care for the client. |
| **The Role of the Physical Therapy Student**  The role of the physical therapy student is to examine, evaluate, develop & implement a plan of care focused on assisting this patient towards achieving independence in functional activities such as bed mobility, transfers, ambulation, return to work and any other patient/profession specific functional needs. The PT student will integrate the results of the examination and evaluation with the best current evidence, clinical expertise and the patient’s values and goals to develop and implement a plan of care in collaboration with all members of the health care team. |
| **[Student Roles for Other Health & Human Service Disciplines for this Scenario May be Added Here]** |

## **Appendix C: Sim-IPE Session Roles**

**Student Participant**: students representing registered disciplines for scheduled session that are designed to directly participate in the interdisciplinary discussion of the scheduled case scenario. The student participants will review the case scenario materials in advance (Patient Summary), in addition to the desired skills domains for interdisciplinary team performance during the IPE simulated session. Student participants are encouraged to login from a laptop or PC with access to Zoom. The student participants will be required to have *video and audio functions ON* during the Zoom session to participate in the team discussion.

**Student Observer**: student observers are those students who will be virtually observing live event from classes registered for event. The student participants will review the case scenario materials in advance (Patient Summary), in addition to in addition to the references in the student instructions in advance of the IPE simulated session. The student observers will be asked to remain on *mute and turn video OFF*, and they may participate from any device, as long as the Zoom application is downloaded on the device prior to the event. Student observers may post questions or comments on the chat function of Zoom. These questions will be addressed by the IPE facilitator(s) upon completion of the debriefing period at the end of the session.

*All students will be required to complete a brief post-survey of the IPE experience. The link to the student IPE survey will be provided upon completion of the IPE session.*

**Evaluation Observer**: In the role of Evaluation Observer, the assigned student will remain *muted with video OFF on Zoom*, as you serve as a silent observer of student interdisciplinary team performance during the IPE session.

In conducting the assessment of the IPE interprofessional team, the Evaluation Observer describes the performance of the team, rather than the individuals, except with regard to how the individuals influence team performance. Please remember, these are student health and human service professionals who may be participating in their first simulated patient case scenario, and/or their first and only experience with other health and human service professions students.

An electronic copy of the online tool (Word) copy may be used as a guide to assess team performance during the session and submit your results on the online tool within one day of the IPE session

**NYSIM Staff:** provide virtual platform; support session logistics; participate in live sessions; advance PPE slides during the Sim-IPE session; serve as timekeeper; and post student survey in chat at the completion of session

**CUNY Staff:** participate as observers in session; facilitate faculty communications on scheduled sessions and registered participants; and aggregate student survey results

## **Appendix D: Core Competencies for Interprofessional Education**

*Adapted from Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative*.

**BACKGROUND**

The Interprofessional Education Collaborative (IPEC) came together in 2009 to develop core competencies for interprofessional collaborative practice to build on each profession’s expected disciplinary competencies. In 2016 the IPEC Board adapted the competencies with the aims to: reaffirm the original competencies, ground the competency model firmly under the singular domain of Interprofessional Collaboration, and broaden the competencies to better integrate population health approaches across the health and partner professions so as to enhance collaboration for improving both individual care and population health outcomes.

The 2016 update, like the initial 2011 IPEC report, is inspired by the vision that interprofessional collaborative practice is key to the safe, high-quality, accessible, patient-centered care desired by all. It also reflects the changes that have occurred in the health system since the release of the original report, two of the most significant of which are the increased focus on the Triple Aim (improving the experience of care, improving the health of populations, and reducing the per capita cost of health care) and implementation of the Patient Protection and Affordable Care Act in 2010. The updated version integrates explicit population health outcomes alongside individual care competencies into an expanded competency model that is needed to achieve today’s health system goals of improved health and health equity across the life span.

**OPERATIONAL DEFINITIONS**

**Interprofessional education:** “When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” (WHO 2010)

**Interprofessional collaborative practice:**

“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)

**Interprofessional teamwork:**

The levels of cooperation, coordination and collaboration characterizing the relationships between professions in delivering patient-centered care.

**Interprofessional team-based care:**

Care delivered by intentionally-created usually relatively small work groups in health care who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient or group of patients (e.g., rapid response team, palliative care team, primary care team, and operating room team).

**Professional competencies in health care:**

Integrated enactment of knowledge, skills, values, and attitudes that define the areas of work of a particular health profession applied in specific care contexts.

**Interprofessional competencies in health care:**

Integrated enactment of knowledge, skills, values, and attitudes that define working together across the professions, with other health care workers, and with patients, along with families and communities, as appropriate to improve health outcomes in specific care contexts.

**FOUR CORE COMPETENCIES**

The core competencies and sub-competencies feature the following desired principles: patient/client and family centered (hereafter termed “patient centered”); community and population oriented; relationship focused; process oriented; linked to learning activities, educational strategies, and behavioral assessments that are developmentally appropriate for the learner; able to be integrated across the learning continuum; sensitive to the systems context and applicable across practice settings; applicable across professions; stated in language common and meaningful across the professions; and outcome driven.

**Competency 1**

Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)

**Competency 2**

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.** (Roles/Responsibilities)

**Competency 3**

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. (Interprofessional Communication)

**Competency 4**

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. (Teams and Teamwork)

**IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE**

**Values/Ethics Sub-competencies**

Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)

|  |  |
| --- | --- |
| 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.** |
| VE2. | Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. |
| VE3. | Embrace the cultural diversity and individual differences that characterize patients, populations, and the **health team**. |
| VE4 | Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions **and the impact these factors can have on health outcomes**. |
| 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**. |
| VE6 | Develop a trusting relationship with patients, families, and other team members (CIHC, 2010). |
| VE7. | Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care. |
| VE8 | Manage ethical dilemmas specific to interprofessional patient/ population centered care situations. |
| VE9. | Act with honesty and integrity in relationships with patients, families, **communities**, and other team members. |
| VE10. | Maintain competence in one’s own profession appropriate to scope of practice. |

**Roles/Responsibilities Sub-competencies**

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.** (Roles/Responsibilities)

|  |  |
| --- | --- |
| RR1. | Communicate one’s roles and responsibilities clearly to patients, families, **community members**, and other professionals. |
| RR2. | Recognize one’s limitations in skills, knowledge, and abilities. |
| 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**. |
| RR4. | Explain the roles and responsibilities of other providers and how the team works together to provide care, **promote health, and prevent disease**. |
| 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. |
| RR6. | Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention. |
| RR7. | Forge interdependent relationships with other professions **within and outside of the health system** to improve care and advance learning. |
| RR8. | Engage in continuous professional and interprofessional development to enhance team performance **and collaboration**. |
| RR9. | Use unique and complementary abilities of all members of the team to optimize **health and** patient care. |
| RR10. | **Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.** |

**Interprofessional Communication Sub-competencies**

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. (Interprofessional Communication)

|  |  |
| --- | --- |
| 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. |
| 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.** |
| CC4. | Listen actively, and encourage ideas and opinions of other team members. |
| CC5. | Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others. |
| CC6. | Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict. |
| 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). |
| CC8. | Communicate the importance of teamwork in patient-centered **care and population health programs and policies.** |

**Team and Teamwork Sub-competencies**

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. (Teams and Teamwork)

|  |  |
| --- | --- |
| 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 **teamwork**. |
| TT3. | **Engage health and other professionals** in shared patient-centered **and population- focused** problem-solving. |
| 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. |
| TT5. | Apply leadership practices that support collaborative practice and team effectiveness. |
| 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.** |
| TT7. | Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care. |
| TT8. | Reflect on individual and team performance for individual, as well as team, performance improvement. |
| TT9. | Use process improvement to increase effectiveness of interprofessional teamwork and team-based **services, programs, and policies.** |
| TT10. | Use available evidence to inform effective teamwork and team-based practices. |
| TT11. | Perform effectively on teams and in different team roles in a variety of settings. |

## **Appendix E: Implicit Bias Resources**

The following reading list and references provided for students who wish to deepen their understanding of implicit bias, its effect on health outcomes, and training interventions.

Project Implicit: <https://implicit.harvard.edu/implicit/>

Blair IV, Steiner JF, Havranek EP. Unconscious (implicit) bias and health disparities: where do we go from here? Perm J. 2011;15(2):71-78.

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Zestcott CA, Blair IV, Stone J. Examining the presence, consequences, and reduction of implicit bias in health care: a narrative review. Group Process Intergroup Relat. 2016;19(4):528-542.