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- This webinar will be recorded and available until **12/7/2020**

Health Professions
Accreditors Collaborative (HPAC)
Panel Discussion:
Accreditation and
Interprofessional Engagement

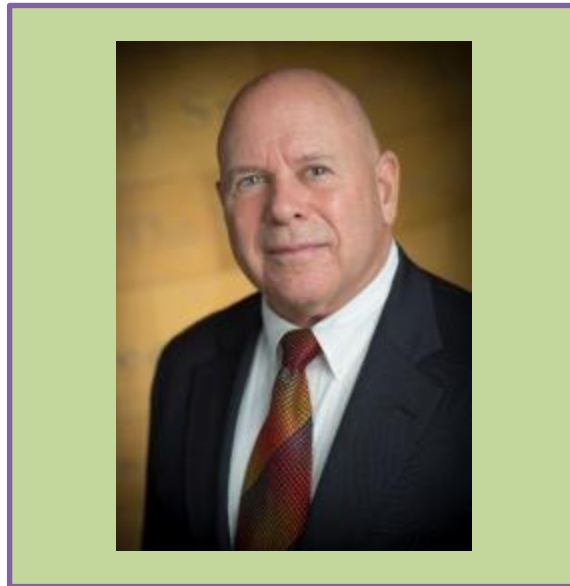


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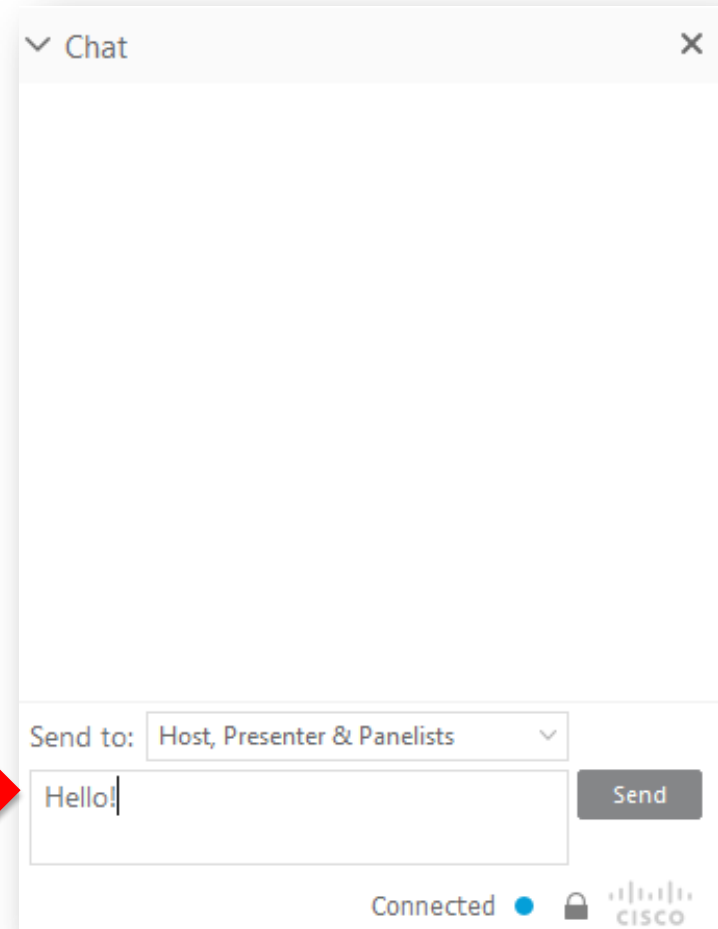


Executive Director
Accreditation Council
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Education (ACPE)

METHOD FOR SUBMITTING QUESTIONS



Simply type questions or comments in the chat box on the right side of your screen.



CONTINUING EDUCATION CREDITS



CPHCE
Credits



2018 USPHS IPEC AWARD



**FEBRUARY 2,
2018**

Award applications
close

**MARCH 15,
2018**

Applicants notified of
status

JUNE 2018

Award presentation at
Summer 2018 IPEC
Council Meeting in
Washington, DC

LEARNING OBJECTIVES

- Discuss the history and current status of HPAC including the commitment to facilitate interprofessional education (IPE) and collaborative practice (IPCP) across the health professions
- Describe the inclusion of IPE in the degree standards for dentistry (CODA), nursing (CCNE) and pharmacy (ACPE)
- Describe the rationale for and status of the HPAC collaborative guidance document with the National Center for Interprofessional Practice and Education
- Discuss upcoming developments, opportunities, and challenges in IPE accreditation and collaborative practice (via Q&A Session)

HISTORICAL PERSPECTIVES ON IPE AND IPCP

1972 report from a U.S. Institute of Medicine (IOM) invitational conference entitled “Education for the Health Team”

Identified IPE and IPCP as key to providing efficient, effective, comprehensive and personalized care

Focused recommendations at 3 levels:

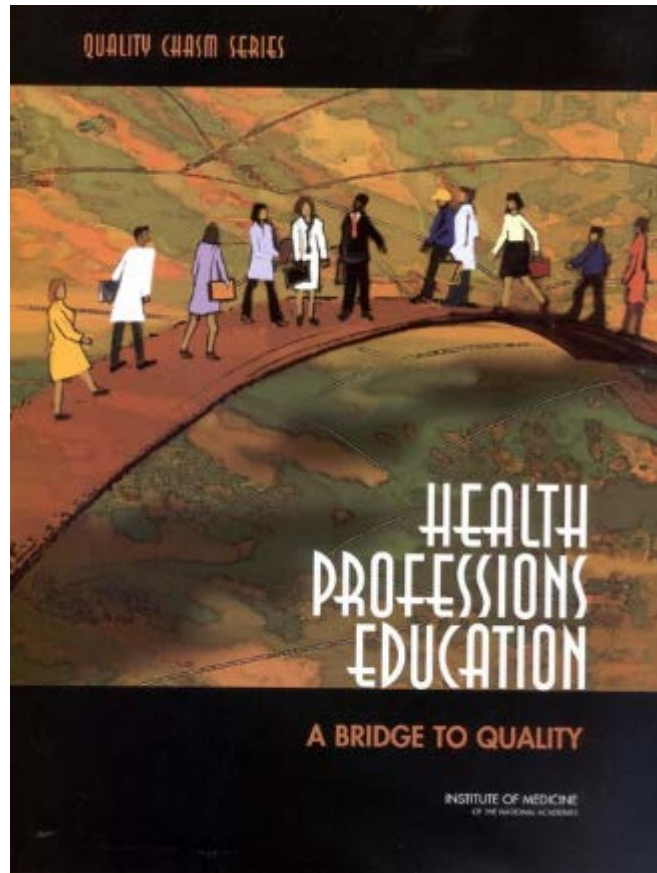
- Administrative
- Educational
- Community

BARRIERS TO IPE AND IPCP

- Resistance to change/Where's the evidence?
- Lack of leadership (administrative and faculty)
- Crowded curricula
- Cost factors and few incentives
- Separation of professional programs within a campus and across universities
- Treating IPE as an “add on” rather than a change in curricular philosophy
- **Lack of accreditation IPE standards**

HISTORICAL PERSPECTIVES ON IPE AND IPCP (CONT.)

- Institute of Medicine (1999). *To err is human: building a safer health system*
- Institute of Medicine (2001). *Crossing the quality chasm: a new health system for the 21st century*
- Institute of Medicine (2003). *Health professions education: a bridge to quality*



Recommendation #3

Building upon previous efforts, accreditation bodies should move forward expeditiously to revise their standards so that programs are required to demonstrate- through process and outcome measures- that they educate students **in both academic and continuing education programs** in how to deliver patient care through a core set of competencies. In so doing, these bodies should coordinate their efforts.

Published: 2003

CE ACCREDITORS RESPONSE

- 2005 – Accreditation Council for Continuing Medical Education (ACCME), American Nurses Credentialing Center (ANCC) and ACPE began to meet
- Eventually evolved the idea of a unified, streamlined accreditation process for healthcare CE providers, launched in 2010
- Rewards CE providers for offering team-focused education that improves outcomes
 - *“Education by the team, for the team”*
- Currently, 64 CE providers are jointly accredited (using one accreditation process) with many more in the application process

Joint Accreditation for Interprofessional Continuing Education™

ACCME | ACPE | ANCC

Advancing Healthcare Education by the Team for the Team
www.jointaccreditation.org



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)

Founded 2009 by:

- Association of American Medical Colleges (AAMC)
- American Association of Colleges of Nursing (AACN)
- American Association of Colleges of Osteopathic Medicine (AACOM)
- American Association of Colleges of Pharmacy (AACCP)
- American Dental Education Association (ADEA)
- Association of Schools and Programs of Public Health (ASPPH)

HEALTH PROFESSIONS ACCREDITORS COLLABORATIVE (HPAC)

- Founded in 2014 by:
 - Accreditation Council for Pharmacy Education (ACPE)
 - Commission on Collegiate Nursing Education (CCNE)
 - Commission on Dental Accreditation (CODA)
 - Commission on Osteopathic College Accreditation (COCA)
 - Council on Education for Public Health (CEPH)
 - Liaison Committee on Medical Education (LCME)
- Agreed that the definition of IPE and competency domains for health profession students identified in the Interprofessional Education Collaborative (IPEC) are fundamental to educational programs accredited by the HPAC members

HEALTH PROFESSIONS ACCREDITORS COLLABORATIVE (HPAC)

- Committed to discussing Interprofessional education (IPE) and exploring opportunities for collaborative projects
- HPAC will communicate with stakeholders around issues in IPE with the common goal to better prepare students to engage in interprofessional collaborative practice
- Interested in exploring other areas for shared learning and collaboration in addition to IPE

14 NEW IPEC MEMBERS – 2016-2017

- Academy of Nutrition and Dietetics (ACEND)
- American Association of Colleges of Podiatric Medicine (AACPM)
- American Council of Academic Physical Therapy (ACAPT)
- American Occupational Therapy Association (AOTA)
- American Psychological Association (APA)
- American Speech-Language-Hearing Association (ASHA)
- Association of Academic Health Sciences Libraries (AAHSL)
- Association of American Veterinary Medical Colleges (AAVMC)
- Association of Chiropractic Colleges (ACC)
- Association of Schools and Colleges of Optometry (ASCO)
- Association of Schools of Allied Health Professions (ASAHP)
- Council on Social Work Education (CSWE)
- National League for Nursing (NLN)
- Physician Assistant Education Association (PAEA)

17 NEW HPAC MEMBERS - 2017

- Accrediting Bureau of Health Education Schools (ABHES)
- Accreditation Commission for Education in Nursing (ACEN)
- Accreditation Commission for Midwifery Education (ACME)
- Accreditation Council for Education in Nutrition and Dietetics (ACEND)
- Accreditation Council on Optometric Education (ACOE)
- Accreditation Review Commission on Education for the Physician Assistant (ACREPA)
- American Psychological Association Commission on Accreditation (APA-CoA)
- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
- Commission on Accreditation of Athletic Training Education (CAATE)
- Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)
- Commission on Accreditation in Physical Therapy Education (CAPTE)
- Commission on Accreditation for Respiratory Care (CARC)
- Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAAASLP)
- Council on Accreditation of Nurse Anesthesia Educational Programs (CANAEP)
- Council on Chiropractic Education (CCE)
- Council on Podiatric Medical Education (CPME)
- Council on Social Work Education (CSWE)

IPEC COMPETENCIES 2016



Broaden the interprofessional competencies to better achieve the Triple Aim (improve the patient experience of care, improve the health of populations, and reduce the per capita cost of health care), with particular reference to population health.

LEARNING OBJECTIVES

- Discuss the history and current status of HPAC including the commitment to facilitate interprofessional education (IPE) and collaborative practice (IPCP) across the health professions
- **Describe the inclusion of IPE in the degree standards for dentistry (CODA), nursing (CCNE) and pharmacy (ACPE)**
- Describe the rationale for and status of the HPAC collaborative guidance document with the National Center for Interprofessional Practice and Education
- Discuss upcoming developments, opportunities, and challenges in IPE accreditation and collaborative practice (via Q&A Session)

**INTERPROFESSIONAL
EDUCATION & ACCREDITATION**

**COMMISSION ON DENTAL
ACCREDITATION (CODA)**

COMMISSION ON DENTAL ACCREDITATION

CODA accredits 22 dental and dental related disciplines, as the USDE-recognized programmatic accreditor for dental and dental related educational programs

Accreditation Standards are found at

<http://www.ada.org/en/coda/current-accreditation-standards/>

All discipline-specific standards include requirements that address the interprofessional education (IPE) competency domains

COMMISSION ON DENTAL ACCREDITATION

Standards continue to evolve among CODA disciplines

For example, dental hygiene is currently circulating a proposed revision to add a definition on “interprofessional education”

This presentation and data is/are focused on the predoctoral dental education (DDS/DMD) program requirements. While there have been a few recent revisions to the dental education standards, none have directly impacted IPE.

ACCREDITATION STANDARDS FOR DENTAL EDUCATION

Standards (*implemented July 1, 2013*) related to Interprofessional Education:

- ❖ Ethics and values: Standards 2-4, 2-10, 2-20, 2-23, and 5-2.
- ❖ Communication: Standards 1-3, 2-5, 2-16, and 2-24.
- ❖ Professionalism: Standards 1-3, 2-5, and 2-20.
- ❖ Interaction with other disciplines/healthcare teams/providers: Standards 1-9, 2-17, 2-18, and 2-19.

ACCREDITATION STANDARDS FOR DENTAL EDUCATION

Biomedical Sciences (Standard 2-11 through 2-14)

- ❖ Interrelationship of the body systems
- ❖ Oro-facial complex and interrelationship with the entire body
- ❖ Application of biomedical sciences to delivery of patient care
 - ❖ Intent: Application of modern biology to clinical practice and to integrate new medical technology and therapies relevant to oral health care

ACCREDITATION STANDARDS FOR DENTAL EDUCATION

Additionally, the Preface, Goals and Definitions that complement the Dental Education Standards provide information to support IPE, including a definition on Collaboration with Other Health Care Professionals.

Collaboration with other Health Care Professionals

Access to health care and changing demographics are driving a new vision of the health care workforce. Dental curricula can change to develop a new type of dentist, providing opportunities early in their educational experiences to engage allied colleagues and other health care professionals. Enhancing the public's access to oral health care and the connection of oral health to general health form a nexus that links oral health care providers to colleagues in other health professions. Health care professionals educated to deliver patient-centered care as members of an interdisciplinary team present a challenge for educational programs. Patient care by all team members will emphasize evidence-based practice, quality improvement approaches, the application of technology and emerging information, and outcomes assessment. Dental education programs are to seek and take advantage of opportunities to educate dental school graduates who will assume new roles in safeguarding, promoting, and caring for the health care needs of the public.

DENTAL EDUCATION STANDARD 1-9

Focused on the dental program's engagement with other health care and higher education delivery systems, and states:

*1-9 The dental school **must** show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.*

SELF-STUDY GUIDE FOR DENTAL EDUCATION

A. Description:

Describe all interactions with other components of the higher education, health care education and/or health care delivery systems, including student, faculty and administration interaction. Specifically address teaching, clinical learning and research.

B. Supportive Documentation:

Formal agreement(s) with co-sponsored or affiliated institutions

List of student inter-professional didactic and clinical instruction/rotations/assignments involving components of the higher education, health care education and/or health care delivery systems.

List of cross-disciplinary faculty development programs

List of cross-disciplinary faculty research

DENTAL EDUCATION STANDARD 2-19

Focused on a graduate's ability to collaborate with other members of the health care team, and states:

***2-19** Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.*

***Intent:** Students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.*

SELF-STUDY GUIDE FOR DENTAL EDUCATION

Description:

Describe how students interact and collaborate with other health care providers, including but not limited to:

- a) primary care physicians, nurses, and medical students
- b) public health care providers
- c) nursing home care providers
- d) pharmacists and other allied health personnel, and/or
- e) social workers.

Describe any clinical experiences students have outside of dental school clinics, where medical care or long-term care is the primary focus.

Describe how the student is assessed, including any assessment mechanism made by non-dental school faculty, for:

- a) communication, and/or
- b) collaboration.

SELF-STUDY GUIDE FOR DENTAL EDUCATION

Supportive Documentation:

Student assessment forms, which assess, at a minimum:

- a) ability to identify that consultation is required
- b) ability to articulate reason for interaction which is correct and accurate
- c) ability to integrate recommended medical treatment into dental treatment plan

List of extramural clinics and sites where interaction and collaboration takes place

Course syllabi for behavioral sciences courses

Student case reports, journals, or other documentation of interpersonal experiences

SELF-STUDY GUIDE FOR DENTAL EDUCATION

Completed by programs preparing for a site visit

<http://www.ada.org/en/coda/site-visits/prep-for-dds-dmd-site-visit/dds-dmd-site-visit-documents>

ANNUAL ACCREDITATION SURVEY OF DENTAL EDUCATION PROGRAMS

Programs achieve compliance with Standard 2-19 through a variety of methods.

Annual Survey data found at

<http://www.ada.org/en/coda/find-a-program/program-surveys/>

Specifically, this information is found in the Survey of Dental Education Series, Report 4 - Curriculum, Section 1-Competency (2016-2017 and 2014-2015 Reports)

Data illustrates how programs measure progression toward competence, the learning environment used, and the content delivery method for development of competence.

2016-2017 SURVEY OF DENTAL EDUCATION (GROUP IV, QUESTIONS 1-27)

Standard 2-19: Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Table 8a. Progression Toward Competence for Standard 2-19

Response	Count	Percentage
Faculty Assessment by Observation	61	92.4
Self-assessment	45	68.2
Independent assessment	22	33.3
Simulation	21	31.8
OSCE	17	25.8
CATS/PICO	3	4.5
Work samples	29	43.9
Written assessment	52	78.8
Other	4	6.1

Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Dental Education (Group IV Questions 1-27). © 2017 American Dental Association

***FOR COMPARISON: 2014-2015 SURVEY OF DENTAL EDUCATION
(GROUP IV QUESTIONS 1-27)***

Standard 2-19: Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Table 8a. Progression Toward Competence for Standard 2-19

Response	Count	Percentage
Faculty Assessment by Observation	61	93.8
Self-assessment	39	60.0
Independent assessment	20	30.8
Simulation	24	36.9
OSCE	12	18.5
CATS/PICO	5	7.7
Work samples	28	43.1
Written assessment	51	78.5
Other	3	4.6

Source: American Dental Association, Health Policy Institute, 2014-15 Survey of Dental Education (Group IV Questions 1-27). © 2015 American Dental Association

**2016-2017 SURVEY OF DENTAL EDUCATION
(GROUP IV, QUESTIONS 1-27)**

Table 8b. Attainment of Competence for Standard 2-19

Response	Count	Percentage
Faculty Assessment by Observation	56	84.8
Self-assessment	27	40.9
Independent assessment	18	27.3
Simulation	12	18.2
OSCE	18	27.3
CATS/PICO	2	3.0
Work samples	28	42.4
Written assessment	45	68.2
Other	4	6.1

Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Dental Education (Group IV Questions 1-27). © 2017 American Dental Association

***FOR COMPARISON: 2014-2015 SURVEY OF DENTAL EDUCATION
(GROUP IV QUESTIONS 1-27)***

Table 8b. Attainment of Competence for Standard 2-19

Response	Count	Percentage
Faculty Assessment by Observation	50	76.9
Self-assessment	27	41.5
Independent assessment	14	21.5
Simulation	14	21.5
OSCE	15	23.1
CATS/PICO	3	4.6
Work samples	28	43.1
Written assessment	42	64.6
Other	3	4.6

Source: American Dental Association, Health Policy Institute, 2014-15 Survey of Dental Education (Group IV Questions 1-27). © 2015 American Dental Association

***2016-2017 SURVEY OF DENTAL EDUCATION
(GROUP IV, QUESTIONS 1-27)***

Table 8c. Content Delivery Methods Used for Development of Competence for Standard 2-19

Response	Count	Percentage
Lecture	61	92.4
Seminar	47	71.2
Case-based learning (CBL)	40	60.6
Problem-based learning (PBL)	18	27.3
Faculty Team Teaching	33	50.0
IPE Team	40	60.6
Community-based Education	50	75.8
Simulation	26	39.4
Clinical	63	95.5
Other	8	12.1
All of the above	1	1.5

Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Dental Education (Group IV Questions 1-27). © 2017 American Dental Association

***FOR COMPARISON: 2014-2015 SURVEY OF DENTAL EDUCATION
(GROUP IV QUESTIONS 1-27)***

Table 8c. Content Delivery Methods Used for Development of Competence for Standard 2-19

Response	Count	Percentage
Lecture	56	86.2
Seminar	44	67.7
Case-based learning	38	58.5
Problem-based learning	17	26.2
Faculty team teaching	33	50.8
IPE team	36	55.4
Community-based education	44	67.7
Simulation	23	35.4
Clinical	60	92.3
Other	7	10.8
All of the above	0	0.0

Source: American Dental Association, Health Policy Institute, 2014-15 Survey of Dental Education (Group IV Questions 1-27). © 2015 American Dental Association

**INTERPROFESSIONAL
EDUCATION & ACCREDITATION**

**COMMISSION ON COLLEGIATE
NURSING EDUCATION (CCNE)**

CCNE SCOPE OF OPERATION

CCNE currently accredits 1,666 nursing programs at 787 institutions.

Education programs

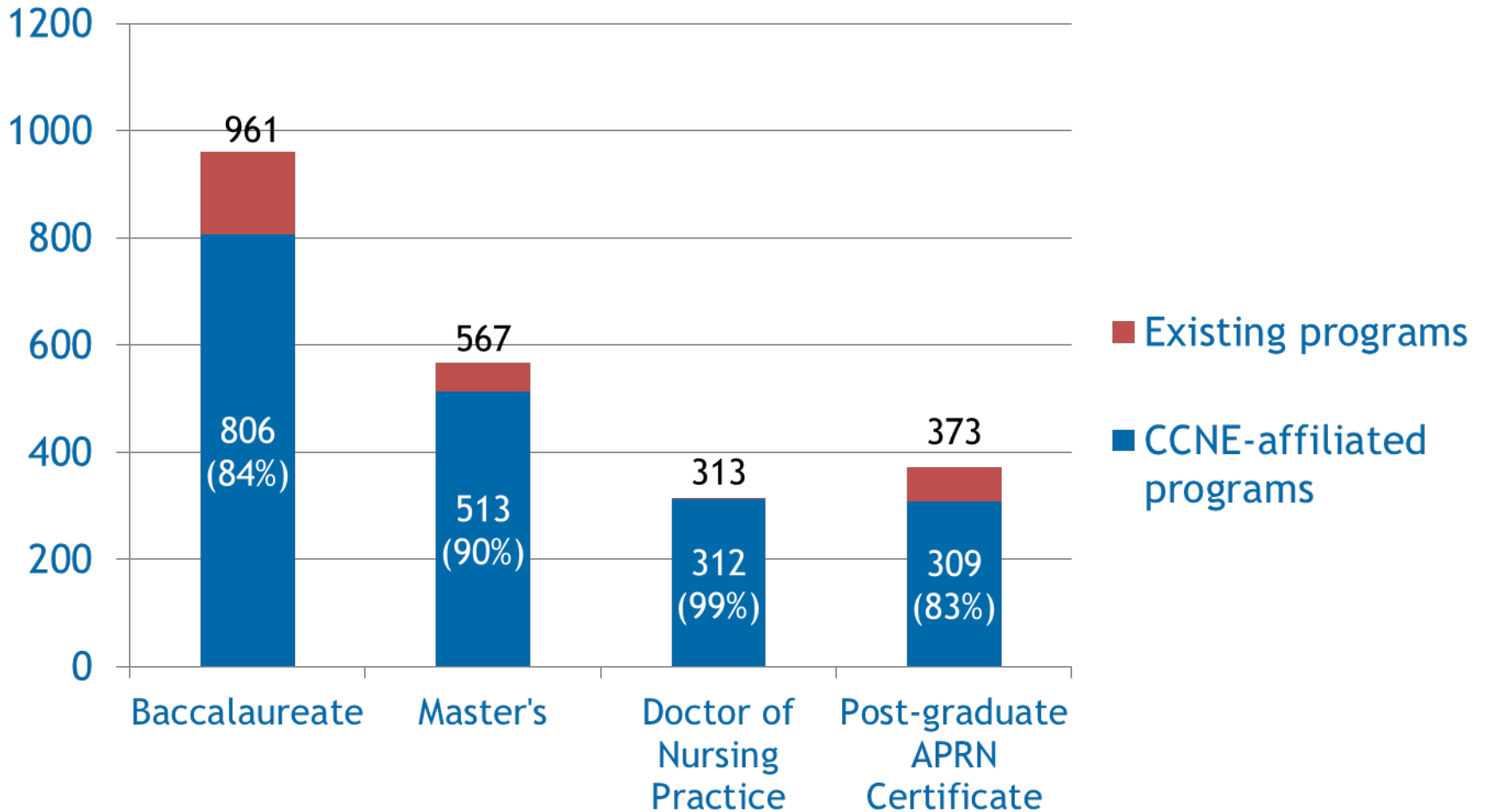
- 756 baccalaureate degree nursing programs
- 478 master's degree nursing programs
- 264 Doctor of Nursing Practice (DNP) programs
- 168 post-graduate APRN certificate programs

Residency programs

- 27 entry-to-practice nurse residency programs

CCNE BY THE NUMBERS

Nursing Education Programs Affiliated with CCNE



CCNE ACCREDITATION STANDARDS & AACN ESSENTIALS DOCUMENTS

CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (2013) apply to all baccalaureate and graduate level nursing education programs (accessible at <http://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Amended-2013.pdf>)

CCNE Standard III, Key Element III-B, requires programs to incorporate the AACN *Essentials* for baccalaureate, master's, and doctoral education in nursing.

The AACN *Essentials* (accessible at <http://www.aacnnursing.org/CCNE-Accreditation/Resource-Documents/CCNE-Standards-Professional-Nursing-Guidelines>) include expectations that encompass the four core competencies for interprofessional collaborative practice.

KEY ELEMENT III-B

Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
- Master's program curricula incorporate professional nursing standards and guidelines as appropriate.
 - All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.

KEY ELEMENT III-B (CONT.)

- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
- DNP program curricula incorporate professional standards and guidelines as appropriate.
 - All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.

IPEC CORE COMPETENCIES (2016)

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)

IPEC CORE COMPETENCIES (CONT.)

Competency 3: Communicate with patients, families, communities, and professionals in health and other fields in a response 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)

COMPETENCY 1: VALUES/ETHICS FOR INTERPROFESSIONAL PRACTICE

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

“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” (*Baccalaureate Essentials*, p. 22)

Baccalaureate Essential VIII: Professionalism and Professional Values

“The baccalaureate program prepares the graduate to access interprofessional and intraprofessional resources to resolve ethical and other practice dilemmas” (*Baccalaureate Essentials*, p. 28)

COMPETENCY 1: VALUES/ETHICS FOR INTERPROFESSIONAL PRACTICE

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

“Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care” (*Master’s Essentials*, p. 5)

“The master’s degree program prepares the graduate to understand other health professions’ scope of practice to maximize contributions within the healthcare team” (*Master’s Essentials*, p. 23)

COMPETENCY 1: VALUES/ETHICS FOR INTERPROFESSIONAL PRACTICE

Doctoral Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

“DNP members of these [collaborative] teams have advanced preparation in the interprofessional dimension of health care that enables them to facilitate collaborative team functioning and overcome impediments to interprofessional practice” (*Doctoral Essentials*, p. 14)

COMPETENCY 2: ROLES/RESPONSIBILITIES

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

“The baccalaureate program prepares the graduate to 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)” (*Baccalaureate Essentials*, p. 22)

“The baccalaureate program prepares the graduate to contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes” (*Baccalaureate Essentials*, p. 22)

COMPETENCY 2: ROLES/RESPONSIBILITIES

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

“The master’s degree program prepares the graduate to advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams” (*Master’s Essentials*, p. 23)

“The master’s degree program prepares the graduate to understand other health professions’ scope of practice to maximize contributions within the healthcare team” (*Master’s Essentials*, p. 23)

COMPETENCY 2: ROLES/RESPONSIBILITIES

Doctoral Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

“DNP graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, and assuming leadership of the team when appropriate” (*Doctoral Essentials*, p. 14)

“The DNP program prepares the graduate to lead interprofessional teams in the analysis of complex practice and organizational issues” (*Doctoral Essentials*, p. 15)

COMPETENCY 3: INTERPROFESSIONAL COMMUNICATION

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

“The baccalaureate program prepares the graduate to use inter- and intraprofessional communication and collaborative skills to deliver evidence-based, patient-centered care” (*Baccalaureate Essentials*, p. 22)

Baccalaureate Essential IX: Baccalaureate Generalist Nursing Practice

“Patients and their families often are knowledgeable about health care; therefore, the graduate will be able to communicate with these consumers and appreciate the importance of the care partnership” (*Baccalaureate Essentials*, p. 30)

COMPETENCY 3: INTERPROFESSIONAL COMMUNICATION

Master's Essential II: Organizational and Systems Leadership

“To be effective, graduates must be able to demonstrate leadership by initiating and maintaining effective working relationships using mutually respectful communication and collaboration within interprofessional teams, demonstrating skills in care coordination, delegation, and initiating conflict resolution strategies” (*Master's Essentials*, p. 11)

“The master's degree program prepares the graduate to assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills” (*Master's Essentials*, p. 12)

COMPETENCY 3: INTERPROFESSIONAL COMMUNICATION

Doctoral Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

“The DNP program prepares the graduate to use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems” (*Doctoral Essentials*, p. 11)

Doctoral Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

“The DNP program prepares the graduate to employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products” (*Doctoral Essentials*, p. 14)

COMPETENCY 4: TEAMS AND TEAMWORK

Baccalaureate Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

“The baccalaureate program prepares the graduate to demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the interprofessional team” (*Baccalaureate Essentials*, p. 14)

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

“The baccalaureate program prepares the graduate to demonstrate appropriate teambuilding and collaborative strategies when working with interprofessional teams” (*Baccalaureate Essentials*, p. 22)

COMPETENCY 4: TEAMS AND TEAMWORK

Master's Essential II: Organizational and Systems Leadership

“Master's-prepared nurses must be able to use effective interdisciplinary communication skills to work across departments identifying opportunities and designing and testing systems and programs to improve care” (*Master's Essentials*, p. 12)

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

“The master's degree program prepares the graduate to function as an effective group leader or member based on an in-depth understanding of team dynamics and group processes” (*Master's Essentials*, p. 23)

COMPETENCY 4: TEAMS AND TEAMWORK

Doctoral Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

“The DNP program prepares the graduate to employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems” (*Doctoral Essentials*, p. 15)

**INTERPROFESSIONAL
EDUCATION & ACCREDITATION**

**ACCREDITATION COUNCIL FOR
PHARMACY EDUCATION (ACPE)**

PHARM D DEGREE STANDARDS 2016 ENSURE THAT ACCREDITED PROGRAMS PREPARE GRADUATES TO:

- Enter advanced pharmacy practice experiences (**APPE-ready**)
- Provide direct patient care in a variety of healthcare settings (**Practice-ready**)
- Contribute as a member of an interprofessional collaborative patient care team (**Team-ready**)

STANDARDS 2016

Standard 11:

“The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.”

Focuses on IPEC Competencies

- Values/Ethics IPCP
- Roles Responsibilities
- Interprofessional Communication
- Team and Teamwork



FIGURE 6: Interprofessional Collaborative Practice Domains



REQUIREMENTS TO MEET STANDARD 11

- Development of an interprofessional education plan
- Exposure to other healthcare professions including prescribers
- Interprofessional education throughout the didactic and experiential curriculums and co-curricular events
- Assessment of student and program IPE competencies

LEARNING OBJECTIVES

- Discuss the history and current status of HPAC including the commitment to facilitate interprofessional education (IPE) and collaborative practice (IPCP) across the health professions
- Describe the inclusion of IPE in the degree standards for dentistry (CODA), nursing (CCNE) and pharmacy (ACPE)
- **Describe the rationale for and status of the HPAC collaborative guidance document with the National Center for Interprofessional Practice and Education**
- Discuss upcoming developments, opportunities, and challenges in IPE accreditation and collaborative practice (via Q&A Session)

HPAC IPE GUIDANCE PAPER

TITLE: Guidance to meet accreditors' interprofessional education standards: A consensus document for academic institutions from the Health Professions Accreditors Collaborative (HPAC)

COLLABORATION:

National Center for Interprofessional Practice and Education
www.nexusipe.org

STATUS: Draft outline vetted by member staffs and sent to HPAC member boards and commissions for feedback

TARGET DISTRIBUTION: On or before early 2019

GUIDANCE PAPER TARGET AUDIENCES

- Health professions educational programs (e.g., **Deans, Directors, faculty**) that are looking for guidance related to planning interprofessional education learning activities that will meet the expectations of relevant HPAC member accrediting bodies
- Academic administrators who will be supporting the development and implementation of interprofessional education across the various HPAC member accredited education and/or training programs at their institution (e.g., **Presidents, Chancellors, Provosts, Deans**)
- **Accreditation board/commission evaluators** among HPAC members who will be developing their interprofessional education standards or reviewing currently existing standards and providing guidance to site team members.

HPAC ACCREDITATION GUIDANCE PAPER

GOALS

- Facilitate quality foundational education of health professional students in the United States for interprofessional collaborative practice through accreditor collaboration
- Provide consensus interprofessional education (IPE) expectations to enable academic institutions in the United States to develop IPE programs that Health Professions Accreditor Collaborative (HPAC) members will find acceptable during their individual accreditation visits

THE ROLE OF ACCREDITATION IN ACHIEVING THE QUADRUPLE AIM FOR HEALTH

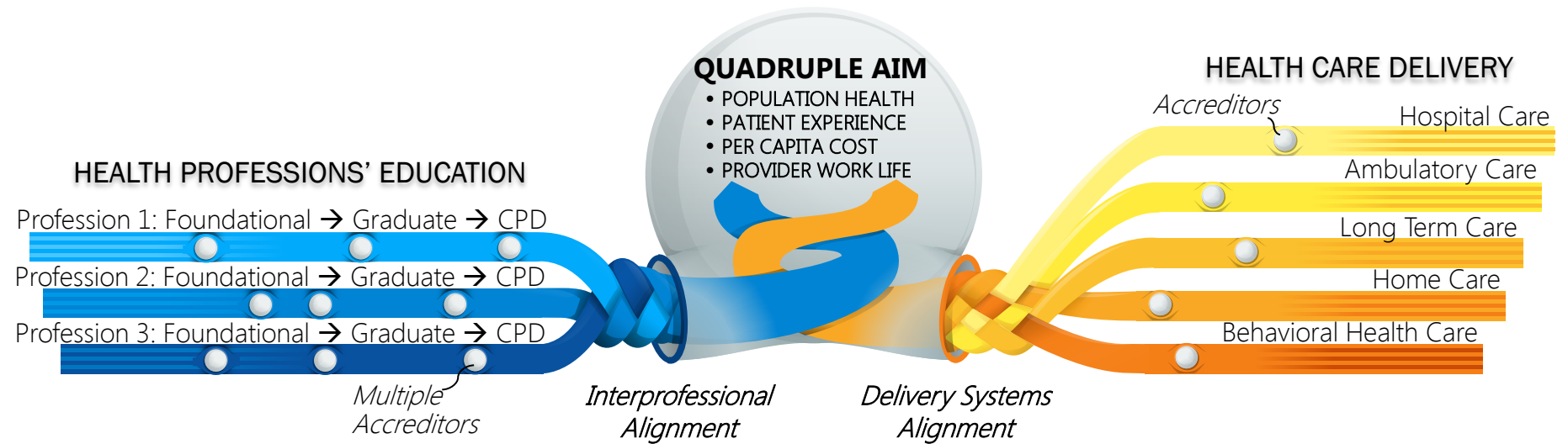
National Academy of Medicine Discussion Paper

Authors:

Malcolm Cox, MD, University of Pennsylvania; **Ann Scott Blouin, RN, PhD, FACHE**, The Joint Commission; **Patricia Cuff, MS, MPH**, Global Forum on Innovation in Health Professional Education; **Miguel Paniagua, MD**, National Board of Medical Examiners; **Susan Phillips, PhD**, University at Albany, State University of New York; **Peter H. Vlasses, PharmD, DSc (Hon), FCCP**, Accreditation Council for Pharmacy Education

Ideas for this paper drew from the workshop of the Global Forum on Innovation in Health Professional Education titled, *Exploring the Role of Accreditation in Enhancing Quality and Innovation in Health Professions Education* <http://www.nationalacademies.org/hmd/Reports/2016/role-of-accreditation-in-enhancing-quality-proceedings.aspx>

ROLE OF ACCREDITORS WITHIN AND ACROSS HEALTH PROFESSIONS AND HEALTH CARE DELIVERY FOR FOSTERING THE QUADRUPLE AIM



LEARNING OBJECTIVES

- Discuss the history and current status of HPAC including the commitment to facilitate interprofessional education (IPE) and collaborative practice (IPCP) across the health professions
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