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IPECP Toolkit

A Guide to Effective Interprofessional Education and Collaborative Practice Experiences in Optometric Education

This IPECP toolkit for Optometric Education includes:

- A brief background of the importance of interprofessional education and collaborative practice, including the role of Doctors of Optometry in interdisciplinary care.
- Recommendations to prepare for interprofessional education and collaborative practice at your institution.
- Descriptions of exemplar projects in interprofessional education and collaborative practice at ASCO member institutions.
- Strategies for evaluating program initiatives and sustaining a culture of interprofessional education and collaborative practice at your institution.

The Association of Schools and Colleges of Optometry (ASCO) acknowledges that this IPECP Toolkit: A Guide to Effective Interprofessional Education and Collaborative Practice Experiences in Optometric Education is open access and that the intent of the publication is for users to adapt materials for application in a variety of academic and practice institutions. Users are asked to cite the source as follows:

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Interprofessional Professionalism Collaborative
http://www.interprofessionalprofessionalism.org/

The open access document, A Guide for Interprofessional Education and Practice in Nursing Education, published by the National League for Nursing (NLN), has been an invaluable resource in the development of this Toolkit. Thomas Jefferson University has extended its permission to include materials developed by its employees in the NLN document, and the University has indicated that the intent of the NLN document is for users to adapt materials for use in a variety of academic and practice environments. Sections 1 through 5 of this Toolkit have been adapted from the NLN document. http://www.nln.org/docs/default-source/default-document-library/ipe-toolkit-krk-012716.pdf?sfvrsn=6

The Health Professions Accreditors Collaborative and the National Center for Interprofessional Practice and Education have released Guidance on Developing Quality Interprofessional Education for the Health Professions. The Guidance was developed through a multi-year, multi-phase consensus process aimed at supporting the development and implementation of quality interprofessional education (IPE). The goals of the Guidance are to facilitate the preparation of health professional students for interprofessional collaborative practice through accreditor collaboration and to provide consensus guidance to enable institutions to develop, implement, and evaluate systematic IPE approaches and IPE plans.
https://s3-us-west-2.amazonaws.com/nexusipe-resource-exchange/HPACGuidance(02-01-19).pdf

Introduction

The development of this Toolkit for Optometric Education has been an initiative of the ASCO Interprofessional Education and Collaborative Practice (IPECP) Committee. The charge to the 2017 – 2018 IPECP Committee from the ASCO President was as follows:

- Develop, share and/or recommend strategies for member institutions to incorporate inter-professional education into their curricula.
- Discuss the development of demonstration projects to raise awareness of optometry's role in collaborative patient care and to provide resources for ASCO member institutions to assist in curriculum development.
- Raise public and professional awareness of the role that optometry has in team-based collaborative patient-centered care.

The ASCO IPECP Toolkit was introduced at a Workshop conducted at the American Academy of Optometry 2018 Annual Meeting entitled "Toolkits and Resources for Interprofessional Education and Collaborative Practice Initiatives in Optometry." This Toolkit is intended to serve as a guide for building, implementing, and sustaining interprofessional education and collaborative practice initiatives at your institution.



The appointed members of the 2017 – 2018 IPECP Committee were as follows:
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What are Interprofessional Education and Collaborative Practice?

The Centre for the Advancement of Interprofessional Education (CAIPE) has put forth this definition: "Interprofessional education (IPE) occurs when two or more professions learn with, from, and about each other to improve collaboration and the quality of care."[1]

The essence of IPE is students of multiple healthcare profession programs learning together to improve the effectiveness of collaborative practice. Collaborative practice involves multiple disciplines working as a team along with the patient and the patient's support network to provide highly effective, patient-centered care. In its May 2011 report, an Expert Panel of the Interprofessional Education Collaborative (IPEC) identified four interprofessional competency domains, each containing a set of more specific competency statements:

- Values / Ethics for Interprofessional Practice (IPP)
- Roles and Responsibilities for Collaborative Practice
- Interprofessional Communication Practices, and
- Interprofessional Teamwork and Team-based Practice (Figure 1).[2]

IPE is an accreditation standard for multiple health professions including audiology, physician assistants, nursing, pharmacy, occupational therapy, and physical therapy. IPE is also cited in the World Health Organization's Framework for Action as a means to address the worldwide shortage of healthcare workers.[3]

Evolution of health professions education and the health care system

The 1910 Flexner Report and a subsequent publication 5 years later by William Henry Welch and Wickliffe Rose launched a transformation of post-secondary education for health professionals and public health to move provider education from a proprietary / apprentice model to an academically-based health professions educational system.[4,5] More recently, substantial efforts to transform not only health professional education but also the health care system have continued. These efforts in both important arenas are viewed by many to be best-placed when they are consistent with the Triple Aim put forth by the Institute for Healthcare Improvement as a framework approach to optimize the health care system by:



Figure 1

Consonant with these efforts and perspectives, IPE is becoming an increasingly ubiquitous, valued, and visible component of health professional / provider education and training in the United States. By building the foundation for team-based collaborative practice (CP), IPE is increasingly viewed as essential to improving patient / client outcomes, reducing medical errors, and improving the health care system,[7] consistent with the Triple Aim.

Why are Interprofessional Education and Collaborative Practice Important for Optometric Education and the Profession of Optometry?

Interdisciplinary team-based patient care

The current state of health care delivery is gaining widespread attention as new demands on health care have emerged. An aging population, longer life spans, and chronic health problems are changing priorities in health care practice and education.[8] In the evolving health care delivery environment, it is now important for providers to expand their scope of interdisciplinary team-based patient care, and it is vital for educational programs to identify the mechanisms that shape successful collaborative teamwork and effective communication.[9] Given their roles within the health care system and local communities, Doctors of Optometry are uniquely positioned to participate in collaborative practice (CP). The Schools and Colleges of Optometry are similarly uniquely positioned to establish the foundation for
collaborative practice through effective interprofessional education (IPE) initiatives.

As part of these core discussions about IPE, CP, and team-based care, multiple key questions are being raised:

- Who are the members of health care teams?
- What are the attributes of effective teams and team-based care?
- How is the composition of the health care team affected by practice context and needs of the patient / client?
    - Is team-based care location-driven?
    - Are teams real or virtual?
    - Are teams hospital- or community-based?
    - What are the roles of patients and communities on health care teams?
    - How does IPE / CP measurably affect patient care outcomes?

As these questions suggest, effective IPE / CP is not a single identified model; rather, there are many potential approaches to IPE / CP that can contribute to positive patient outcomes.



Doctors of Optometry / ODs / Optometrists

Doctors of Optometry (ODs / Optometrists) are primary health care professionals. Eye and vision care serves as an important point of entry into the health care system, and Doctors of Optometry actively serve as members of the health care team.[10]

The Role of the Profession of Optometry in Interdisciplinary Health Care[11]

- As licensed, independent health care professionals, Doctors of Optometry play a primary and integral role in inter-disciplinary health care by examining, diagnosing, treating, and managing diseases, injuries, and disorders of the visual system, the eye, and associated structures.
- Doctors of Optometry are involved in the coordination of care of associated systemic diseases and zoonotic diseases, and serve a sentinel role in the identification of ocular side effects of systemic medications.
- Doctors of Optometry are an essential part of the national health care delivery system providing direct patient access to health care in nearly 6,500 communities across the country. In 3,500 of these communities, Doctors of Optometry are the only providers of vision and eye health care services.

Doctors of Optometry (ODs / Optometrists)[12]

- practice in many different healthcare settings that include private and group practice, hospital-based practice, Accountable Care Organizations, Federally Qualified Health Centers, School Based Health Centers, Rural Health Clinics, Certified Nursing Facilities, Rehabilitation Facilities, U.S. Armed Forces, Veterans Health Administration, Indian Health Service, Civil Service, and other settings.
- assist with improving overall population health and quality of life through prevention and early diagnosis of vision and eye health problems and prevention of chronic disease.
- detect systemic diseases through identification of associated eye findings during a comprehensive face-to-face eye examination. There are over 275 systemic conditions with potential ocular involvement.
- coordinate the vision, eye health, and wellness of their patients with optometric colleagues, ophthalmologists, primary care physicians, and other health care providers.
- offer services to assist individuals with functional vision problems, traumatic brain injury, visual impairment and blindness. Treatments may include vision therapy or tools to address functional vision problems or vision rehabilitation for those with vision impairment with the goal to optimize vision and maintain independence and quality of life.
- provide a continuum of patient-centered care for people of all ages focused on prevention, health maintenance, acute care, chronic care, habilitation, and/or rehabilitation, with special emphasis on minimizing life-long impacts and the burden of visual impairment on at-risk populations that include aging adults and the very old, as well as infants and children.

KEY POINTS: Interprofessional Education, Collaborative Practice, and the Profession of Optometry

- ✓ Interprofessional education prepares future practitioners to deliver patient-centered care as members of interprofessional teams.
- ✓ Interprofessional education and collaborative practice are increasingly linked to improved patient outcomes.
- ✓ Doctors of Optometry are uniquely positioned to participate in interdisciplinary collaborative practice.
- ✓ The Schools and Colleges of Optometry are similarly uniquely positioned to establish the foundation for collaborative practice through effective interprofessional education and collaborative practice initiatives.



ASCO's Commitment to Facilitating Interprofessional Education and Collaborative Practice

The Association of Schools and Colleges of Optometry (ASCO) advances optometric education and research to enhance the health and well-being of the public. ASCO accomplishes this mission through collaboration with educators, administrators, residents, students, industry, government, healthcare organizations, and other stakeholders through its education, research, advocacy, and development activities.

"Attributes of Students Graduating from Schools and Colleges of Optometry," initially published by ASCO in 2000 and updated in 2011, is comprised of competency statements that broadly define the attributes expected of graduates from each school or college of optometry.[13] Included in the expected attributes is interprofessional collaboration in the care of patients.

ASCO demonstrated its expanded and ongoing commitment to interprofessional education and collaborative practice under the leadership of the 2012 – 2014 ASCO President, Dr. Jennifer Coyle, whose presidential initiatives included establishing an ASCO Interprofessional Education and Collaborative Practice (IPECP) Task Force, which has since transitioned to a programmatic committee. Projects spearheaded by the ASCO IPECP Task Force/Committee include:

- conducting a survey of the schools and colleges of optometry to collect data about existing interprofessional education (IPE) activity, as well as attitudes, challenges and future plans relating to IPE at each institution. The survey data were published in a poster presentation at American Optometric Association's Optometry's Meeting® in 2014.
- convening an Interprofessional Education and Collaborative Practice Summit in 2016. In addition to optometry representatives from all ASCO member institutions, Summit participants represented audiology, allopathic medicine, dentistry, health administration, nursing, osteopathic medicine, pharmacy, physician assistant studies, and social work. Following keynote addresses and interactive activities, Summit attendees participated in small group breakout sessions with subsequent large group presentations on the topics of best practices, assessment tools, and future trends for IPE and interprofessional practice (IPP). Participants met with individuals from their home institutions to discuss plans for the implementation of IPE and/or IPP initiatives.

ASCO's Interprofessional Education and Collaborative Practice (IPECP) Special Interest Group (SIG) was established in 2019 and reports to the Interprofessional Education and Collaborative Practice Committee. The SIG is charged with providing a forum for professional staff, administrators, and faculty with common responsibilities and/or interests in the area of IPECP. It accomplishes this through a variety of activities and programs that encourage interaction, peer-to-peer learning, cooperation, mentoring, and the sharing of knowledge and experience, thereby promoting interprofessional education and collaborative practice at member institutions and fostering interprofessional education and collaborative practice ideals within optometric education. The IPECP SIG also works as an adjunct to ASCO's Interprofessional Education and Collaborative Practice Committee to execute working items of the committee.

In 2023, the SIG conducted an IPE Summit, a five-part series consisting of four virtual sessions and a culminating in-person meeting aligned with the American Academy of Optometry annual meeting in New Orleans. Sessions included a one-hour speaker presentation followed by small-group discussions focused on applying the IPEC Core Competency Domains to clinical and academic practice. Topics included IPE in optometry from classroom to clinical practice, mentoring and professional development, updates to the IPEC Core Competencies, assessment of interprofessional collaborative activities, and advanced approaches to interprofessional education.

In 2022, ASCO established the following IPECP Core Competencies for Optometric Education:

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Interprofessional Education and Collaborative Practice (IPECP) Core Competencies for Optometric Education

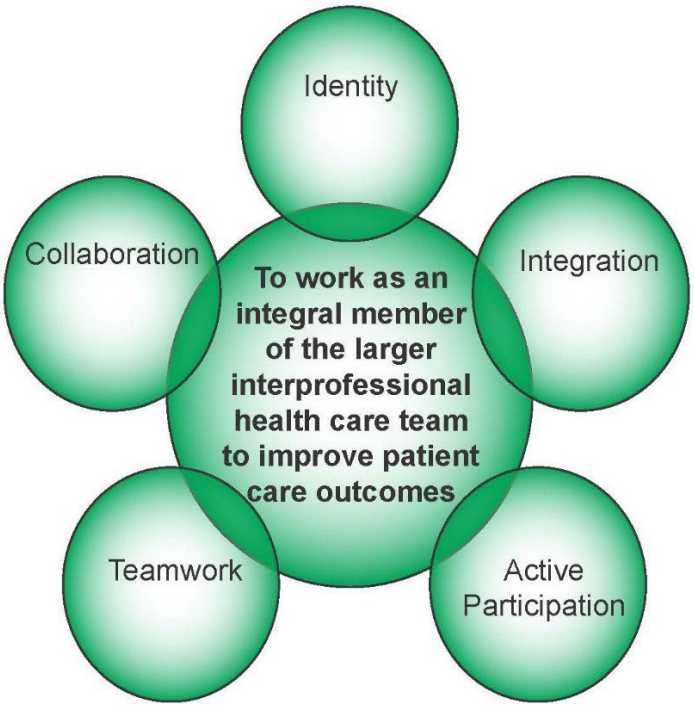
Approved by ASCO Board of Directors March 9, 2022

Overarching Goal

The school or college of optometry shall ensure that before graduation each student will have demonstrated critical professional and personal attributes, including professionalism, by demonstrating honesty and integrity in all interactions with patients and their families, colleagues, and […] a commitment to work as an integral member of the larger interprofessional health care team to improve patient care outcomes. (*2011 ASCO Attributes document*)

In order to achieve this Overarching Goal, the ASCO IPRF Committee has developed

5 Core IPECP Competencies for Optometric Education:



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1. **Identity**
   Understanding optometry's professional identity, as well as the identities of other professions
   - Champion the roles and responsibilities of the profession of optometry to the fullest scope of practice
   - Acknowledge the roles of other professions through review of patient health information and appropriate referral
   - Represent optometry as a part of the interprofessional team to advance public health

2. **Active Participation**
   Implementation of a sequential series of IPE learning activities
   - Engage in opportunities, didactic, clinical, curricular, and/or extracurricular, for IPE
   - Provide joint education with students from other professions in various classroom settings/institutions
   - Apply IPE knowledge, skills, attitudes, behaviors, and values into clinical training and practice

3. **Integration**
   Promotion and integration of optometry into patient-centered team-based care
   - Share knowledge, values, and respect with other professions to maximize expertise
   - Serve as members of interprofessional teams to address patient and population health care needs
   - Facilitate interactions with other health care professionals, patients, and their families

4. **Teamwork**
   Development and demonstration of effective interprofessional and patient-centered skills
   - Recognize the patient as a central part of the healthcare team
   - Communicate confidently with the healthcare team on assessment, management, and disease prevention
   - Acknowledge diversity in the backgrounds of the health care team members, while respecting the cultural beliefs of the patient
   - Practice terminology and presentation of materials easily accessed and understood by all members of the healthcare team

5. **Collaboration**
   Collaboration and coordination across academic institutions, professions, health systems and community partners
   - Deliver patient care that is accessible, safe, timely, efficient, effective, and equitable
   - Improve community care and patient advocacy by understanding social determinants of health that impact access to healthcare
   - Develop meaningful relationships between professions and with patients and their families, with attention to cultural humility
   - Encourage and provide feedback among stakeholders to enhance patient and population health care

This IPECP Toolkit for Optometric Education

Goal of this IPECP Toolkit

The goal of this Interprofessional Education and Collaborative Practice (IPECP) Toolkit is to provide a guide to the development and implementation of effective IPE and CP initiatives in optometric education. Since the strategies and resources available for implementing IPE and CP initiatives will differ based upon the local context and organization of a school, college, or university, this Toolkit is intended to serve as a resource for a variety of optometric educational settings.

Components of this IPECP Toolkit

Section 1: Preparing for Interprofessional Education and Collaborative Practice at Your Institution

Section 2: Supplement to the Steps to Interprofessional Education Readiness Checklist: How to Increase your Readiness

Section 3: IPE Exemplar Projects from ASCO Member Institutions

Section 4: IPE at Externship Sites

Section 5 : Evaluation and Change Management

Section 6: Sustaining a Culture of Interprofessional Education and Collaborative Practice at Your Institution

Section 7: Organizations Dedicated to Interprofessional Education and Collaborative Practice

Appendix 1: Process and Timeline to Reach Adoption of the ASCO IPE Toolkit

Appendix 2: University of Toronto Framework for IPE Competencies and Values

Appendix 3: Excerpts from the ASCO Graduate Attributes 2011 Document

Appendix 4: Excerpts from the IPEC Core Competencies 2023 Document

Portions of Sections 1 - 5 of this Toolkit have been adapted from A Guide for Interprofessional Education and Practice published by the National League for Nursing
http://www.nln.org/docs/default-source/default-document-library/ipe-toolkit-krk-012716.pdf?sfvrsn=6

Section 1: Preparing for Interprofessional Education and Collaborative Practice at Your Institution

The Agency for Healthcare Research and Quality (AHRQ) characterizes a climate conducive to change by the "leadership and key staff members who are committed to making a change and who are willing and able to dedicate the necessary time, resources, and personnel."[15] Despite the many benefits and endorsements of IPE and CP, many educational institutions and health care systems face numerous barriers to establishing IPE programming in a sustainable way. In the beginning, it may be more feasible to succeed with a singular activity in a specific department, rather than launching an organization-wide program. Regardless of the breadth of your program, Section 1 explains the key players and resources needed to make the IPE program successful.

Section 1.1 Building Your IPE Community: Enlist Support from Across Your Institution

Establishing an enthusiastic community with a shared IPE vision is essential to support program development and implementation. By formalizing commitment among the interested administrators, staff, faculty, and students, coordination is more effective and mechanisms for impacting organizational culture and curricular change are more easily leveraged. This section identifies individuals from whom you will want to seek support as you build an IPE presence at your institution.

Senior Leadership

Support from senior leadership is important from the beginning.[16] It is your institution's president/provost, deans/associate deans, directors, and program heads who have the power to support or squelch your efforts. Their approval will help to allocate resources and gain institutional recognition, and they may designate particular faculty members to support coordination of IPE initiatives.[17,18] The support of senior leadership is also symbolically significant, as it may positively influence buy-in from others.

Local Department Leaders

Faculty members from every profession that you want to include in IPE programming should be enlisted in your efforts. If your program is located at an institution that does not have other health-related degree programs, reach out to other non-health related academic departments if available. Today, it is rare to find a profession that doesn't require some teamwork coordination skills.[19] Work with faculty members from other departments, for instance environmental science, law, public policy, computer design, or the arts, to identify interests or areas of study where the two professions intersect, then coordinate an interprofessional activity around the topic. Alternatively, an affiliation agreement or memorandum of understanding can be executed with an extramural institution with one or more health-related programs that could be strong IPE collaborative partners.

The WHO report on establishing a framework for IPE and CP calls for health leaders to "champion the benefits of interprofessional collaboration with their…partners, educators, and health workers."[3] The term "champion" is commonly used to refer to faculty partners as they assume many responsibilities and promote IPE as vital learning within their local communities, often on a volunteer basis. Faculty members are needed to recruit students for programs, supervise and facilitate activities, and develop programming. A variety of perspectives should be included in planning committees, curricular workgroups, and evaluation efforts. An interprofessional faculty group also offers a wide professional community for you to call upon for funding, arenas in which to publish research, and other needs.

Scheduling is a widespread challenge for IPE programs as each health professional program has its own curricular requirements and varies in duration, student availability for in-person activities, and accreditation standards.[20] Your IPE champions who represent each profession have the information needed to determine the best schedule and learning objectives for all students. As was mentioned, champions are often secured, at least initially, on a volunteer basis as funding may be limited. If funding is available for the time and efforts champions devote, it can help with program sustainability and defer attrition for a period of time until individual faculty members retire or leave. By sustaining the work of IPE champions, funding or other incentives can have a positive impact on programming.

Pre-Existing Interprofessional Teams

Section 1.3 explains the importance of conducting an initial needs assessment of your institution's local environment to determine your institution's strengths and gaps in IPE competencies. If your program is closely linked with a clinical practice environment, the identification of pre-existing interprofessional health care teams where collaboration between professions is already established, is an institutional strength. Because students learn from what they experience, these teams can be engaged for clinical observation, leading simulations, and panel discussions about collaboration and teamwork in practice. If your institution is not directly affiliated with an interdisciplinary practice environment, reach out to the locations where students are completing clinical rotations to see if any interprofessional teams would be interested in hosting an activity for your students. Also, your local institution may have pre-existing teams that are not health care-related but could have equal educational value for students to gain insight about team functioning. Integrating community and patient partners into IPE and CP initiatives is also a very positive team approach.

Students

It is crucial to include students in the IPE planning process. Students help shape programming by offering insight into their educational interests and needs. They also inspire their peers to buy in to the value of CP. Students also inherently bring an invaluable energy and enthusiasm to IPE initiatives.

Student interest will increase when there are meaningful ways to contribute, such as serving as a student adviser on a planning committee, assuming leadership roles in a student organization, participating in research opportunities, and otherwise closely engaging with their faculty and any practitioners involved in IPE programming.

Section 1.2 Supporting Your IPE Community

If resources are available and you seek to make IPE a regular aspect of educational programming, other supports will need to be in place for progress to occur. IPE initiatives can be challenging to sustain, so faculty members and facilitators will need support. The inherent enjoyment of IPE helps to sustain initiatives. Faculty scholarship / publication opportunities that result from IPE initiatives are also very valuable from multiple standpoints and contribute to the sustainability of IPE programming.

Develop an IPE Center if Feasible

Establishing an IPE Center with its own staff will centralize efforts and can move IPE from occasional, isolated programs to an established, regular fixture of the institution where IPE can thrive. IPE-specific staff would be one team solely dedicated to planning, organizing, and facilitating conversations involving the different professions. Roles at IPE Centers often include director, assistant director, education programs coordinator, and administrative assistant. Staff coordinate activity logistics, facilitate activities, lead evaluation, and serve as the workspace for new IPE programming to be developed.

Professional Development for Faculty

The development of faculty members involved in IPE is an important element. While it is important that faculty members and facilitators individually understand the positive effects of interprofessional collaborative skills, the value of more formalized IPE and CP training should not be understated. Training can be helpful for faculty members who are willing to facilitate IPE programming and can be used as a way to engage new faculty members and garner their support. Interprofessional programming was not a part of the schooling of many current faculty members. For this reason, recruiting faculty support may need to begin with introductory education so that faculty can make informed decisions around IPE.



Section 1.3 Conducting an Assessment to Determine Your Starting Point

Successful IPE and CP programming is not possible without the support of key individuals in your institution who can help you create an impactful and sustainable program. Assessing your institution's environment will inform the next steps you need to take. An institution is more likely to successfully implement an initiative when it has objective information about the crucial gaps that need to be filled. Be aware of particular initiatives or the special interests of senior leadership at your own institution.

The Checklist, "Steps to Interprofessional Education Readiness," will help you determine how ready your institution is to implement IPE. It is also important to note that the steps listed may not necessarily take place in the order in which they are listed. For instance, you may concurrently be meeting with senior leadership and recruiting interested faculty members as working partners. It is also important to emphasize that this Checklist can be useful whether you are trying to implement a single IPE activity or a comprehensive IPE program.

The Checklist is organized into five overarching stages of program development, with key prompting questions within each stage. Following the Checklist is a description of each of the five stages with advice to follow if you answered "No" to any of the questions. The Checklist, adapted from the AHRQ's "Organizational Readiness Assessment Checklist,"[21] thoroughly describes the institutional process for implementing the TeamSTEPPS® program, which is a teamwork system developed jointly by the Department of Defense (DoD) and the Agency for Healthcare Research and Quality (AHRQ) to improve institutional collaboration and communication relating to patient safety. The intention of this Checklist adaptation is to make the TeamSTEPPS readiness assessment tool relevant to all types of IPE programming.

Checklist: Steps to Interprofessional Education (IPE) Readiness

Adapted from AHRQ's Organizational Readiness Assessment Checklist[21]

	YES	NO
Establish the Need for IPE		
Have you identified IPE opportunities, strengths, and gaps in the current curricula and/or clinical environment?	☐	☐
Have you prepared a compelling case for IPE initiatives, taking into consideration institutional interests and best fit?	☐	☐
Support from Senior Leadership		
Have you gathered approval from senior leadership for offering interprofessional education and valuing a culture of teamwork across the institution?	☐	☐
Will your institution provide sufficient staff and resources to support program development and coordination?	☐	☐
Building Your IPE Team		
Have you assembled a working group of adequate size with faculty representation from all professions that you intend to include in programming?	☐	☐
Have you identified a sufficient number of faculty members who are adept in IPE competencies to serve as instructors for your activities?	☐	☐
Have you organized faculty development activities for interested leaders, faculty, and staff to increase their knowledge of IPE and engage in discussion of how to incorporate IPE into their teaching and practice?	☐	☐
IPE Program Development		
Have you reviewed all professions' academic calendars and curricula to determine the best positioning of IPE programs?	☐	☐
Have you developed interprofessional programming, such as classroom learning, clinical observation and practice, and/or simulation activities?	☐	☐
Sustaining Your IPE Program		
Will your institution revise curricula and dedicate time for learners to attend IPE trainings?	☐	☐
Have you developed an evaluation process for programming?	☐	☐
Have you developed the appropriate structure to revise and improve programming?	☐	☐
Will your institution recognize, reinforce and reward positive teamwork behaviors and improvements in process?	☐	☐

Section 2: Supplement to "Steps to Interprofessional Education Readiness" Checklist: How to Increase Your Readiness

If you answered "No" to any of the questions in the Checklist, Section 2 describes how to succeed in each step.

Establish the Need for IPE

Have you identified IPE opportunities, strengths, and gaps in the current curricula and/or clinical environment?

You may seek other assessment tools to clarify your organization's strengths and needs. Some other tools include examinations of institutional outcomes, and patient, staff, or student satisfaction surveys. These will help you describe the current environment and develop your case for IPE. It will also help you determine how large an undertaking is feasible at the current time, for example, a single IPE program or a comprehensive IPE curriculum.

Have you prepared a compelling case for IPE initiatives, taking into consideration institutional interests and best fit?

Devote time and energy to developing your case for IPE and preparing briefings. Carefully consider the purpose and goals of an IPE activity and/or program at your specific institution and why it is important. Prepare to be transparent about all that will be needed in order for IPE efforts to be a lasting success, including all potential barriers. Demonstrate that you have thoroughly considered these barriers and have plans for overcoming them. An organized and captivating presentation for key institutional players will increase your chances of success. As more reports about the effect of IPE on student behavior, team function, and, ultimately, patient outcomes are published, be sure to highlight these positive effects in presentations to illustrate IPE expansions that are desirable to the leadership in your institution.[16]

Support from Senior Leadership

Have you gathered approval from senior leadership for IPE core competencies and a culture of teamwork?

Conduct a briefing of senior leaders in which you justify IPE at your institution and illustrate the importance of implementation. Describe your purpose and goals so that they can make an informed decision. Be aware of your exact audience. Compile the specific information that will be most important to them and consider their special interests or priorities and how they could benefit from

IPE programming. Refer to current changes taking place at the institution (e.g., curriculum revisions, staffing changes) and who is affected. Describe how those changes affect the institution's capacity to implement IPE and suggest the ideal time for implementation. Point out that your program is a collaborative effort involving multiple, if not all, academic departments to emphasize that many students will benefit from the program. Describe how IPE programming will positively enhance the visibility and reputation of your institution, including to prospective students.

Gaining the approval of senior leaders will be integral to the success of your IPE program and enable it to be an established part of your institution. Once IPE programming is underway, schedule regular update briefings for senior leaders.

Will your institution provide sufficient resources to support IPE program development and coordination?
Whether you are trying to implement a single extracurricular event or a comprehensive curricular program, you will need resources, faculty support, and student time. For long-term success, it is important to assess the willingness of your institution to support culture change and the willingness of institution leaders to allocate resources to the initiative. Administrative recognition of the value of IPE is essential for sustainability because coordinating IPE programs can be labor-intensive for faculty champions who must also meet other responsibilities. Faculty efforts are needed in the preparatory work, activity facilitation, and grading or evaluation.

Senior leaders will need to understand the program requirements, such as facilitator training and regular meetings among the coordinators. If you are seeking assistance in recruiting personnel, be specific about what you are looking for. You can also seek external funding; however, this will most likely be more viable once the IPE program has begun and you can demonstrate its impact. There are public and private grant agencies that welcome applications for interprofessional education, practice, and research efforts.[16] More resources can increase faculty engagement and institutional support.

Building Your IPE Team

Have you assembled a working group of adequate size with faculty representation from all professions that you intend to include in programming?
Working groups should include faculty who have influence on their departments' curricula and student schedules in order to accommodate IPE activities. They will need to promote and champion IPE and CP in their own departments to enact larger culture and behavior changes. You can seek support from senior leaders in referring you to talented individuals who are advocates of teamwork and who have flexibility in their schedules. Leaders may be aware of programs or individuals at your institution with similar interests or who may already be
implementing an interprofessional program with whom you could partner.

Have you identified a sufficient number of faculty and clinicians who are adept in IPE competencies to serve as instructors for your activities?
As for faculty facilitators, they will need to be familiar with IPE competencies (teamwork, values/ethics, roles/responsibilities, and communication), have respect for other professions, and have presentational skills.[22] The facilitation group, similar to the working group, will need flexibility in scheduling and should be comprised of a variety of professions to provide profession-specific

coaching to students during the activities. Facilitators should be willing to be trained in collaborative practice concepts and skills. For deeper engagement, they should be part of the development or customization of the IPE activity at your institution.

Have you organized faculty development activities for interested leaders, faculty, and staff to increase their knowledge of IPE and engage in discussion of how to incorporate IPE into their teaching and practice?

Students will follow their faculty's example. If your institutional leaders and calendars support it, interprofessional learning for faculty members is as valuable as activities for students. Faculty who are trained in teamwork and collaboration are able to integrate IPE into coursework and into practice.[22] No national standards or competencies exist at this time for faculty training purposes, yet there are supported resources available on the online resource exchange of the National Center for Interprofessional Practice and Education. If faculty learning is supported by institutional leaders, it may be easier to determine a convenient time for interprofessional faculty to meet.

Program Development

Have you reviewed all professions' academic calendars and curricula to determine the best positioning of IPE programs?

Identifying consistent scheduling availability among students of different professions can be one of the largest barriers to a successful IPE program. In the organizational matrix of higher education faculty, back-and-forth conversations among departments may be required to determine event dates; selecting one individual responsible for ensuring a date is reached may be helpful. There may be protected times or agreed-upon times when multiple degree programs do not schedule classes, enabling students to attend other activities. When there is support for IPE as curricular activity, it is essential to convene a working group or committee of faculty from each profession for coordination. Group members can speak to the IPE accreditation requirements of their specific degree programs to ensure that IPE activities benefit all.

Have you developed interprofessional curricula including classroom learning, clinical observation/practice, and/or simulation activities?

Institutions launching IPE for the first time should begin with one or two pilot programs that can be developed into a larger curriculum of IPE activities. Once your working groups and facilitators are selected, involve them in this program development. They can assist in identifying existing courses where IPE can be incorporated. Section 3 of this Toolkit includes IPE Exemplar Project descriptions to assist in program development.

Sustaining Your Program

Will your institution dedicate time and revise curricula for learners to attend IPE trainings?

Your IPE initiative will likely start out as a single activity and then may progress into an array of activities as a part of core learning with a central staff and budget for IPE coordination. Progressing from isolated IPE activities to a standardized curriculum will involve faculty members prioritizing IPE as a core aspect of education. To ensure IPE is seen as relevant to student learning, there should be a structure in place for periodic review of programming to ensure it is aligned with priorities and has a measurable impact on student learning and practice. Sharing the findings with curriculum committees to continually reinforce the importance of IPE is recommended.

Have you developed an evaluation process for IPE programming?
A structure for rigorous analysis should be created to maintain high quality programming and to gain positive attention from academic leaders. Develop a system to map IPE activities to competencies and learning objectives. The four core competency domains for interprofessional collaborative practice, values/ethics, roles /responsibilities, and teamwork and communication, can serve as a framework to formulate competencies for an IPE program. Formulated competencies should also be inclusive of the priorities of the local institution and curricular needs.

Have you developed the appropriate structure to revise and improve IPE programming?
Successful IPE programming and organizational culture changes require ongoing evidence-based intervention. Develop ways to measure the effectiveness of the program as well as a process for implementing changes and capitalizing on new opportunities.[15] Section 5 Evaluation and Change Management provides information about measurement tools.

Will your institution recognize, reinforce, and reward positive teamwork behaviors and improvements in process?
If evaluation associates your IPE program with a positive impact on individuals and the institution, the findings should be publicized to reinforce culture change, increase buy-in, and as an incentive for participating. To build upon that incentive, faculty could be rewarded during promotion processes, including support for increased release time.

Section 3: IPE Exemplar Projects from ASCO Member Institutions

Once you clearly identify your local needs and determine what resources can be directed toward IPE program development, establish program goals that describe the overall learning outcomes. IPE program objectives should be mapped to curricula, accreditation standards, and core competencies.

Develop IPE Program Type and Objectives

Section 3 includes descriptions of IPE programming, learning tools, and best practices that have worked successfully at ASCO member institutions. The IPE Exemplar Projects are diverse in their format and emphasis. The four IPE Exemplar Project types are: Didactic Education, Clinical Education, Extracurricular / Orientation / Social Activities, and Co-Curricular. Please feel free to use all or portions of the described Projects.

The IPE Exemplar Projects were submitted for this ASCO IPE Toolkit utilizing the Template shown on page 27. The following were used as resources to complete components of the Exemplar Project Template:

- Targeted Learning Level: University of Toronto Framework for IPE Competencies and Values (Appendix 2)
- Targeted ASCO Graduate Attributes: Excerpts from the ASCO Graduate Attributes 2011 Document (Appendix 3)
- Targeted IPEC Core Competencies: Excerpts from Version 3

Didactic Education: IPE didactic activities involve an instructor educating participants in lecture or discussion form with the goal of introducing team-building skills and the rationales behind collaborative, team-based, patient-centered care. Students gain the essential foundational knowledge that they will rely on in simulation and practice scenarios. IPE didactic activities involve an interprofessional student audience that is engaged and interactive, which makes discussion richer and more diverse. IPE didactic activities may be mapped to curricula of the different professions, which could facilitate the involvement of multiple professions more easily. Because these tend to be introductory courses and possibly the first opportunity for students to interact with students from other

professions, this learning type benefits from initial ice-breaker activities, such as Extracurricular / Orientation / Social Activities, that help students develop rapport with one another and feel comfortable joining discussions.[20]

Didactic IPE activities may also include laboratory instruction and / or simulation. Simulation is an activity that involves the imitation of patient care and health care team interactions. It was originally developed in the aviation industry to ensure that all personnel were well acquainted with safety and emergency protocols.[23] Simulation involves the use of human participants, manikins, or virtual representation. Human participants may be standardized patients or trained actors who specialize in simulation work, faculty members, clinicians, or students. The use of high-fidelity simulators or manikins, if available, can be advantageous because it eliminates the need for volunteer time or paid time from human participants. Your selection of IPE simulation activities will likely depend on the resources available.

Clinical Education: IPE clinical experiences allow students to develop a more comprehensive understanding of the impact and management of chronic diseases and other patient conditions. George Thibault, past-president of the Macy Foundation, encourages IPE clinical experiences that are frequent, immersive, and community-based as those experiences lead to the students' ability to have meaningful experiences, develop relationships with practitioners and patients, and have greater impact on the environment.[24] IPE clinical education may include clinical observation in which students observe existing interprofessional team interactions in a clinical setting; interdisciplinary communication activities; team provider meetings (actual or simulated); and, case presentations, conferences, and Grand Rounds.

In IPE clinical practice, students actively participate in a team-based clinical practice activity that may occur in various settings. Interdisciplinary health screenings, student-run clinics, and mission trips provide excellent IPE / CP opportunities. The educational benefits of IPE clinical practice are similar to those of clinical observation in terms of the impact of exposure to teams in practice. In addition, IPE clinical practice allows students to experience relationship-building with patients and to implement learned IPE behaviors in actual practice. In a 2013 report, the Josiah Macy, Jr., Foundation recommends forming stronger IPE coalitions between education and clinical practice through new and creative solutions.[25]

Extracurricular / Orientation / Social Activities: While often more informal and less learning-centered, the implementation of IPE extracurricular, orientation, and / or social activities provides a valuable opportunity to develop mutual understanding, familiarization, and communication. IPE orientation activities can help to set the stage for subsequent IPE didactic and clinical education through mutual awareness of the scope of practice of each participating discipline and the development of student rapport.

Co-Curricular: Educational programs and experiences that complement and enhance the didactic and clinical curricula.

IPE Project Title

Type of Project:
(Didactic Education, Clinical Education, Extracurricular / Orientation / Social, or Co-Curricular)

Description of the Project:

Why the Project was Selected:

Learning Objectives:

Targeted Participants:

Targeted Learning Level:
(please specify Exposure / Introduction, Immersion / Development, or Competence / Entry-to-Practice using the Framework from the University of Toronto)

Timeframe of the Project:
(duration, when offered; example: 3 months in duration during the Fall of the second year)

Preparation by Faculty:

Pre-Work for Students:

Targeted ASCO Graduate Attributes:
(please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document)

Targeted IPEC Core Competencies:
(please provide the relevant lettered / numbered Competencies from pages 16-19 of the IPEC Core Competencies: Version 3 document)

Lessons Learned in Planning and Implementing this Project:

Exemplar IPE Project Submitted by:
(name, institution, email address)

Section 3.1 IPE Exemplar Projects: Didactic Education

The following IPE Exemplar Didactic Education Projects were submitted by ASCO member institutions and are included in Section 3.1 (the Projects are listed in alphabetical order by institution):

Interprofessional Education Seminar
Chicago College of Optometry, Midwestern University
Pages 29 – 30

Introduction to Interprofessional Behaviors and Student Assessment of Importance of IPEC in Optometry Curriculum
Illinois College of Optometry
Pages 31 – 32

Interprofessional Core Curriculum
Indiana University, School of Optometry
Pages 33 – 34

Interprofessional Education and Collaborative Practice (IPECP) Elective
New England College of Optometry
Pages 35 – 37

NSUOCO/OSU-COM Skills Exchange Labs
Northeastern State University, College of Optometry
Pages 38 – 39

Fundamentals of Teamwork
The Ohio State University, College of Optometry
Pages 40 – 41

Tools for Effective Teamwork
The Ohio State University, College of Optometry
Pages 42 – 43

Interprofessional Evidence Based Practice Course
Drexel University
Pages 44 – 46

Interprofessional Team Training
University of Alabama at Birmingham
Pages 47 – 48

Interprofessional Diabetes Case-Based Workshop with Second-Year Optometry and Pharmacy Students
University of Missouri at St. Louis
Pages 49 – 51

Interprofessional Education Seminar
Midwestern University Chicago College of Optometry

Type of Project: Didactic Education

Description of the Project: Changes in our healthcare delivery system are creating a growing demand for health professionals who have skills in collaboration and teamwork. The Interprofessional Education I course describes the roles and responsibilities of the various healthcare disciplines and introduces the One Health concept. It also provides students from different health professions the opportunity to interact with one another and standardized patients. This collaboration promotes communication using a team-based approach to care for humans, animals, and the environment.

Why the Project was Selected: All students entering Midwestern University are required to take this course in the Fall quarter of the first year. The course is a hybrid of lectures and small group breakout sessions aimed at facilitating relationships and collaborations between students in each profession.

Students receive an introduction to interprofessional education and One Health, learn the roles and responsibilities of various healthcare professionals, discuss ethical issues, and work with standardized patients.

Learning Objectives:

- Identify the roles and responsibilities of the various healthcare disciplines.
- Demonstrate effective communication skills that support a team approach to healthcare.
- Apply ethical principles to interprofessional team situations.
- Apply interprofessional team-based concepts to interactions with standardized patients.
- Apply One Health concepts to interprofessional team interactions.

Targeted Participants: Entering students in Optometry, Physical Therapy, Occupational Therapy, Physician Assistant Studies, Speech-Language Pathology, Pharmacy, Behavioral Medicine, Dental Medicine, and Osteopathic Medicine

Targeted Learning Level: Exposure / Introduction

Timeframe of the Project: 1 credit hour course in the Fall quarter of the first year titled Interprofessional Education I

Preparation by Faculty: Midwestern University has a staff member dedicated to this course who has training in interprofessional education. Various members of the other colleges assist in small group sessions and panels as needed.

Pre-Work for Students: Students are required to complete online modules in HIPAA, sexual misconduct and prevention of harassment and discrimination. Students must complete three group reflection activities and a simulated patient encounter assignment.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE1, PE2, PE3, PE4, PE5, PE8, KK9, CC7, CC10, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE3, VE5, VE6, VE7, VE8, RR4, C3, C4, C5, TT2

Lessons Learned in Planning and Implementing this Project: The course was first implemented in the Fall quarter 2014. Based on feedback, updates beginning in 2017 were subsequently made as follows:

- Pre-course survey about roles/responsibilities was added to the healthcare professionals panel
- Standardized patient encounter scenarios were updated to improve applicability to all professions involved
- The One Health breakout session was revised to include facilitated discussion at the end of the class period

Lecturers for the One Health and Interprofessional Communication lectures within the course changed, and new facilitators for the breakout sessions were included this year.

Exemplar IPE Project Submitted by:

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Midwestern University
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IPE Project Title: Introduction to Interprofessional behaviors and student assessment of importance of IPEC in optometry curriculum

Illinois College of Optometry

Type of Project: Didactic Education

Description of the Project: Using the SPICE-R (Students Perceptions of Interprofessional Clinical Education Revised) survey that was administered to 4th year ICO optometry students prior to and after participating in a 2-hour mini-workshop on appropriate interprofessional collaboration and behaviors. The SPICE-R is a short (10-item) self-report survey designed to measure health professions students' perceptions of interprofessional education and interprofessional collaborative practice and can be found at https://nexusipe-resource-exchange.s3-us-west-2.amazonaws.com/SPICE-R2%20Instrument%20FINAL.pdf?xz2RS844UCuz0QXo7YziLiVNZOxouCrw. The survey's platform and collection of data was incorporated into a Microsoft's Forms document.

The workshop consisted of 4th year optometry students during one of their on-campus clinic internship rotations at the Illinois College of Optometry campus as one of their afternoon conference session requirements. This workshop led by a faculty member included an hour of interactive lecture based off the Interprofessional Professionalism Behaviors and Assessment (IPA) by the Interprofessional Professionalism Collaborative IPC. Small group work occurred after watching an interprofessional scenario played in videos #1 (Mr. Jones Part 1) and #2 (Mr. Jones Part 2) sourced from the Interprofessional Professionalism Collaborative tool kit. The instructions provided were followed as suggested and the students were given the Interprofessional Professionalism Assessment (IPA) to help assess the behaviors for each profession.

This workshop incorporated the importance of how optometry has an important role in interprofessional healthcare and the behaviors and attitudes that are needed to ensure successful communication and collaboration between professions. The comparison of the SPICE-R pre and post survey responses will be calculated to determine if there was a significant change in students' attitudes towards the importance of interprofessional collaboration and education after participating in the workshop.

Although only optometry students were involved in this workshop, the students broke up into different professional groups (ie. optometrists, social work, psychology, internal medicine, nursing, pharmacy, and audiology) to assess the behaviors and collaboration of each profession based off the Interprofessional professionalism assessment. An open discussion at the end of the assessment allowed a leader from each group to present the assessment of the professional's behaviors and suggested on ways they could improve their professional's collaboration and attitudes, as well as what their professional did well regarding these behaviors.

Why the Project was Selected: To introduce proper interprofessional behaviors to optometry students prior to graduating optometry school. As well as collect data to see how important they felt that IPEC should be in their optometry curriculum.

Learning Objectives:

- Introduce optometry's role in interprofessional healthcare.
- Describe proper interprofessional communication, behaviors and attitudes.
- Evaluate and assess proper and poor communication, behaviors and attitudes of interprofessional providers.
- Discuss the importance of interprofessional communication and collaboration in healthcare and how to best apply this to their careers.

Targeted Participants: 4th year optometry students

Targeted Learning Level: Exposure / Introduction

Timeframe of the Project: Quarterly 2-hour workshop given during their 4th year on campus rotation for 4th year conference on a Friday afternoon.

Preparation by Faculty: Designed 45-minute PowerPoint style presentation using the information from the IPA tool and the IPC toolkit videos and exercises.

Pre-Work for Students: Taking the SPICE-R survey prior to the workshop and after the completion of the workshop.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE1, PE2, PE4, PE5, PE6, PE7, PE8, PE9, KK8, KK9, KK10, CC7, CC9, CC10, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) RR1, RR2, RR5, CC1, CC3, C4, C7, TT2, TT7

Lessons Learned in Planning and Implementing this Project:

Exemplar IPE Project Submitted by:

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IU School of Optometry Interprofessional Core Curriculum

Type of Project: Didactic

Description of the Project: Longitudinal core curriculum with a goal of workforce-ready graduates with demonstrable interprofessional competence. The curriculum currently has three stages with a fourth likely added in the future.

Stage 1: Why Interprofessional Work Matters (Live component in Zoom setting)
Stage 2: Building Interprofessional Knowledge and Skills (Live In-Person)
Stage 3: Developing Collaborative Competence (Live In-Person)

Why the Project was Selected: It highlights how the IPEC competencies are purposely integrated into an IPE curriculum. That curriculum is embedded into multiple educational programs for future health professionals on 10 campuses throughout Indiana and on partner campuses outside Indiana.

Learning Objectives:
Stage 1:

- Describe the nature of interprofessional work and how it helps people and populations navigate the complex health, social, and public health systems.
- Recognize the value of interprofessional knowledge.
- Reflect on the evidence and the impact of effective interprofessional work on people and populations.
- Explain why collaborative practice matters to you.
- Identify specific collaborative skills, tools, and methods to use within your workplace to enhance outcomes.

Stage 2:

- Demonstrate at least one closed-loop communication strategy during the team learning activity.
- Demonstrate the behaviors of highly effective teams by using at least 3 team strategies.
- Discuss how the structure of the brief, huddle and debrief impacted your team performance.
- Discuss the behaviors necessary to support the development of psychological safety within the team.

Stage 3:

- Examine professional roles and responsibilities through the unique contributions each member brings to the team.
- Examine the impact of health equity on people and populations.
- Contrast the appropriate use of different conflict management strategies in differing contexts
- Identify strategies that can support the transition from individual to collective competence.

Targeted Participants: Students from programs in Athletic Training, Audiology, Dentistry, Medicine, Nursing, Advanced Practice Nursing, Occupational Therapy, Optometry, Pharmacy, Physical Therapy, Speech Language Pathology, Nutrition, Recreation Therapy, Social Work, MPH

Targeted Learning Level: Exposure/Introduction & Immersion/Development

Timeframe of the Project: The curriculum has three units called Stages. Each Stage includes an online educational module with an assignment (~2 hours) and then a 2-hour live session. Students are given a 2-week window prior to the live session to complete the module. Stage 1 is part of a course in the Fall semester 2nd year, Stage 2 is part of a course in the Fall of 3rd year and Stage 3 is part of a course in the Spring of 3rd year.

Preparation by Faculty: There are faculty from the IU Interprofessional Practice and Education Center that have designed and developed the online content and IUSO contributes a certain number of facilitators based on a faculty-to-student ratio that is set for each Stage. The IUSO IPE Faculty liaison recruits a group of clinical faculty to serve as facilitators and each of the facilitators does online training for one hour and prepares additionally for about 1-2 hours.

Pre-Work for Students: For each Stage unit, there is roughly 2 hours of pre-work which includes a "journal" answering questions about scenarios and their approach to situations through the lens of their profession. The journal is then used during the live session

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE4, PE6, PE8, KK9, CC9, CC10, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE2, VE3, VE4, VE6, VE7, VE8, RR1, RR2, RR3, RR4, RR7, RR9, CC1, CC2, CC4, CC5, CC7, CC8, TT1, TT2, TT3, TT6, TT7, TT8, TT10

Lessons Learned in Planning and Implementing this Project:

- Strong facilitation is important for learners to feel comfortable and feel productive. Small groups without facilitation are less likely to engage at the same level. Facilitators that do not fulfill the training component do not engage with the students at the level expected and students are disappointed.
- Greater emphasis on collective competence and collaboration than on complexities of cases helps students shift their thinking toward valuing their own contributions and those of other health care professions.
- Students value interaction with their natural partners (e.g. medical students, nursing students, pharmacy students) and prefer to have them in their discussion groups.

Exemplar IPE Project Submitted by:

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IPE Project Title: Interprofessional Education and Collaborative Practice (IPECP)
Elective at the New England College of Optometry

Type of Project: Didactic Education

Description of the Project: Designed specifically for 3rd-year optometry school students, this course offers a unique opportunity for students to enhance their skills in teamwork, communication, and collaboration within interdisciplinary healthcare teams through NECO's partnership with Salem State University (SSU) and the University of New England (UNE).

Interprofessional education trains healthcare professionals to work in collaboration with other disciplines so that patient outcomes are optimized, cost is more efficient, and there is less room for medical errors. When healthcare teams work in silos, patients are caught in the middle, experiencing care gaps, diagnostic errors, service redundancy, and increase in healthcare costs.

Through a blend of synchronous and asynchronous learning experiences, students engage in meaningful collaboration with students from diverse healthcare backgrounds. From interactive discussions to hands-on projects, you'll learn to navigate complex healthcare scenarios, leveraging the expertise of various professionals to deliver optimal patient care.

Why the Project was Selected: As a single-profession optometry school, NECO has certain challenges in implementing a didactic interprofessional education program. This elective was designed to pilot partnerships with other healthcare institutions and find ways to complement the existing curriculum of the 4-year program. Interprofessional interactions were sought to allow NECO students to be able to explore various health topics with students of other health professions. These didactic experiences are meant to supplement a strong clinical experience in community health centers, which every NECO student is required to have.

Learning Objectives:

- Define interprofessional healthcare and the four competency domains of Interprofessional Education.
- Advocate for interprofessional practice in a given patient scenario.
- Describe the benefits and pitfalls of team communication, and understand the role of communication in healthcare outcomes
- Define and communicate the roles and responsibilities of optometrists alongside other healthcare professionals in an interprofessional care model.
- Identify qualities of effective teams, including leadership qualities and techniques to increase teamwork and methods for handling conflict.
- Identify similar values and ethics among the healthcare professions
- Identify and analyze the 4 IPEC (Interprofessional Education Collaborative) competencies (pages 21 - 25)
- Roles and Responsibilities
- Teamwork
- Communication
- Values and Ethics

Targeted Participants: Third-year optometry students

Targeted Learning Level: Exposure / Introduction

Timeframe of the Project: Fall or Spring semester of third year for the duration of the semester (approx 10 weeks)

Preparation by Faculty: The NECO IPECP elective has one instructor of record, and 3 other instructors who take turns participating in the first and last unprofessional synchronous sessions, while other faculty may volunteer to represent NECO faculty in the SSU and UNE seminars to ensure robust participation by NECO students.

Pre-Work for Students: Elective students must write a reflection paragraph on what they have learned after the first unprofessional session with course instructors, to show that they understand the four IPEC competencies. The students select 2 synchronous seminars, either with SSU or UNE, for which they will attend, interact in breakout groups, and then write reflection paragraphs after each session.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) VE6, VE9, RR2, RR3, RR4, C1, C2, C3, TT3, TT6, TT8

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE2, VE4, VE7, VE9, RR1, RR2, RR5, C2, C3, C4, TT8

Lessons Learned in Planning and Implementing this Project:

The elective course first started in the fall of 2024. Based on student feedback, the following changes were made:

- Students asking for more interaction with students from other health professions: While originally starting with the partnership with SSU, in response to this feedback, we partnered with UNE as well, so that there would be more opportunities for breakout sessions and exposure to diverse health professions.
- Cameras on: While students in uniprofessional sessions with NECO instructors had their cameras on, it was observed that sometimes NECO students did not have their cameras on in breakout rooms if faculty were not present. This is something we are working with SSU and UNE to encourage.
- Seminar topics: Some of the SSU and UNE topics were very interesting, but not as relevant to healthcare. In the future, it will be more specific about which topics to sign up for.

- Faculty presence in seminars: NECO students were held more accountable for participating in chat discussions and breakout rooms with SSU and UNE if NECO faculty were present. A spreadsheet of all seminars in which NECO students were signed up was divided among NECO volunteer faculty to provide more of a presence and a greater sense of partnership with SSU and UNE.
- Course content and logistics continue to evolve with each semester the elective occurs, with feedback from faculty and students.

Exemplar IPE Project Submitted by:

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IPE Project Title: NSUOCO/OSU-COM Skills Exchange Labs

Type of Project: Didactic

Description of the Project: Each year during summer the Oklahoma State University College of Osteopathic Medicine (OSU-COM) provides one of our Physical Diagnosis course's labs at their Tulsa campus for our 3rd year students in the summer semester. They get to interact with the OSU-COM faculty and the simulation lab staff while using their heart sound simulators and learn about heart sounds associated with various abnormal cardiac and vascular conditions.

In exchange, each fall our 4th year optometry students divide into two groups with the smaller (about 1/3) going to the OSU-COM at Cherokee Nation in Tahlequah. The larger group (about 2/3) goes to Tulsa to the OSU-COM main campus. The event is shared via Zoom between their two campuses. One NSU-OCO faculty attends with each group. Our students present the hands-on portion of the lab and demonstrate some basic ocular exam techniques including eye vital signs, slit-lamp biomicroscopy, direct ophthalmoscopy and tonometry with a Tonopen. Then they work with groups of medical students (DO and PA) as they practice these skills with the equipment. We provide equipment at both locations for the demonstration and hands-on lab experience for the medical students.

Why the Project was Selected: This project creates a two-way sharing of information between our two programs. It allows both groups of students to learn more about the types of expertise the other group has mastered and share some basic level of those skills with the other group in a hands-on environment. Our students gain confidence in their own skills as they teach the other group of students. Both programs gain access to lab equipment they do not use frequently enough to justify the cost of purchasing.

Learning Objectives:

- Produce some rudimentary skills with ocular examination equipment in the DO/ PA students.
- Produce a better understanding of irregular heart sounds and how they are related to patients' systemic health conditions in the Optometric students.
- Gain confidence by teaching skills to other students.
- Develop interprofessional communication skills with students outside their field.
- Interact with one another as the OD students teach skills they have learned in their program. Both groups of students will gain a better understanding of the knowledge the other group possesses when they are in practice.

Targeted Participants: The summer exercise involves the 28 NSUOCO 3rd year students. The fall exercise involves 28 4th year Optometry students and the OSU College of Osteopathic Medicine students and Physician Assistant students. There are 145 DO and PA students in Tulsa and 52 DO students in Tahlequah, each group is split into 2 sections for 2 hours.

Targeted Learning Level: Exposure/Introduction for the OD students in the summer. Exposure/ Introduction for the DO/PA students, Immersion / Development for the OD students in the fall through presentation and demonstration.

Timeframe of the Project: The summer event is one morning during the 3rd year. The fall event is one afternoon during the 4th year.

Preparation by Faculty: The faculty coordinate with a member of the OSU-COM faculty to reserve meeting locations and times. The NSU-OCO faculty arrange transportation of the two slit-lamps and two tonopens in Tulsa and one of each in Tahlequah with plenty of covers.

Pre-Work for Students: Minimal pre-work is required of the students since they are demonstrating skills they have mastered in lab and clinical settings.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE1, PE2, PE4, P38, KK1, KK5, KK6, KK9, CC1, CC2, CC3, CC7, CC8, CC9, CC10, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE4, VE5, VE6, VE7, VE8, VE9, VE10, VE11, RR1, RR2, RR3, RR4, RR5, C1, C2, C3, C4, C5, C6, C7, TT2, TT3, TT4, TT6, TT8, TT9

Lessons Learned in Planning and Implementing this Project:

- Having done this lab exchange for four years, we are continuing to refine the best number of students, slit-lamps and tonopens to supply to each location for the fall lab.
- Both groups of students have learned from the experience some things students in the other professions know well and some things where their knowledge is less robust.
- It gives our students some experience in teaching and sharing expertise they are comfortable and confident in with other future doctors.

Exemplar IPE Project Submitted by:

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IPE Project Title: Fundamentals of Teamwork

The Ohio State University, College of Optometry

Type of Project: (Didactic, Clinical, Orientation / Social, or Co-Curricular) Didactic

Description of the Project: Students work in interprofessional teams to learn about and from a family living in Central Ohio, their social and physical determinants of health, and their goals, needs, and priorities. Students access and share information, discuss key concepts and consider different viewpoints, while completing a series of exercises together. Through these experiences, students practice and reflect on fundamental skills needed for effective interprofessional teamwork.

Why the Project was Selected:

Learning Objectives: Address the following Core Competencies.

- Values and Ethics: Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect.
- Roles and Responsibilities: Use the knowledge of one's own role and team members' expertise to address health outcomes.
- Communication: Communicate in a responsive, responsible, respectful, and compassionate manner with team members.
- Teams and Teamwork: Apply values and principles of team science to adapt one's own role in a variety of team settings.
- Evidence-Based Practice: Utilize evidence to inform all aspects of interprofessional teamwork.
- Collaborative Leadership: Engage members of the interprofessional team, including individuals and communities, in collaborative leadership.

Targeted Participants: First Year Optometry Students

Targeted Learning Level: (please specify Exposure / Introduction, Immersion / Development, or Competence / Entry-to-Practice using the Framework from the University of Toronto)
Immersion/Development

Timeframe of the Project: (duration, when offered; example: 3 months in duration during the Fall of the second year)

During the Fall of the first year

Preparation by Faculty:

- Facilitator Skills Building Workshop:
  For first time facilitators, 60-minute interprofessional facilitator skill building workshop.
- 30-minute video outlining logistics, activity details, facilitator role

Pre-Work for Students:

- Watch the Introduction video to Fundamentals of Teamwork video
- Watch the Introduction to Interprofessional Collaboration video
- Review the 7 Drivers of Team Effectiveness
- Review the Learning Goals and Objectives

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE8, CC10, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE4, VE7, VE11, RR5, CC1, CC3, CC4, CC5, CC6, TT1, TT3, TT4, TT6, TT7

Lessons Learned in Planning and Implementing this Project:

Exemplar IPE Project Submitted by:

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IPE Project Title: Tools for Effective Teamwork

The Ohio State University, College of Optometry

Type of Project: (Didactic, Clinical, Orientation / Social, or Co-Curricular) Didactic

Description of the Project: In teams, students explore and practice evidence-based communication and teamwork tools. Students work together to critically evaluate the use of communication tools in health care and population health scenarios, considering application to their future practice/careers.

Why the Project was Selected:

Learning Objectives: Address the following Core Competencies.

- Communication: Communicate in a responsive, responsible, respectful, and compassionate manner with team members.
- Teams and Teamwork: Apply values and principles of team science to adapt one's own role in a variety of team settings.
- Evidence-Based Practice: Utilize evidence to inform all aspects of interprofessional teamwork.

Targeted Participants: First year Optometry students

Targeted Learning Level: (please specify Exposure / Introduction, Immersion / Development, or Competence / Entry-to-Practice using the Framework from the University of Toronto) Immersion/Development

Timeframe of the Project: (duration, when offered; example: 3 months in duration during the Fall of the second year)

During the Spring of the first year

Preparation by Faculty:

- Facilitator Skills Building Workshop:
  For first time facilitators, 60-minute interprofessional facilitator skill building workshop.
- 30-minute video outlining logistics, activity details, facilitator role

Pre-Work for Students:

Review the below concepts:

- SBAR and Closed-Loop Communication
- Situation Monitoring
- Psychological Safety

Review the Learning Goals and Objectives

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE4, PE8, KK10, CC9, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE7, VE11, CC2, CC5, CC6, TT1, TT2, TT3, TT6, TT7

Lessons Learned in Planning and Implementing this Project:

Exemplar IPE Project Submitted by:

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Interprofessional Evidence Based Practice Course
Pennsylvania College of Optometry, Drexel University

Type of Project: Didactic Education

Description of the Project: In this evolving health care system, it is vital for health professional educational programs to identify the mechanisms that shape successful collaborative teamwork. The Evidence Based Practice (EBP) course at Drexel University has evolved substantially since its launch in 2007 as part of the first semester core curriculum in optometry, audiology, and physician assistant studies. As Salus University continued to expand its program offerings, students in occupational therapy and speech-language pathology were also enrolled in the EBP course. Beginning in Fall 2018, the course was retitled to the Interprofessional Evidence Based Practice (IPEBP) course. As a result of the merger between Salus and Drexel Universities in 2025, the course now only includes the optometry and audiology first-year doctoral students.

Why the Project was Selected: The IPEBP course is a required curricular course. Beginning in 2007, an audiologist and an optometrist serve as co-course instructors. The instructors initially presented lectures in a traditional face-to-face format. There was a gradual shift to online lecture delivery mainly to accommodate logistical challenges such as scheduling, room availability, and size. After gaining a deeper understanding of interprofessional education models, small group interactive activities were incorporated into the course in 2013, which consisted of interprofessional student teams applying evidence-based practice concepts to clinical scenarios. After receiving positive student feedback on the small group activity and after researching other pedagogies, flipped classroom and Team-Based Learning principles were integrated into the course in 2014.

Beginning in Fall 2016, faculty members from each of the disciplines serve in the role of interdisciplinary student team faculty advisors. Following several course instructor and faculty advisor meetings, the course was purposefully revised beginning in Fall 2017 to include a team-based project that infuses interprofessional practice competencies into a written project and oral presentation involving a patient case scenario. The project includes aspects of care involving each of the University's disciplines. More specifically, interdisciplinary student teams are assigned a case scenario developed by the course faculty and are guided to formulate a clinical question. The student teams are then asked to critically appraise a research study that addresses their clinical question. The critical appraisal of the research and application of the results to the clinical scenario are then presented orally by all members of the team to student peers and faculty advisors.

Learning Objectives:

IPEBP Course Description: This course is taught in an interprofessional, team-based environment and utilizes a combination of in-person and online instruction. Students enrolled in this course work through assignments culminating in an interprofessional team project and oral presentation. This course facilitates understanding of how the available evidence-based practice tools are applied in clinical training, clinical problem solving, and most importantly, clinical practice.

IPEBP Course Learning Objectives:

- Define evidence-based practice
- Evaluate available evidence for accuracy and precision
- Apply evidence-based principles in the context of clinical decision making
- Demonstrate team-based learning in an interprofessional environment
- Collaborate as a member of an interprofessional team on a group project

Targeted Participants: Students enrolled in audiology and optometry degree programs in the Fall Semester of the First year.

Targeted Learning Level: Exposure / Introduction and Immersion / Development

Timeframe of the Project: 1 credit course, Fall semester

Preparation by Faculty: The course co-coordinators have attended workshops on how to teach EBP at Duke University (2011 and 2012) and McMaster University (2014 and 2018). The IPEBP course syllabus recently underwent program-level as well as University level review and was approved by all relevant committees.

The IPEBP instructors meet regularly during the course offering as well as quarterly throughout the year. The instructors have administrative as well as faculty responsibilities. As a result, they are well-positioned to understand the accreditation requirements relative to EBP and IPE for their respective programs.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE3, PE8, CC7, CC10, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE5, RR5, RR6, CC4, CC5, CC6, TT3, TT6

Lessons Learned in Planning and Implementing this Project:

- Prior to recent offerings of the IPEBP course, students at Salus (now Drexel) were limited in their exposure to the other on-campus professions and provided consistent feedback on course evaluations that the course was lacking in integrating the professions.
- Students and faculty have provided positive feedback on the highly structured team-based learning that has been integrated into the course through the small-group interprofessional, clinically oriented projects. A positive trend has been noted in student learning outcomes as well as student perceptions of the interprofessional collaboration fostered by the course.
- The evidence based clinical project was highlighted as a positive experience repeatedly and uniformly positively across the student cohorts in course evaluations. The IPEBP course will continue to evolve based on the results of qualitative and quantitative assessment tool outcomes. There are plans to integrate content related to the responsible use of artificial intelligence in clinical practice for the Fall 2026 course offering.

Exemplar IPE Project Submitted by:

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Linda Casser, OD, FAAO, FNAP
Professor Emeritus, Pennsylvania College of Optometry

References:

The Essential Elements of Team-Based Learning. Adapted from Chapter 1 of Michaelsen, L, Sweet, M & Parmalee, D (2009)

Team-Based Learning: Small Group Learning's Next Big Step. New Directions in Teaching and Learning, 7-27.

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(2015). Guyatt G, & Rennie D, & Meade M.O., & Cook D.J.(Eds.), Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, 3rd ed. McGraw-Hill Education. https://jamaevidence.mhmedical.com/content.aspx?bookid=847&sectionid=69030714

Straus SE, Richardson S, Glasziou P, and Haynes B. (2011). Evidence-Based Medicine: How to Practice and Teach EBM, 4th edition. Elsevier Churchill Livingstone.

IPE Project Title: Interprofessional Team Training

University of Alabama at Birmingham

Type of Project: Didactic

Description of the Project: A structured, faculty-facilitated clinical simulation where students from up to 12 health professions collaborate in small groups to develop care plans for complex patient cases. The activity begins with an icebreaker activity. They then play a video interview of a geriatric patient, followed by team-based planning that incorporates medical, social, and financial considerations. Additional complexity is introduced during the session to challenge team dynamics and problem-solving. The course ends by debriefing and allowing the participants to complete a course evaluation. The program lasts 90 minutes.

Why the Project was Selected: This project was chosen to foster interprofessional collaboration in addressing multifaceted geriatric health issues. It provides a realistic and immersive experience that highlights the complementary roles of different professions in patient-centered care.

Learning Objectives:

- Describe the importance of interprofessional teams in geriatric care
- Recognize and discuss differing professional perspectives and values
- Communicate effectively to develop a collaborative care plan
- Reflect on personal attitudes toward team-based care

Targeted Participants: Participants are from four different local universities.

- Clinical Laboratory Sciences
- Dentistry
- Medicine
- Nursing
- Nutrition
- Occupational Therapy
- Optometry
- Pharmacy
- Physical Therapy
- Physician Assistant
- Public Health
- Respiratory Therapy
- Social Work

Targeted Learning Level: Immersion / Development

Timeframe of the Project: 2.5-hour sessions offered during Fall and Winter semesters annually

Preparation by Faculty: Faculty from multiple institutions (UAB, Samford, Auburn) collaborate to design case materials, facilitate group discussions, and introduce evolving case complexities.

Pre-Work for Students: There is no pre-work for the students.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE3, PE4, PE6, PE7, PE8, KK1, KK2, KK5, KK6, KK8, KK9, KK10, CC1, CC2, CC3, CC4, CC5, CC6, CC8, CC9, CC10, CC11, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE2, VE3, VE4, VE5, VE6, VE7, VE8, VE9, VE10, VE11, RR1, RR2, RR3, RR4, RR5, C1, C2, C3, C4, C5, C6, C7, TT2, TT3, TT4, TT5, TT6, TT7, TT8, TT9, TT10

Lessons Learning in Planning and Implementing this Project: Students often lack an in-depth knowledge of specific roles and responsibilities of other professionals.

Exemplar IPE Project Submitted by:

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Interprofessional Diabetes Case-Based Workshop with Second-Year Optometry and Pharmacy Students

University of Missouri at St. Louis

Type of Project: Didactic Education

Description of the Project: This workshop is a half-day event centered on a hypothetical patient case of a person newly diagnosed with Type II Diabetes. Second-year Optometry and Pharmacy students (from different institutions within St. Louis) work together in small groups as key concepts are introduced regarding both ocular considerations and pharmaceutical management of diabetes. Students first collaborate with others from their discipline within their groups as they work to determine "What is MY role in this case?" and "What are we concerned about for 'Tony' from an optometric/pharmaceutical standpoint?" After devising their discipline-specific "game plan", students come together within each interdisciplinary small group to role play patient education and management for Tony. First, optometry students play the role of the patient as pharmacy students educate them on details of their insulin administration, recommended screenings, and medication side effects. Next, pharmacy students play "Tony" as optometry students walk them through the importance of an eye exam and how to reduce the risk of diabetic retinopathy. To review background knowledge and promote a sense of camaraderie, small groups compete as interdisciplinary teams via several "Kahoot" quiz sessions throughout the workshop.

Finally, the workshop concludes with ethical considerations for "Tony's father" as he presents back to the pharmacy with his dad (also diabetic) who Tony feels is no longer safe to drive. Concepts of patient autonomy, justice, and non-maleficence are introduced as groups discuss this sensitive situation in a collaborative manner.

Students take a discipline-specific pre and post survey prior to and directly following the workshop. The intent of the survey is to assess students' knowledge of the other discipline, and their attitudes regarding interprofessional teams and a team approach to care.

Why the Project was Selected: Diabetes is introduced to our second-year students in early spring as part of their ocular disease curriculum. Similarly, the second-year pharmacy students from a nearby university receive background didactic instruction on diabetic management that aligns well with the optometric curriculum.

When it comes to the management of our diabetic patients, collaborative care is key. We want our students to realize early on that many different disciplines are involved with managing this very common and potentially debilitating disease. It is important to establish each discipline's role, both to the patient and to other providers, through frequent communication and holistic patient education. Equally important, providers must recognize when another discipline's expertise is needed and have the knowledge and resource base to ask for help. As we move toward a true interdisciplinary healthcare model, team-based management skills are imperative for students to acquire before entering into clinical practice.

Learning Objectives: Students who complete the workshop will be able to:

- Explain the general scope of practice of fellow team members as it pertains to the patient case
- Identify where areas or expertise overlap in the patient care process and where there are differences within each expertise
- Collaborate in the interprofessional team to establish a diagnosis and plan of management through integration of knowledge and shared decision making
- Increase awareness of ethical principles as part of an interprofessional team
- Enhance attitudes and perceptions towards team-based care

Targeted Participants: Second-year Optometry students (UMSL) and Second-year Pharmacy students (University of Health Sciences and Pharmacy in St. Louis), involving approximately 80-100 students total divided into ~20 interdisciplinary small groups.

Targeted Learning Level: Immersion/Development

Timeframe of the Project: Workshop takes place on a pre-determined morning during the Spring of the second year (~3 hours duration not including recommended pre-work)

Preparation by Faculty: As this is now an established workshop held annually, faculty preparation is relatively straightforward. One Optometry faculty and one Pharmacy faculty co-lead the workshop, including preparing the pre- and post-surveys, dividing the students into small groups, updating the Kahoots and obtaining prizes for the winning groups, and printing all necessary resources (patient case information.)

Pre-Work for Students: Prior to the workshop, students are encouraged to review discipline-specific materials regarding the care of the patient with diabetes (standard of care guidelines.) All students must complete a brief pre-survey in addition to a post-survey following the workshop.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE4, PE5, PE8, KK5, KK6, CC1, CC7, CC9, CC10, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE5, VE8, RR1, RR4, C1, C5, TT2, TT3, TT6

Lessons Learned in Planning and Implementing this Project: Students appreciate having formal instruction on necessary background knowledge prior to the workshop, so that they feel prepared to manage their portion of the case and well-equipped to educate the other discipline on their role.

We also added a brief introductory lecture to the start of the workshop on basic fundus photo interpretation (for the pharmacy students) and an overview of major classes of diabetic medications (for the optometry students) to jumpstart their collaboration.

A little friendly competition goes a long way in building bonds within the groups! Students get so excited to compete as interdisciplinary teams in quiz reviews scattered throughout the session (via Kahoot.)

Lastly, and not surprisingly, we found this workshop runs more smoothly and is more personable when held in person rather than virtually (as done once during COVID-19).

Exemplar IPE Project Submitted by:

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Section 3.2 IPE Exemplar Projects: Clinical Education

The following IPE Exemplar Clinical Education Projects were submitted by ASCO member institutions and are included in Section 3.2 (the Projects are listed in alphabetical order by institution):

Interprofessional Collaboration Through Clinical Case Submissions at Optometry Externship Sites
Herbert Wertheim School of Optometry and Vision Science at UC Berkeley
Pages 53 – 54

Interprofessional Collaboration with Optometry and Sports Medicine
Nova Southeastern University
Pages 55 – 56

Interprofessional Collaboration Between Optometry and Physical Therapy Students in a Clinical Setting
Nova Southeastern University
Pages 57 – 58

Teams Advancing Health Outcome 1
The Ohio State University, College of Optometry
Pages 59 – 60

Teams Advancing Health Outcome 2
The Ohio State University, College of Optometry
Pages 61 – 62

Firehouse Shelter Screening Clinic and Wellness Education
University of Alabama at Birmingham
Pages 63 – 64

Virtual Reality Immersive Simulation for Interprofessional Education
Western University of Health Sciences
Pages 65 – 66

IPE Project Title: Interprofessional Collaboration Through Clinical Case Submissions at Optometry Externship Sites at Herbert Wertheim School of Optometry and Vision Science at UC Berkeley

Herbert Wertheim School of Optometry and Vision Science at UC Berkeley

Type of Project: Clinical

Description of the Project: Optometry student clinicians at the Herbert Wertheim School of Optometry and Vision Science at UC Berkeley regularly encounter a diverse patient population across various clinical settings (e.g., campus clinics, community health centers, VA hospitals, private practices). Many of these patients present with ocular manifestations of complex systemic conditions necessitating co-management with other healthcare providers. This project aims to formalize and enhance interprofessional education by encouraging interested students - alongside their clinical mentor - to develop and submit a comprehensive case report. This report, which can take the form of a written manuscript, a slide presentation, a scientific poster, or a grand rounds-style presentation, will detail a patient case requiring collaboration with one or more healthcare disciplines. The objective is to deepen students' understanding and appreciation of optometry's integral role within a complex medical system. Upon submission, students will receive structured feedback and evaluation from their clinical mentor and potentially a dedicated IPE faculty member. A post-project assessment will also be administered to gather student and mentor insights, comments, and concerns, facilitating continuous refinement of project expectations and goals.

Why the Project was Selected: This initiative provides a mechanism to formally integrate Interprofessional Education (IPE) into the optometry curriculum, highlighting the inherently collaborative nature of optometric patient care within real-world clinical scenarios. By engaging in scholarly activity focused on interprofessional cases, student clinicians will gain practical experience in navigating complex healthcare systems. Furthermore, this project may serve as a catalyst, inspiring students to pursue advanced scholarly activities such such as residency or fellowship opportunities, thereby fostering future leaders in optometry and interprofessional healthcare.

Learning Objectives: After participating in this activity, students should be able to:

- Construct a case report, poster, or presentation detailing a patient case that involved collaboration with one or more healthcare providers.
- Recognize the unique cultures, values, roles, responsibilities, contributions, knowledge, and expertise of other interprofessional disciplines.
- Analyze the evidence and impact of interprofessional teamwork on patient outcomes.
- Demonstrate effective communication skills that support a team-oriented approach to healthcare.

Targeted Participants: Optometry student clinicians

Targeted Learning Level: Competence / Entry-to-Practice

Timeframe of the Project: This project is designed to be ongoing, primarily targeting third and fourth-year students during their externship rotations. We aim to initiate this as a pilot program during the 2026-2027 academic year.

Preparation by Faculty: Prior to the program rollout and annually thereafter, a dedicated preparation session and faculty guide will be provided to all clinical faculty. This will serve to introduce the IPE concept, clarify project expectations, and outline the faculty's role. Faculty mentors will be encouraged to identify and guide interns in selecting patient cases that exemplify interprofessional care, overseeing their management through resolution. Mentors will also provide essential assistance in manuscript, poster, or presentation preparation for submission and deliver comprehensive feedback and evaluation upon project completion.

A long-term goal is to engage every external rotation site, maintaining a centralized document to track and monitor submissions from each location. Incentives for faculty participation could include recognition towards professional service for merit increases or promotion.

Pre-Work for Students: At the commencement of each clinical rotation, student interns will receive an email detailing program specifics and encouraging participation. This communication may include an example of an acceptable written case report to serve as a guide. No additional preparatory coursework is required.

Student interns must, however, be capable of selecting an appropriate patient case in consultation with their mentor(s) and be committed to dedicating the necessary time and effort to produce a manuscript or presentation worthy of submission/publication (e.g., for the AAO Fellowship Candidate Crash Course (FCCC) Program, future candidacy for AAO Fellowship, or presentation at a national convention).

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE1, PE2, PE3, PE4, PE5, PE6, PE7, PE8, PE9, CC1, CC2, CC3, CC6, CC7, CC8, CC9, CC10, CC11, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE3, VF4, VE5, VE6, VE7, VE8, VE9, VE10, RR1, RR2, RR5, C3, C5, C6, TT2, TT8

Lessons Learned in Planning and Implementing this Project: none yet

Exemplar IPE Project Submitted by:

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IPE Project Title: Interprofessional Collaboration with Optometry and Sports Medicine

Nova Southeastern University

Type of Project: Clinical Education

Description of the Project: Nova Southeastern University has the advantage of having multiple disciplines represented at our institution. Collaboration with the optometric and sports medicine clinic allows students to get firsthand experience interacting with healthcare providers in multiple disciplines, including osteopathic physicians, physical therapists, psychologists, and more. Students participate in the sports vision seminar during the summer of their third years as an elective course. After completing the elective, students will participate in 3-4 clinic rotations at the sports medicine clinic located at NSU's main campus. We have established an exam lane at the sports medicine clinic. This gives the students firsthand experience interacting with the sports medicine team, which includes 3 sports medicine physicians, physical therapists, occupational therapists, athletic trainers, and neuropsychologists, along with residents and fellows. We provide comprehensive eye exams and provide care to athletes referred by the interdisciplinary team.

Why the Project was Selected: This project highlights collaboration between multiple disciplines in a unique area of optometry

Learning Objectives:

- Define role of optometrist in the interdisciplinary management of concussion.
- Demonstrate effective communication skills that support a team approach to healthcare.
- Recognize advanced level techniques available to optometrists to enhance vision to maximize performance in sports.
- Utilizing optometric services to enhance sports performance for middle school, high school, collegiate, and professional athletes.

Targeted Participants: 3rd year doctorate level students

Targeted Learning Level: Entry level

Timeframe of the Project: Year-Round

Pre-Work for the Students: Attended or completed Sports and Performance Vision elective course offered during summer semester (1 credit hour)

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE4, PE6, PE8, KK9, CC7, CC9, CC10, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE3, VE4, VE5, VE6, VE8, VE9, RR2, RR3, RR4, RR5, C1, C2, C4, TT2, TT6

Lessons Learned in Planning and Implementing the Project: While completing annual vision screening with athletes, we were able to identify a large unmet need of vision care for our student athletes. Mutual respect and collaborative efforts of optometrists and sports medicine physicians has allowed us to embark on a mission to establish the sports vision and concussion clinic in the sports medicine clinic. Having an exam lane at the sports medicine clinic allows us to provide comprehensive eye exams and problem-focused exams for our student athletes. These student athletes are frequently with the athletic trainers adjacent to us. Sports medicine physicians, physical therapists, and occupational therapists are also located in the same facility. This convivence allows the student athletes to obtain vision care as succinctly as their training, medical, and academic needs. These specialties work in a true inter-disciplinary manner, allowing each professional to seamlessly communicate to best meet the patient's health care needs. Not only do we serve the NSU student athlete population, being located in the university center allows us to see NSU students who have been injured as well as our local Broward and Miami-Dade county population that suffered from visual sequalae due to concussion. With all of our mutual patients we are able to swiftly communicate with the referring providers so that we can meet patient needs when time is of the essence for their health, academic needs, and competition.

Exemplar Project Submitted by:

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Interprofessional Collaboration Between Optometry and Physical Therapy Students in a Clinical Setting

Nova Southeastern University

Type of Project: Clinical Education

Description of the Project: To establish an Interprofessional relationship and understanding between optometry and physical therapy students about the two professions. Visual impairment significantly impacts function and quality of life. Optometrists diagnose and manage patients that have physical impairment and dysfunction either as result of or coincidental to vision impairment. Physical Therapist screen vision to determine need for referral and integrate general vision function into physical therapy management. Functional vision ability is critical to appropriate patient management; therefore, it is integral for both professions to collaborate in coordination of care and services that may be beneficial to their patients.

Why the Project was Selected: This project highlights an Interprofessional experience between optometry and physical therapy students. The goal of this Interprofessional experience is fosters synthesis of the important relationship between optometrist and physical therapist in optimizing patient care.

Learning Objectives:

- Articulate and educate optometry and physical therapy students about the roles and responsibilities of each discipline.
- Introduce optometry and physical therapy students to the interdisciplinary management of patients with visual impairment.
- Demonstrate effective communication skills that support a team approach to patient centered care.
- Recognize advanced level techniques for optometrists and physical therapist to enhance and improve patient's quality of life.

Targeted Participants: Third year Doctor of Optometry (OD) students enrolled in the College of Optometry and first year Doctor of Physical Therapy (DPT) students enrolled in the College of Physical Therapy. Students participated during the winter semester.

Targeted Learning Level: Exposure / Introduction/ Immersion

Timeframe of the Project: This is a year-round project. The project is a component of winter/spring semester third year OD students primary care specialty rotation in the Retina clinic and first-year students DPT program.

Preparation by Faculty: The project was developed in collaboration between one faculty member from the College of Optometry who serves as the College's IPE Coordinator, and one faculty member from the College of Physical Therapy. Faculty preparation involved collaborative planning for the winter/spring semester.

Pre-work by Students: The first-year physical therapy (PT) students receive an orientation of expectation by the attending physical therapist faculty, followed by a joint pre-discussion of clinical cases with third year optometry (OD) students in the Retina service by the optometry faculty. The PT students are expected to observe a comprehensive eye examination and screen patients with balance or movement dysfunction. The OD students are expected to share their knowledge of eye conditions such as glaucoma, macular degeneration, and cataracts that lead to visual impairment. The PT students receive debriefing with PT faculty.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE4, PE6, PE8, KK9, CC7, CC9, CC10, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE3, VE4, VE5, VE6, VE8, VE9, RR2, RR3, RR4, RR5, C1, C2, C4, TT2, TT6

Lessons Learned in Planning and Implementing the Project: This project is the College of Optometry's first joint interprofessional education program with the College of Physical Therapy. Educating optometry and physical therapy students about the roles and responsibilities of each discipline in the interprofessional management of patients with visual impairment who need physical therapy is vital to patient success. The goal is to continue this collaborative project each year, building upon the knowledge students gain and supports understanding and appreciation of the knowledge and skills of each profession.

Project Submitted by:

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IPE Project Title: Teams Advancing Health Outcome 1

The Ohio State University, College of Optometry

Type of Project: (Didactic, Clinical, Orientation / Social, or Co-Curricular) Clinical

Description of the Project: Students enhance their understanding of the social determinants of health and/or health and healthcare inequities that impact patient/client lives and begin to develop an appreciation for how interprofessional teamwork addresses these multi-faceted patient/client needs. In the team events, students look at scenarios illustrating these concepts and interact with a standardized person. Together, students collaborate to identify and address underlying factors to positively impact healthcare outcomes and patient experience. Students practice providing peer feedback around select interprofessional collaborative practice competencies.

Why the Project was Selected:

Learning Objectives: Address the following Core Competencies.

- Values and Ethics: Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect.
- Roles and Responsibilities: Use the knowledge of one's own role and team members' expertise to address health outcomes.
- Communication: Communicate in a responsive, responsible, respectful, and compassionate manner with team members.
- Teams and Teamwork: Apply values and principles of team science to adapt one's own role in a variety of team settings.
- Evidence-Based Practice: Utilize evidence to inform all aspects of interprofessional teamwork.
- Collaborative Leadership: Engage members of the interprofessional team, including individuals and communities, in collaborative leadership.

Targeted Participants: Second year optometry students

Targeted Learning Level: (please specify Exposure / Introduction, Immersion / Development, or Competence / Entry-to-Practice using the Framework from the University of Toronto) Immersion/Development

Timeframe of the Project: (duration, when offered; example: 3 months in duration during the Fall of the second year) During the Fall of the second year

Preparation by Faculty:

- Facilitator Skills Building Workshop:
  - For first time facilitators, 60-minute interprofessional facilitator skill building workshop.
- 30-minute video outlining logistics, activity details, facilitator role

Pre-Work for Students:

- Watch the module introduction video
- Review of the 7 Drivers of Effective Teamwork- A Review
- Review the Social Determinants of Health resources
- Complete the ASSIGNMENT: Create 10 Questions for Team Event #1

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE3, PE4, PE7, PE8, KK8, KK9, KK10, CC7, CC9, CC10, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE2, VE4, VE5, VE6, VE7, RR1, RR3, RR4, RR5, CC1, CC2, CC3, CC4, CC5, CC6, TT3, TT6, TT7, TT8

Lessons Learned in Planning and Implementing this Project:

Exemplar IPE Project Submitted by:

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IPE Project Title: Teams Advancing Health Outcome 2

The Ohio State University, College of Optometry

Type of Project: (Didactic, Clinical, Orientation / Social, or Co-Curricular) Clinical

Description of the Project: Students enhance their understanding of the social determinants of health and/or health and healthcare inequities that impact patient/client lives and begin to develop an appreciation for how interprofessional teamwork addresses these multi-faceted patient/client needs. In the team events, students look at scenarios illustrating these concepts and interact with a standardized person. Together, students collaborate to identify and address underlying factors that impact healthcare outcomes and patient experience positively. Students practice providing peer feedback around select interprofessional collaborative practice competencies.

Why the Project was Selected:

Learning Objectives: Address the following Core Competencies.

- Values and Ethics: Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect.
- Roles and Responsibilities: Use the knowledge of one's own role and team members' expertise to address health outcomes.
- Communication: Communicate in a responsive, responsible, respectful, and compassionate manner with team members.
- Teams and Teamwork: Apply values and principles of team science to adapt one's own role in a variety of team settings.
- Evidence-Based Practice: Utilize evidence to inform all aspects of interprofessional teamwork.
- Collaborative Leadership: Engage members of the interprofessional team, including individuals and communities, in collaborative leadership.

Targeted Participants: Second year optometry students

Targeted Learning Level: (please specify Exposure / Introduction, Immersion / Development, or Competence / Entry-to-Practice using the Framework from the University of Toronto) Immersion/Development

Timeframe of the Project: (duration, when offered; example: 3 months in duration during the Fall of the second year) During the Fall of the second year

Preparation by Faculty:

- Facilitator Skills Building Workshop:
  - For first time facilitators, 60-minute interprofessional facilitator skill building workshop.
- 30-minute video outlining logistics, activity details, facilitator role

Pre-Work for Students:

- Complete the ASSIGNMENT: Team Event #1 Interprofessional Collaboration Self-Reflection
- Review Key Concepts for Health Equity
- Review Key Concepts for Communicating Respectfully

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE3, PE4, PE7, PE8, KK8, KK7, KK9, KK10, CC7, CC9, CC10, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE2, VE4, VE5, VE6, VE7, RR1, RR3, RR4, RR5, CC1, CC2, CC3, CC4, CC5, CC6, TT3, TT6, TT7, TT8

Lessons Learned in Planning and Implementing this Project:

Exemplar IPE Project Submitted by:

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Firehouse Shelter Screening Clinic and Wellness Education
University of Alabama at Birmingham

Type of Project: Clinical Education

Description of the Project: "The mission of the Cooperative Downtown Ministries, Inc. is to provide to homeless men, ages 18 and older, in the Birmingham Area a nurturing and caring environment offering supportive services that break the cycle of homelessness and empower individuals to achieve their highest potential."

The Firehouse Shelter was founded in 1983 as an outreach program of The Cooperative Downtown Ministries. To help care for men at the Shelter, it is important to encourage that they take care of themselves, including their eye and vision care needs. Fourth year optometry interns perform advanced vision screenings for men at the Firehouse Shelter in an interdisciplinary setting. The optometry interns collaborate with students in the following University of Alabama at Birmingham healthcare programs: Physician Assistant, Occupational Therapy, Physical Therapy, Healthcare Management, and Clinical Laboratory Science.

Why the Project was Selected: The homeless population is more likely to die prematurely, have heart disease, and suffer a stroke or heart attack. Life on the streets is brutal with no stable shelter, no stable food, no stable food, and no stable healthcare. The Firehouse Shelter is a unique homeless shelter in that its mission is to help the chronically homeless. The Shelter serves the Birmingham area and six surrounding counties. The Firehouse Shelter clinic was created to help address the need for stable healthcare. Men at the Shelter are trying to get back on their feet and off the streets. In order to do so, they need good overall health including good ocular health and vision. It is also important for the students to learn how to properly educate patients. The "Wellness Wednesdays" initiative at the Firehouse Shelter helps to accomplish this. Students from optometry, occupational therapy, and nutrition educate the Shelter residents on important issues pertaining to men's health.

Learning Objectives:

- To deliver eye and vision care to guests of the Firehouse Shelter in an interdisciplinary setting.
- To learn how to collaborate with other health care professionals in the overall health of the patient.
- To participate in the education of the residents at the Firehouse Shelter on topics important to men's health.
- To learn compassion for your patients and the need to treat all people with respect and dignity.

Targeted Participants: Professional students and faculty from the University of Alabama at Birmingham in the following programs:

- Physician Assistant
- Clinical Laboratory Science
- Healthcare Management
- Optometry
- Nutrition
- Occupational Therapy
- Physical Therapy
- Public Health

Targeted Learning Level: Immersion / Development

Timeframe of the Project: Year round- 1st and 3rd Wednesday- Clinic; 2nd and 4th Wednesdays- wellness education

Pre-Work for Students: Prepare for the "Wellness Wednesday" presentations. Students choose the topic and lead the presentation and subsequent discussion.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE3, PE4, PE6, PE7, PE8, KK5, KK8, KK9, CC1, CC2, CC3, CC5, CC7, CC9, CC10, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document): VE1, VE2, VE3, VE4, VE5, VE6, VE7, VE8, VE9, VE10, VE11, RR1, RR3, RR4, RR5, C1, C2, C3, C4, C5, C6, C7, TT2, TT3, TT4, TT5, TT6, TT7, TT8, TT9, TT10

Lessons Learned in Planning and Implementing this Project: Communication is essential.

Exemplar IPE Project Submitted by:

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IPE Project Title: Virtual Reality Immersive Simulation for Interprofessional Education

Western University of Health Sciences

Type of Project: (Didactic, Clinical, Orientation / Social, or Co-Curricular): Clinical

Description of the Project: Graduate healthcare students (Physical Therapy, Optometry, Nursing) participate asynchronously in a virtual-reality immersive simulation (VRIS). Virtual-reality headsets or computer-based simulation can be used. This is a structured clinical encounter with a patient who has multiple health care needs. This project used story living to place the students into the shoes of a homeless man with multiple health care issues. As the students move through the scenes, social determinates of health, health disparities, and health screening data are revealed depending on the discipline. The students can also make choices during the virtual journey through the home safety check and health screening. The student completes an Individual Care Plan entry and participates in a team debriefing emphasizing communication, collaboration, and decision-making. Pre- and post-assessment surveys are used to measure engagement, satisfaction and knowledge retention.

Why the Project was Selected: Virtual reality simulation of a patient in a home-based setting is used to teach safety protocols, interprofessional (IP) communication, and team-based care.

Learning Objectives:

- Identify visible hazards in the environment (safety)
- Reflect on embodiment experience (empathy)
- Identify psychosocial issues (assessment)
- Communicate effectively with interprofessional team
- Collaborate with IP team
- Identify roles & responsibilities

Targeted Participants: Graduate healthcare students

Targeted Learning Level: (please specify Exposure / Introduction, Immersion / Development, or Competence / Entry-to-Practice using the Framework from the University of Toronto)
Immersion / Development

Timeframe of the Project: (duration, when offered; example: 3 months in duration during the Fall of the second year): Spring of the second year

Preparation by Faculty:

- Review scenario
- Schedule students
- Access IT for support

- Facilitate team debriefing (groups)
- Administer pre- and post-assessment surveys

Pre-Work for Students: Minimal; respond to scheduling notifications for individual and team time slots

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE3, PE7, PE8, KK8, KK9, CC3, CC7, CC9, CC10, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) CC2, CC3, CC4, CC5, CC6, CC8, TT3, TT4, TT8, RR1, RR4, RR6, RR9

Lessons Learned in Planning and Implementing this Project:

- There was no significant difference between virtual reality, computer-based simulations compared to the same scenarios delivered with standardized patients.
- Immersive simulation improved standardization and was engaging with a high level of realism, relevance, empathy, enjoyment and recall by the student participants.
- VRIS was effective in developing core competencies: safety, communication, and collaboration.
- VRIS decreased constraints of time and location, unlike traditional IPE.

Exemplar IPE Project Submitted by:

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Section 3.3 IPE Exemplar Projects: Extracurricular / Orientation / Social Activities

The following IPE Exemplar Extracurricular / Orientation / Social Activities Projects were submitted by ASCO member institutions and are included in Section 3.3 (the Projects are listed in alphabetical order by institution):

Interprofessional Patient Vision Impairment Simulation
Herbert Wertheim School of Optometry and Vision Science at UC Berkeley
Pages 68 – 70

Interprofessional Education (IPE) Social Activities
Marshall B. Ketchum University
Pages 71 – 72

Roles and Responsibilities IPE Activity
Massachusetts College of Pharmacy and Health Sciences
Worcester/Manchester Campus
Pages 73 – 74

BuckIPE Community Care
The Ohio State University
Pages 75 – 76

Interprofessional Education Day
University of Waterloo, School of Optometry and Vision Science
Pages 77 – 78

Interprofessional Educators Collaborative of Waterloo-Wellington (IPEC) Annual Showcase
Pages 79 – 80

IPE Project Title: Interprofessional Patient Vision Impairment Simulation

Herbert Wertheim School of Optometry and Vision Science at UC Berkeley

Type of Project: Extracurricular / Orientation / Social Activities

Description of the Project: This project proposes an immersive simulation designed to foster empathy and interprofessional understanding among healthcare students. Participants will engage in a simulated environment where they experience the challenges of navigating daily tasks and clinical settings with various vision-impacting conditions, often compounded by underlying systemic comorbidities. Each student will alternate between the role of a person with low vision/vision impairment and a sighted partner providing assistance.

Following the simulation, participants will convene in small, facilitated interprofessional groups. These discussions will focus on sharing individual struggles and insights gained from the simulation, exploring how the experience may have altered perceptions of living with a vision disability. Key discussion points will include identifying factors that could significantly improve outcomes for patients with vision impairments.

The overarching goal of this experience is to cultivate awareness and empathy for individuals living with various ocular conditions, preparing future healthcare professionals to serve these patients and clients effectively within their chosen fields. Future iterations could expand to include simulations addressing other patient needs, such as those requiring wheelchair assistance or navigating different language and cultural beliefs. Facilitators will encourage participation and contributions from all team members, emphasizing collaborative problem-solving.

A post-simulation survey will be administered to gather comprehensive feedback, including insights, comments, and concerns, to inform future refinements of the program.

Why the Project was Selected: Currently, the school's optometry students have limited structured opportunities for direct interaction with students from other healthcare disciplines. This simulation was specifically chosen to address this gap, ensuring that future optometry professionals are aware of the multifaceted needs of their patients, many of whom will present with complex vision and personal requirements. The interactive design inherently promotes collaborative learning, introducing students to the critical importance of interprofessional teamwork in optimizing patient care outcomes. It will also deepen their understanding of the distinct roles and responsibilities across various healthcare disciplines and encourage critical reflection on the social determinants of health that impact patient access and well-being.

Learning Objectives: Upon completion of this project, participants will be able to:

- Describe the barriers to health experienced by individuals living with various vision-impacting conditions and co-existing systemic comorbidities.
- Identify the distinct roles and responsibilities of different healthcare disciplines within an interprofessional care team.

- Demonstrate effective communication skills when collaborating with other healthcare professionals to address patient needs in an interprofessional context.
- Apply principles of team-based learning to propose collaborative solutions for complex patient cases involving vision impairment.

Targeted Participants: First-year optometry students and members/students from other healthcare/ professional schools.

Targeted Learning Level: Exposure / Introduction

Timeframe of the Project: This initiative is envisioned as a pilot program, with an anticipated launch during the 2026-2027 academic year, coinciding with the completion of the school's new learning and training facility.

Preparation by Faculty: Initial steps include proactively engaging with other colleges and healthcare programs in the region to gauge interest in such a collaborative endeavor. Subsequently, coordination with interested faculty members from each participating institution will be essential to co-design a comprehensive simulation experience suitable for all students. The optimal timing for this simulation will also need to be determined, with a preference for an orientation period prior to the commencement of formal instruction at each respective school, if feasible. Faculty facilitators, representing each involved program, will play a crucial role in engaging students, ensuring effective interprofessional collaboration, and providing constructive feedback throughout the experience.

Pre-Work for Students: No prior preparation is required for student participants. As noted, a post-simulation survey will be administered to gather valuable feedback for continuous program improvement.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE3, PE4, PE6, PE7, PE8

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE2, VE3, VE4, VE7, RR5, C2, C5

Lessons Learned in Planning and Implementing this Project: none yet

Exemplar IPE Project Submitted by:

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Appendix - list of nearby programs to reach out to for collaboration:

Dental program
- UCSF School of Dentistry (60 students)
- University of the Pacific (146 students)

Medical program
- UCSF School of Medicine (161-174 students)
- Stanford University School of Medicine (90 students)
- Touro University of California College of Osteopathic Medicine (122 students)

Nursing program
- Dominican University of California (10:1 student:faculty ratio; classes 16 students)
- Samuel Merritt University (100 students)
- University of San Francisco (10-25/classroom, sometimes max 90?)
- Touro University California (55-65 students)
- UCSF School of Nursing (82 students)

Occupational therapy program
- Samuel Merritt University (42 students)
- Dominican University of California (16?; 10:1 student:faculty ratio)

Ophthalmology program
- Stanford University (5 residents)
- UCSF (5 residents)

Pharmacy program
- UCSF School of Pharmacy (127 students)
- University of the Pacific (213 students)
- Touro University of California College of Pharmacy (80 students)

Vision Science program
- UCBSO (40 PhD students)

IPE Project Title: Interprofessional Education (IPE) Social Activities

Marshall B. Ketchum University

Type of Project: Extracurricular/ Orientation/ Social

Description of the Project: The purpose of the IPE social activities at Marshall B. Ketchum University (MBKU) is to provide an opportunity for all students to interact in an informal setting, early within their experiences on campus. The intent is to reduce barriers for interactions during orientation and the first year of the different programs. A variety of different activities are planned to allow for interpersonal, social interactions.

Why the Project was Selected: During the planning phase of developing an Interprofessional Health Care University, a more relaxed and informal environment (social) component was developed as a supplement to the didactic and clinical activities planned for the programs together. Participating in on-campus social activities enables students to meet people who share common interests and individuals who can help them academically, or even professionally. Relationship-building is a good life skill for students to learn because of needed experiences such as negotiation, communication, and networking.

Activities:

1. Informal Events
   a. All-student BBQ
   b. All incoming students – small group meetings with their peer advisors
   c. MBKU homecoming and anniversary celebration(s)
   d. Ice cream events during year sponsored by the Office of Student Affairs
   e. Additional examples from previous years
      i. Italian Ice event during the 1st year Professional Ethics class
      ii. Health information week- daily interprofessional activities
2. First Year Population Health Course (Students from Optometry, Pharmacy, Physician Assistant) – EXAMPLES of potential/current/past activities
   a. Poverty simulation - students participate as a typical low-income family and the situations that are encountered in daily life situations
   b. Disaster simulation - students participate in a simulated disaster situation

Learning Objectives:

- To provide opportunities to meet and greet all MBKU students in a more relaxed and social environment
- To provide a venue for students to "take a break" from the rigors of academic demands
- To develop relationship-building skills
- To develop students' skills in emotional intelligence
- To recognize, relate, and discuss various at-risk lifestyle situations

Targeted Participants: MBKU Students (Optometry, Pharmacy, Physician Assistant). Typically, first year students are the targeted participants, but for informal events all student cohorts may be invited

Targeted Learning Level: Exposure / Introduction

Timeframe of the Project: Most of the IPE social activities are scheduled during the fall quarter before coursework intensifies. However, these activities are also scheduled throughout the year to continue the spirit of IPE.

Preparation by Staff/Faculty: The IPE social activities are coordinated by the Office of Student Affairs. The population health IPE activities are coordinated by the instructors of the first year Public Health/ Population Health course.

Pre-Work for Students: None for Social Activities prepared by the Office of Student Affairs. When/ if coordinated for a cohort, there are reading assignments for the population health simulations.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document)

The New Doctor of Optometry starting Page 4: PE4, E8, KK8, KK9, CC10, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document)
Values and Ethics – VE2, VE4, VE6, VE7, VE10
Communication – C3, C4

Lessons Learned in Planning and Implementing this Project: There were initial barriers to cross-campus interaction because each program felt more comfortable to have their own event. With leadership support from MBKU Administration to create a culture of collaboration across health professions, the IPE social activities became easier to create. The greatest logistical challenges were to coordinate schedules between programs.

Exemplar IPE Project Submitted by:

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Southern California College of Optometry (SCCO)
Faculty Member of MBKU IPE Committee – Julie A. Tyler, OD, FAAO, FNAP
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IPE Project Title: Roles and Responsibilities IPE Activity

Massachusetts College of Pharmacy and Health Sciences

Type of Project: Orientation / Social

Description of the Project: A mandatory in person on campus introductory IPE activity for all programs represented on the Worcester/Manchester MCPHS University campus. This activity is meant for students to learn from and with each other about the roles and responsibilities of a variety of health care professionals to promote effective person-centered care. The goal of the activity is to start conversations between professions to initiate interprofessional communication and relationships.

Why the Project was Selected: In 2012, an IPE Working Group Worcester/Manchester (W/M) was initiated to develop IPE strategies and activities for academic programs on those campuses to prepare graduates for licensure as health professionals. The Roles and Responsibilities IPE Activity is considered the introductory interprofessional education activity for students developed by the IPE Working Group. Students work individually, and then in interprofessional teams, to complete a checklist of professional activities. They are asked to clearly communicate their own roles and responsibilities with one another. Through this activity, they also become equipped to explain the responsibilities of other care provides, describe how the team works together to provide care.

Learning Objectives:

- Communicate one's roles and responsibilities to an interprofessional group.
- Identify unique and similar responsibilities among members of the health care team.
- Explain how the interprofessional team collaborates to provide person-centered care.

Targeted Students:

- First year Optometry students
- First and second year students from the other professions including: Acupuncture, Dental Hygiene, Occupational Therapy, Nursing, Physician Assistant Studies, Physical Therapy, and Pharmacy.

Targeted Learning Level: Exposure / Introduction (A) and Immersion / Development (B)

Timeframe of the Project: For Optometry this is offered in the first fall semester for during the 1st year of the optometry curriculum. It is a one-time activity that is 1.5 hours and requires about 30-60 minutes of pre-work for the student prior to the event.

Preparation by Faculty: The IPE (W/M) Working Group calls for a planning committee. The planning committee works to coordinate the scheduling and planning of the activity. As for the Optometry faculty, a call for facilitators is placed within the department. As a facilitator the role includes no preparation but does require the following during the event:

- Help direct students to their assigned tables
- Welcome students as they arrive and instruct students to make name tag and read screen for further instructions
- Take attendance and note if inventory is complete and note any issues with professionalism
- Keep students at the tables on track with the programming answering any questions and encouraging participation
- Provide examples of interprofessional interaction from time in practice during both the small and large group discussion.
- Clean up assigned tables and complete facilitator survey

Pre-Work for Students: In order to prepare for the session, students are required to complete a 17-item role checklist. Prior to the Roles and Responsibilities IPE Activity, they are to review the checklist and indicate whether they believe the task falls within the scope of practice for each entry level professional listed.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE6, PE8

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) RR4, C1, C4, C5

Lessons Learned in Planning and Implementing this Project: A survey is presented to students at the end of the activity each year. In Fall 2024, 464 students responded to the Roles Survey, with 446 consenting to participate. Of the 189 comments about what students liked, the most common praise was for small group discussions and collaborative case studies. Students appreciated working in interdisciplinary teams, which helped them understand each profession's role and encouraged critical thinking. Many found the activities engaging, well-paced, and more effective than past inter-professional events.

Exemplar IPE Project Submitted by:

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IPE Project Title: BuckIPE Community Care

The Ohio State University

Type of Project: (Didactic, Clinical, Orientation / Social, or Co-Curricular) Social

Description of the Project: Interprofessional teams of students come together to engage in a fun and interactive experience that enables the students to meet and interact with their longitudinal team members that encompasses students from following colleges: Dental Hygiene, Dental, Dentistry, Genetic Counseling, Health and Rehab Sciences, Medicine, Nursing, Optometry, and Pharmacy). Students develop a greater understanding of the local community, and learn about and utilize tools and resources that positively impact challenges within our community. Students will learn how community organizations serve our central Ohio neighbors, contribute to health and wellness, address social determinants of health, and how they could potentially get involved. Through these experiences, students learn and reflect on how interprofessional teams work together with community partners to advance health and well-being.

Why the Project was Selected:

Learning Objectives: Address the following Core Competencies.

- Values and Ethics: Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect.
- Roles and Responsibilities: Use the knowledge of one's own role and team members' expertise to address health outcomes.
- Communication: Communicate in a responsive, responsible, respectful, and compassionate manner with team members.
- Collaborative Leadership: Engage members of the interprofessional team, including individuals and communities, in collaborative leadership.

Targeted Participants: First Year Optometry Students

Targeted Learning Level: Exposure/Introduction

Timeframe of the Project: During the Fall of the first year

Preparation by Faculty:

1. Facilitator Skills Building Workshop:
   • For first time facilitators, 60-minute interprofessional facilitator skill building workshop.
2. 30-minute video outlining logistics, activity details, facilitator role

Pre-Work for Students: Meeting your team assignment

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE4, PE8, KK8, KK9, CC7, CC10, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE7, VE11, RR2, RR3, C1, C4, C5, TT4, TT7

Lessons Learned in Planning and Implementing this Project:

Exemplar IPE Project Submitted by:

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Interprofessional Education Day

University of Waterloo, School of Optometry and Vision Science

Type of Project: Orientation/Social

Description of the Project: An established annual IPE conference day (known as "IPE Day") between the University of Waterloo and Western University of Ontario. IPE Day includes first year learners from medicine, dentistry, pharmacy, optometry, nursing and social work, and provides an opportunity for learners to engage in different discussions with the focus on improving skills within the IPE core competencies. This is accomplished through three main activities:

- A patient/care team panel
- A stereotype activity where biases about professional groups are explored
- A facilitated case discussion involving groups of students from different programs addressing the case through the lens of their profession.

Why the Project was Selected: This project was selected because it highlights the importance of introducing interprofessional collaboration in the first year of a health professional program. Over the past 15 years, Canadian healthcare services have been organizing clinical practices to act more harmoniously in interprofessional teams. Interprofessional teams are defined as groups of professionals that work collaboratively to enhance patient centered care. This team-based care is organized to better meet population needs and to provide improved service integration and co-ordination of different health professions. In order to effectively develop the skills necessary to collaborate outside of a specific profession's expertise, health professionals need to work outside the scope of their own professional identity and learn about the expertise and values of other health disciplines.

Interprofessional educational (IPE) programs have been established in health professional programs such as medicine, dentistry, pharmacy, optometry and social work. Ideally, IPE should be set within collaborative practice settings where learners can be exposed to practical educational experiences. It is thought that if learners are trained to be competent collaborative practitioners, more collaborative practice settings will be developed over time, which will ultimately enhance patient outcomes, improve system effectiveness and reduce healthcare costs. To facilitate the outcome of a collaborative practice, the implementation of true IPE activity should be introduced in the first year of a health professional programs curriculum.

The IPE conference day between the University of Waterloo and Western University of Ontario includes first year learners from medicine, dentistry, pharmacy, optometry, nursing and social work, and provides an opportunity for learners to work through interprofessional case examples and engage in different discussions with the focus on improving skills within the IPE core competencies.

Learning Objectives: At the conclusion of IPE Day, first year health professional learners will be able to:

- Explain their role within a health care team
- Describe the role of other health professions within a health care team
- Discuss the importance of interprofessional collaboration within patient care

Targeted Participants: First year health professional learners from medicine, dentistry, pharmacy, optometry, nursing a social work. A total of approximately 650 students attend the event; 90 first year optometry learners.

Targeted Learning Level: Exposure / Introduction, Immersion/Development

Timeframe of the Project: one day, winter term, first year

Preparation by Faculty: Approximately 5-8 faculty from each of the health professions facilitate IPE Day (50 - 60 total). Ahead of IPE Day, faculty are provided with a 2 hour in-person workshop reviewing the IPE core competencies, the objectives of IPE Day, and guidance on how to facilitate case discussion.

Pre-Work for Students: There is no specific pre-work required for students. However, an IPE Day Guidebook is provided, outlining the learning objectives and agenda for the event. Students are expected to review this material at least one week prior to attending IPE Day.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE4, PE5, PE6, PE8, PE9

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE2, VE3, VE4, VE5, VE6, VE7, VE8, VE9, VE10, VE11, RR2, RR3, RR4, RR5, C1, C3, C4, C5, C6, TT2, TT3, TT5, TT6, TT7, TT8, TT9, TT10

Lessons Learned in Planning and Implementing this Project: Overall, IPE Day has received positive feedback from all attendees (learners and facilitators). To help evaluate the pre- and post-attitudes regarding interprofessional collaboration, all learners complete the Interprofessional Collaborative Competency Attainment Survey (ICCAS). Results from the survey and qualitative feedback have helped us modify the day to help meet our learning objective.

Exemplar IPE Project Submitted by:

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IPE Project Title: Interprofessional Educators Collaborative of Waterloo-Wellington (IPEC) Annual Showcase

Type of Project: Extracurricular / Social

Description of the Project: Once to twice per academic year an evening case study is put on by a regional group of educators named the Interprofessional Educators Collaborative of Waterloo-Wellington (IPEC). The 17th Interprofessional Case Showcase was hosted in November 2024, with the next one set for November 2025. This event provides an opportunity for currently enrolled students in regional healthcare and social care programs to work together in small groups to create a care plan for a hypothetical patient/client. The case is provided by the committee, and each small group is led by a facilitator. Emphasis is placed on how each profession can be represented within the specific case and discussion centers on the benefits and challenges of working in an interprofessional team. A portion of the team-based learning environment also includes debrief where there is an expectation for learners to review how they performed collaboratively and what could further be improved.

Why the Project was Selected: The Project is an ongoing initiative put forth by educators from multiple healthcare and social work institutions within the region of Waterloo-Wellington. IPEC began in 2009 by health educator faculty from University of Waterloo, McMaster University, Wilfred Laurier University, Renison University College, and Conestoga College. Each of these institutions have IPE programs in place and this group works to facilitate events at a regional level. It is thought that if learners are trained to be competent collaborative practitioners, more collaborative practice settings will be developed over time, which will ultimately enhance patient outcomes, improve system effectiveness and reduce healthcare costs.

Learning Objectives:

- Describe the roles and scopes of practice of other members of an interprofessional team in relation to your own, within the context of a patient/client case scenario.
- Communicate effectively with other members of the health care team.
- Describe characteristics of a well-functioning interprofessional team.
- Articulate and discuss the code of ethics you practice, being aware of the similarities and differences of each healthcare/social care practitioner.
- Cultivate empathy and respect for the unique perspectives and backgrounds of team members.

Targeted Participants: Learners across various health professional and social work programs including medicine, pharmacy, optometry, social work, public health, first responders (fire, police, paramedic), physiotherapy/occupational therapy, physician assistant, respiratory therapy, nursing, nutrition, pharmacy technician, hearing instrument specialists. The event is optional for optometry students and approximately 20-40 optometry learners attend each event.

Targeted Learning Level: Exposure/Introduction, Immersion/Development

Timeframe of the Project: Each event is 2 hours in duration, offered to 2nd, 3rd, or 4th year optometry learners. Hosted once to twice per academic year, typically in April and November.

Preparation by Faculty: IPEC members represent each program and meet virtually about 4 times in the 3-months leading up to each event. Products prepared include the hypothetical case and question preparation with facilitator and student guides, advertisements for the event, and team facilitated debrief questions. Additional facilitators are recruited by each program to work within each small group.

Pre-Work for Students: No student preparation is required, although they receive the student guide in the week leading up to the event so have the opportunity to review the case and consider how their professional will play a role in the specific case.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE3, PE4, PE5, PE6, PE8

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE2, VE3, VE4, VE5, VE7, VE8, VE9, VE10, RR1, RR2, RR4, RR5, C1, C2, C3, C4, C5, C7, TT2, TT3, TT6, TT7, TT9

Lessons Learned in Planning and Implementing this Project: IPEC Showcase events have always brought about enlightening conversation and positive feedback from all groups involved. Some downfalls since 2020 include the shift to virtual-based events and then back to in-person with fostering active communication for all participants. The event continues to be offered as an optional experience for optometry students and often many will register and not show up to the event. With some programs having larger cohorts than others, some small groups end up being over-represented by certain programs. Surveys are completed at the end of each event and suggestions for change are discussed within the IPEC group prior to the next event.

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Section 3.4 IPE Exemplar Projects: Co-Curricular Projects

The following IPE Exemplar Co-Curricular Projects were submitted by ASCO member institutions and are included in Section 3.4 (the projects are listed in alphabetical order by institution):

Interprofessional Health Care Education; Roles, Responsibilities, and Clinical Care
Ferris State University
Pages 82 – 86

Interprofessional Workshop: Colleges of Pharmacy, Optometry, Medicine & Nursing
University of Houston
Pages 87 – 89

Interprofessional Education (IPE) Escape Room
Marshall B. Ketchum University
Pages 90 – 92

Interprofessional Communication
The Ohio State University, College of Optometry
Pages 93 – 94

Interprofessional Workshops
University of Pikeville and Appalachian College of Pharmacy
Pages 95 – 97

IPE Project Title: Interprofessional Health Care Education; Roles, Responsibilities, and Clinical Care

Ferris State University

Type of Project: Co-Curricular

Description of the Project: Two separate interprofessional workshops are held either in-person at an on-campus facility or via Zoom consisting of health care students in optometry, pharmacy, social work, nursing, and medical laboratory sciences at Ferris State University, as well as medical students from Western Michigan University. The first workshop is held in the fall semester. Second-year optometry students attend as part of their co-curricular learning. In this first workshop, students complete an ice breaker to learn about each other. They have completed a pre-workshop exercise where they create a list of professional roles and responsibilities that they feel each of the attending professions perform. At the workshop, students are pre-assigned to small groups with at least one representative from each profession. They each have a chance to state their perceptions about the other health care professions (not their own) and the student representing that profession has an opportunity to discuss which of the listed roles and responsibilities are true and which are not. They can add to the list the things they do that others may not realize, and myth-bust anything that is a misconception about their profession. Each student takes a turn representing their profession in this way.

When the roles and responsibilities portion is complete, students work through a mini case together with each student profession encouraged to contribute for the portions of the case where their profession might be involved. Students learn how they might interact with the other professions in a case like this.

Finally, a wrap up is completed where a faculty mentor from one of the professions goes through a series of debrief questions where students are asked to respond in reflection.

The second workshop in the series is largely case focused and occurs in the spring semester of the optometric second year. Just like the first workshop with the same professions represented and a faculty mentor assigned to each interprofessional group, it begins with a short ice breaker for introductions. Then, the students are provided with a clinical case that they work through as a team. Each student is encouraged to speak up when their profession can or should interface with the patient and share their decision-making and treatment philosophies. The case also contains significant social/emotional/behavioral/psychological components. One student serves as the recorder to jot notes about the discussion for each section of the case. At case conclusion, the faculty mentor leads a debrief regarding the interprofessional nature of the case, learning outcomes, and takeaways.

Why the Project was Selected: This workshop series is an excellent example of how students from multiple professions can efficiently interface to learn through and with each other. Based on pre- and post-survey results, students repeatedly report growth in interprofessional learning and relationships after the workshops. They also gain comfort in working with other professions for patient care and a greater understanding of how their profession fits into the healthcare landscape. The workshops are helping to break down the silos that optometry experiences both internally and externally and the impression that we work as an island that is not integrated into the health care landscape, which is untrue.

Learning Objectives:

- Provide students with educational experience demonstrating their role within the health care team
- Demonstrate the importance of collaboration with other healthcare professionals in order to best serve patients, accomplished through a roles and responsibilities activity, mini case and a full, clinical case.

Targeted Participants: Students from Ferris State University in optometry, pharmacy, nursing, social work, and medical laboratory sciences, and Western Michigan University in medicine, facilitated by faculty from these programs

Targeted Learning Level: (please specify Exposure / Introduction, Immersion / Development, or Competence / Entry-to-Practice using the Framework from the University of Toronto)

The first workshop's targeted learning level is Exposure/Introduction, diving slightly into Immersion/Development. The second workshop is Immersion/Development and prepares the students to enter Competence/Entry-to-Practice in a clinical setting.

Timeframe of the Project: (duration, when offered; example: 3 months in duration during the Fall of the second year)

One workshop in the fall of second optometric year and one in the spring of second optometric year

Preparation by Faculty: Faculty mentors are part of the Ferris State University's Interprofessional Education Taskforce and therefore interested in and knowledgeable about the role and importance of IPE. Faculty receive program information and case documents in advance of each workshop and attend a meeting where questions and concerns are addressed.

Pre-Work for Students: Students are informed about the workshops by didactic instructors and asked to accept invitations to an IPE Canvas course that houses pre-work and information about the workshops. Prior to attending, students are asked to complete pre-work including roles and responsibilities of the professions and interprofessional patient care reflections.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document)

All of the following ASCO Graduate Attributes are addressed by at least one of the two workshops:

Personal attributes:

- the ability to acquire, analyze and apply new information while making reasonable and informed decisions that are consistent with the interests and needs of the patient and broader community
- problem-solving and critical-thinking skills that integrate current knowledge, scientific advances and the human/social dimensions of patient care to assure the highest quality of care for each patient
- the ability to recognize personal limitations regarding optimal patient care and to work with the broader health care community in providing the best care possible.

Professional attributes:

- an understanding of professional ethics and challenges to the optometric profession posed by conflicts of interest inherent in health care delivery, and the ability to incorporate those principles into decisions affecting patient care, always keeping the patient's welfare foremost
- professionalism, by demonstrating honesty and integrity in all interactions with patients and their families, colleagues and others with whom the optometrist must engage in his/her professional life
- a respect for the dignity of every patient and a commitment to empathetic and confidential care
- a commitment to work as an integral member of the larger interprofessional health care team to improve patient care outcomes

The school or college of optometry shall ensure that before graduation each student will have demonstrated:

- the ability to order and interpret frequently needed laboratory and diagnostic procedures
- the critical-thinking skills needed to assess the patient's visual and physical status and to interpret and process the data to formulate and execute effective management plans
- the ability to prescribe or use ophthalmic materials, contact lenses, vision therapy, low vision devices, pharmaceuticals and certain surgical procedures to treat and manage vision disorders and disease
- an understanding of nutritional influences on ocular physiology and systemic health and disease
- the ability to understand, evaluate and apply the use of contemporary imaging technologies in the provision of eye and vision care
- the ability to recognize and initiate the coordination of patient care requiring advanced medical, systemic, inter-professional or specialty care
- the ability to recognize life-threatening conditions and to initiate immediate intervention
- effective communication skills, both oral and written, as appropriate for maximizing successful patient care outcomes
- the ability to appropriately use all resources, including the use of ancillary personnel, intra- and inter-professional collaboration, co-management and referral, in ensuring the best quality patient care
- the ability to access evidence-based knowledge (including through the use of information technology) and manage information, and to apply that information in making decisions about patient care and health care delivery
- the ability to embrace the cultural diversity and individual differences that characterize patients, populations and the health care team
- The ability to 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.

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document)

VE1. Promote the values and interests of persons and populations in health care delivery, One Health, and population health initiatives.
VE2. Advocate for social justice and health equity of persons and populations across the life span.
VE3. Uphold the dignity, privacy, identity, and autonomy of persons while maintaining confidentiality in the delivery of team-based care.
VE4. Value diversity, identities, cultures, and differences.
VE5. Value the expertise of health professionals and its impacts on team functions and health outcomes.
VE6. Collaborate with honesty and integrity while striving for health equity and improvements in health outcomes.
VE7. Practice trust, empathy, respect, and compassion with persons, caregivers, health professionals, and populations.
VE8. Apply high standards of ethical conduct and quality in contributions to team-based care.
VE10. Contribute to a just culture that fosters self-fulfillment, collegiality, and civility across the team.

RR1. Include the full scope of knowledge, skills, and attitudes of team members to provide care that is person-centered, safe,cost-effective, timely, efficient, effective, and equitable.
RR2. Collaborate with others within and outside of the health system to improve health outcomes.
RR3. Incorporate complementary expertise to meet health needs including the determinants of health.
RR4. Differentiate each team member's role, scope of practice, and responsibility in promoting health outcomes.
RR5. Practice cultural humility in interprofessional teamwork.

C1. Communicate one's roles and responsibilities clearly.
C3. Communicate clearly with authenticity and cultural humility, avoiding discipline-specific terminology.
C4. Promote common understanding of shared goals.
C5. Practice active listening that encourages ideas and opinions of other team members.
C6. Use constructive feedback to connect, align, and accomplish team goals.
C7. Examine one's position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts.

TT2. Appreciate team members' diverse experiences, expertise, cultures, positions, power, and roles towards improving team function.
TT3. Practice team reasoning, problem-solving, and decision-making.
TT4. Use shared leadership practices to support team effectiveness.
TT5. Apply interprofessional conflict management methods, including identifying conflict cause and addressing divergent perspectives.
TT6. Reflect on self and team performance to inform and improve team effectiveness.
TT8. Facilitate team coordination to achieve safe, effective care and health outcomes.
Lessons Learned in Planning and Implementing this Project: A successful IPE project can be implemented across colleges/programs of more than one university, however they are not without barriers. Our largest barrier was dedicated time for the workshops. Without a consistent day with

no classes, most colleges/programs had to ask faculty to give up lecture, lab or clinical time to fit the workshops into the student schedules. This was not always well received. Blocked time for IPE, workshops, or special events would have made this much easier to coordinate. Students responded well to the event, but in-person was generally received better than virtual. However, when additional sites further away are included, virtual becomes a necessity, thus our transition to this format.

Some students do not appear to take the event as seriously virtually, and we have had issues with students not wanting to turn on cameras or driving/doing other activities while participating which is not safe and detracts from the learning experience for everyone in their group. We are working on developing an evaluation rubric that can be used across professions but that is another project that has proven difficult to design with accuracy and reliability. Having additional ASCO support for IPE activities as necessary to learning outcomes might make workshops like this achieve additional faculty and administrative buy-in. Overall, the workshops have been a great success and achieved many IPE learning outcomes.

Exemplar IPE Project Submitted by:

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IPE Project Title: University of Houston Interprofessional Workshop: Colleges of Pharmacy, Optometry, Medicine & Nursing

Type of Project: Co-Curricular

Description of the Project: The Interprofessional Education (IPE) workshop is a case-based, interactive learning experience designed to immerse students from multiple health professions in the collaborative management of a patient with suspected and newly diagnosed type 2 diabetes. The project begins with an optometry-led patient encounter, where learners identify ocular findings, such as retinal hemorrhages, that may indicate systemic disease. Students are then assigned to interprofessional breakout rooms, each facilitated by trained faculty, where they discuss findings and determine next steps.

The case then progresses to a primary care appointment, during which students review diagnostic test results, discuss systemic management strategies, and counsel the patient on lifestyle changes. The final stage takes place in a pharmacy consultation, focusing on initiating pharmacologic therapy, ensuring medication adherence, and addressing patient education. Within each breakout session, participants apply discipline-specific expertise, ask questions across professions, and collaborate to create a unified, evidence-based management plan.

National clinical guidelines from the American Optometric Association and the American Diabetes Association are embedded throughout the workshop to emphasize evidence-based decision-making, reinforce consistent messaging, and highlight how coordinated communication among providers improves patient safety and outcomes.

Why the Project was Selected: The management of diabetes was selected as the focus of the Interprofessional Education (IPE) workshop because it represents a highly prevalent chronic condition that demands coordinated, team-based care across multiple health professions. Diabetes management often involves physicians, pharmacists, nurses, optometrists, dietitians, and diabetes educators, each playing a vital role in diagnosis, treatment, patient education, and long-term monitoring. The workshop cases illustrate how optometrists may be the first to identify ocular manifestations, such as retinal hemorrhages, prompting referrals to primary care for further evaluation and systemic management.

This collaborative process aligns with evidence-based guidelines from the American Optometric Association and the American Diabetes Association, reinforcing the importance of shared knowledge and standardized care protocols. By centering the workshop on diabetes, participants can engage in realistic, patient-centered scenarios that require interprofessional communication, collaborative problem-solving, and the integration of lifestyle counseling with medical management. Given the significant public health impact of diabetes and its potential complications, this topic provides a meaningful opportunity for learners to develop skills that improve patient outcomes while strengthening interprofessional competencies.

Learning Objectives: By the end of this workshop, participants will be able to:

- Define the roles and responsibilities of various health professions in the detection, diagnosis, and management of diabetes.
- Describe the pathophysiology, common complications, and evidence-based guidelines for diabetes management.
- Apply discipline-specific knowledge to assess clinical findings and contribute to an interprofessional care plan for a simulated patient with diabetes.
- Analyze patient case data to identify interprofessional communication needs and opportunities for coordinated care.
- Evaluate the effectiveness of proposed management strategies based on patient needs, guidelines, and available resources.
- Collaborate with peers from other health professions to design a comprehensive, patient-centered diabetes management plan.

Targeted Participants: First-year students from the University of Houston College of Optometry, College of Pharmacy, College of Medicine, and College of Nursing (~320 total participants). This workshop occurs annually.

Targeted Learning Level: Immersion / Development

Timeframe of the Project: This is a three-hour workshop, offered in the Spring semester of first year.

Preparation by Faculty: Development of the workshop required approximately three months of collaborative planning between UH College of Pharmacy leads Dr. Catherine Hatfield and Dr. Jodie Gee; UH College of Optometry leads Dr. Lucy Kehinde Darnell, and Dr. Meron Fitta; and UH College of Medicine leads Dr. LeChauncy Woodard and Dr. Claudine Johnson.

Dr. Hatfield, Director of Interprofessional Education for the College of Pharmacy, has over a decade of experience facilitating interprofessional education (IPE) initiatives and partnered in designing the workshop, aligning it with best practices, and ensuring each discipline's role in diabetes management was accurately represented. She has also worked with the Texas IPE Consortium to complete TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety) certification, enhancing her skills in promoting teamwork and communication among healthcare professionals.

Preparation included creating detailed case scenarios from optometry, medicine, and pharmacy appointments to provide a realistic, sequential patient journey. Faculty recruited and trained facilitators to lead breakout group discussions, developed instructional videos to prepare them for their roles, and designed feedback surveys to assess participant experience and learning outcomes. Because the workshop was delivered via Zoom, faculty collaborated with IT support to anticipate and prevent technical issues, ensuring smooth transitions between the main session and breakout groups.

Pre-Work for Students: There is no pre-work required.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE1, PE2, PE3, PE4, PE8, KK1, KK5, KK6, KK8, CC1, CC3, CC5, CC7, CC9, CC10, CC12

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE3, VE4, VE5, VE8, VE9, VE10, RR1, RR2, RR4, C1, C4, C5, C7, TT2, TT3, TT6, TT8

Lessons Learned in Planning and Implementing this Project: In planning the diabetes-focused IPE workshop, we learned that early, structured collaboration between disciplines is critical to aligning goals and ensuring that each profession's role is clearly represented. Leading the workshop with defined contributions from optometry, medicine, and pharmacy prevented overlap and strengthened the authenticity of the patient care sequence. Building in adequate lead time was also essential for recruiting and training facilitators and for coordinating logistics across the varying academic calendars of each college. We also believe that preparing breakout session faculty facilitators with instructional resources, including facilitator videos and discussion guides, elevated the quality of small-group engagement. Since this workshop is held via a virtual platform, we learned the importance of coordinating with IT and rehearsal sessions to anticipate and troubleshoot potential technical issues. Finally, the incorporation of a feedback process through immediate post-workshop student surveys and faculty debriefs ensures we can capture insights and make meaningful adjustments, while the information remains top of mind.

Exemplar IPE Project Submitted by:

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IPE Project Title: Interprofessional Education (IPE) Escape Room

Marshall B. Ketchum University

Type of Project: Co-Curricular

Description of the Project: The IPE Escape Room event is a group activity where students attempt to "escape" by solving clues that give details about a patient case. The clues are set up in a simulated patient exam room. All the rooms are set up the same. The clues are developed to be recognized as specific to each program but general enough so that those in other programs are still able to solve them. An effort is made to have clues related to each program that is participating equally. The students must collaborate to solve the different clues and discern between real clues and distractor clues. The students use the clues provided to complete the patient's medical history on a mock chart.

There are multiple rooms set up and each group consists of 3-4 participants. Ideally, there is at least one student from each program involved. The students are provided with the patient's chief complaint attached to a blank mock chart to fill out. The clues are based on various components of the patient's history such as allergies, current medications, and ocular complaints. Once they have completed the chart the participants will go to the appropriate faculty/staff to ensure that they have correctly filled out the chart. There should be a designated person writing down completion times as the fastest group with the correct answer is the "winner".

At the end of the activity a debrief session is held. During this designated time, students have a chance to socialize, share their thoughts, and get the correct answers if they missed a clue or had the wrong answer. They are also given the opportunity to answer debrief questions such as:

- What did you learn from this experience?
- What communication challenges arose?
- What effective communications strategies were used?
- Did you work effectively as a team?
- What would your team like to do for the patient today?
- What health professions should be a part of the patient's health care team?

Why the Project was Selected: The IPE Escape room activity was chosen to give students an early opportunity to see what it is like to work within an IPE team. Incoming students with basic knowledge about their programs/professions can participate and still contribute to the team. The activity is done to build relationships amongst students across the different programs on campus. It also gives students an opportunity to think about how the various professions can work together in the real world.

Learning Objectives: A pre-and-post survey is given to the students to measure the following learning objectives:

- Increased confidence in working with a team.
- Increased communication skills.
- Learned benefits of being part of an IPE team.
- Enhanced higher order thinking skills.

Targeted Participants: Early entry students during the 1st quarter/1st term in their chosen programs.

Targeted Learning Level: Exposure / Introduction

Timeframe of the Project: The IPE Escape Room activity is offered during orientation week. It is open to all entry level students in different programs, promoted towards the students entering into the program. The IPE Escape Room is scheduled for one hour from start to finish.

Preparation by Staff/Faculty: The IPE Escape Room activity can be designed by either staff or faculty. Online resources such as YouTube, were used to gather information on how to build clues. Examples from other Universities' IPE Escape Rooms were also referenced. A trial run of the IPE Escape Room was conducted prior to the initial launch using faculty and staff participants who are part of the University IPE committee. Various faculty and staff participated and gave their feedback to troubleshoot any areas of confusion or gaps and make the necessary adjustments.

Pre-Work for Students: None.

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document)

- Pg 3, Doctors of Optometry are expected to: Utilize (have the ability to appropriately use) all resources, including the use of ancillary personnel, intra- and interprofessional collaboration, co-management, and referral, in ensuring the best quality patient care. (from posted 2011 ASCO document "Attributes of Graduates of the Schools and Colleges of Optometry" report., pg 3)

The New Doctor of Optometry:

- Pg 4, Personal attributes: Have "the ability to recognize personal limitations regarding optimal patient care and to work with the broader health care community in providing the best care possible." (from posted 2011 ASCO document "Attributes of Graduates of the Schools and Colleges of Optometry" report., pg 4)
- Pg 4, Professional attributes: Have "a commitment to work as an integral member of the larger interprofessional health care team to improve patient care outcomes." (from posted 2011 ASCO document "Attributes of Graduates of the Schools and Colleges of Optometry" report., pg 4)
- Pg 6, Must be Capable: Have "the ability to work in cooperation with.... those who provide care, and others who contribute to or support the delivery of prevention and health services". (from posted 2011 ASCO document "Attributes of Graduates of the Schools and Colleges of Optometry" report., pg 6)

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE5, VE7, VE9 OR Roles & responsibilities, communication, teams & teamwork

Lessons Learned in Planning and Implementing this Project: The IPE Escape Room activity reinforced how meaningful IPE activities are for students. When learning happens outside of the classroom and in interactive ways it leaves students with a lasting impact. This activity highlights the importance of collaboration, early on within the programs in a thoughtful way. It also helps students build relationships across the different programs.

Exemplar IPE Project Submitted by:

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IPE Project Title: Interprofessional Communication

The Ohio State University, College of Optometry

Type of Project: (Didactic, Clinical, Orientation / Social, or Co-Curricular) Co-Curricular

Description of the Project: Students prepare for the experience by completing assignments designed by their respective educational programs. In the event, students work in interprofessional teams to seek and acquire information, learn about each other's roles and responsibilities, share evidence-based practices, practice essential communication skills, and collaboratively develop an iterative patient-centered care plan.

Why the Project was Selected:

Learning Objectives: Address the following Core Competencies:

- Values and Ethics: Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect.
- Roles and Responsibilities: Use the knowledge of one's own role and team members' expertise to address health outcomes.
- Communication: Communicate in a responsive, responsible, respectful, and compassionate manner with team members.
- Teams and Teamwork: Apply values and principles of team science to adapt one's own role in a variety of team settings.
- Evidence-Based Practice: Utilize evidence to inform all aspects of interprofessional teamwork.
- Collaborative Leadership: Engage members of the interprofessional team, including individuals and communities, in collaborative leadership.

Targeted Participants: First year Optometry students

Targeted Learning Level: (please specify Exposure / Introduction, Immersion / Development, or Competence / Entry-to-Practice using the Framework from the University of Toronto) Immersion/ Development

Timeframe of the Project: (duration, when offered; example: 3 months in duration during the Fall of the second year) During the Spring of the first year

Preparation by Faculty:

- Facilitator Skills Building Workshop:
  For first time facilitators, 60-minute interprofessional facilitator skill building workshop.
- 30-minute video outlining logistics, activity details, facilitator role

Pre-Work for Students:

- Watch and review Ellie's Videos – introduction to lesson.
- Complete Profession-Specific Assignment
- Review the Learning Goals and Objectives

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE3, PE4, PE8, KK9, KK10, CC3, CC7, CC8, CC9, CC10, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE1, VE5, VE7, VE11, RR1, RR2, RR3, RR4, CC1, CC3, CC4, CC5, CC6, TT1, TT3, TT6, TT7, TT8, TT9

Lessons Learned in Planning and Implementing this Project:

Exemplar IPE Project Submitted by:

Mawada Osman and the OSU IPE office
Osman.28@osu.edu

IPE Project Title: University of Pikeville and Appalachian College of Pharmacy
Interprofessional Workshops

Type of Project: Co-Curricular

Description of the Project: For optimum patient care, it is essential for health care professionals to collaborate as a team. The University of Pikeville and the Appalachian College of Pharmacy have identified this essential need and have addressed this need by partnering in a multi-college interprofessional collaboration. Once a semester, students from the University of Pikeville Kentucky College of Optometry, the University of Pikeville Kentucky College of Osteopathic Medicine, and the Appalachian College of Pharmacy participate in an interprofessional workshop. During some semesters, the University of Pikeville's Elliott School of Nursing and College of Arts and Sciences Social Work programs also join in the conference. Each semester, the conference activity changes from interviewing students across the different programs to interacting with standardized patients or patient simulators to create a co-management patient plan to teaching each other skills and solving inter-collaborative puzzle games.

Why the Project was Selected: Since 2015, the University of Pikeville and the Appalachian College of Pharmacy have conducted a bi-yearly workshop to meet curricular requirements for each of the programs and to emphasize the importance of interprofessional collaboration between professions. Originally, osteopathic medicine, nursing, social work, and pharmacy students were involved in the workshop; optometry students were included in the fall of 2018 with the start of the Kentucky College of Optometry. The goal of each project is to encourage collaboration between the professional students and to demonstrate the role of each profession within a patient's care plan. Students from each of the professions are placed into small groups. To better understand each profession, first year students interview each other in one semester and then utilize this information to create a patient education video for a given patient scenario in the second semester. In the second and third years of the curriculum, students expand on this knowledge to demonstrate their exam portion of the given patient scenario, with one conference involving a game-based escape room to help their simulated emergency room patient.

Learning Objectives: The learning objectives for these workshops are:

- Discuss the educational and clinical backgrounds of various health care providers
- Demonstrate team-based learning in an interprofessional environment
- Demonstrate respect for other health care professions
- Demonstrate the confidence and ability to communicate effectively with other health care providers
- Apply evidence-based knowledge for clinical decision making

Targeted Participants: Students enrolled in the following programs: optometry, pharmacy, and osteopathic medicine, with frequent participation of nursing and social work. Students are enrolled in their first, second, and third year of their program.

Targeted Learning Level: Exposure / Introduction and Immersion / Development for first year curriculum. Immersion / Development and Competence / Entry-to-Practice for second year and third year curriculum.

Timeframe of the Project: The workshops occur once per semester for each program year. Students participate in one of two half days each semester.

Preparation by Faculty: Each workshop is developed by an IPE Planning Committee which consists of faculty members from the University of Pikeville's Kentucky College of Optometry, Kentucky College of Osteopathic Medicine, Elliott School of Nursing, College of Arts and Sciences Social Work programs, and the Appalachian College of Pharmacy. The committee meets throughout the year to plan each workshop. The University of Pikeville's statistician is also involved to provide data from the event. Faculty members from each institution are also involved with facilitating. Faculty members are provided a training guide and orientation prior to the workshop.

Pre-Work for Students: Students are given a pre- and post-survey assessing their skills and preparation for the workshop, as well as feedback on their experience with the workshop. More specifically, the surveys assess student academic ability, professional competency, interpersonal skills, leadership abilities, ability to work independently, ability to be a team player, ability to make decisions, practice skills, and confidence, as well as their perception of the other professionals for each of these categories. Students are also asked to complete pre-work assignments with prompts specific to their workshop activity in order to prepare them for the workshop (e.g., review of diseases, skill presentation preparation).

Targeted ASCO Graduate Attributes: (please provide the relevant lettered / numbered Attributes from the provided excerpts from the 2011 ASCO document) PE2, PE3, PE4, PE5, PE6, PE7, PE8, CC1, CC2, CC3, CC6, CC7, CC8, CC9, CC10, CC11, CC12, CC13

Targeted IPEC Core Competencies: (please provide the relevant lettered / numbered Competencies from the provided IPEC Core Competencies v.3 document) VE4, VE5, VE6, VE7, VE8, VE9, RR1, RR2, RR3, RR4, RR5, RR7, CC1, CC2, CC3, CC4, CC5, TT3, TT5, TT8, TT10

Lessons Learned in Planning and Implementing this Project: Originally, the IPE workshop began as an accreditation requirement by some of the involved programs. However, following implementation of the IPE workshops, the goals of the programs have expanded in order to address the need for a more team-based health care approach to enhance patient care. The workshops have evolved from simple cases to role playing clinical scenarios to simulations to game-based activities with the aim of encouraging more communication between professions and to allow each program to utilize their strengths to help patients. The biggest struggle from the IPE Planning Committee is to create a patient case and workshop structure where patient care is not heavily reliant on one profession over another. This challenge is seen every year with the development of a new patient case or new activity structure. The committee has utilized the survey results from students and faculty facilitators to work towards greater involvement from each student body for each workshop scenario. The committee will continue to utilize the surveys and create other activities to encourage improved interprofessional collaboration and to provide students with a variety of team-based learning opportunities.

Exemplar IPE Project Submitted by:

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Section 4: IPE at Externship Sites

The materials in this section were developed by members of ASCO's Externship Directors Special Interest Group for use at externship sites.

They include:

IPE Student Checklist
A checklist for students to use when assigned to a program that provides interprofessional collaborative practice opportunities.
Pages 98 - 101

IPE Preceptor Checklist
A checklist for preceptors that lists IPE-related activities that help students develop their collaborative practice skills.
Pages 102 - 104

IPE Case – Student Version
A case that incorporates interprofessional care. Students are to review and answer the questions in the case, which will assist in the continued development of students' collaborative practice skills.
Pages 105 - 109

IPE Case – Preceptor Version
The same case presented so that preceptors can facilitate discussion. This includes the answers to the questions in the Student Version.
Pages 110 - 119

Section 4.1 IPE Student Checklist

IPECP Student Checklist - Jaymeni Patel & Greta Gregg

1. Students may choose a case that they saw at the practice OR may have an IPE case provided to them by the school

a. Case examined/observed by the student at an externship site.

i. Complete the checklist.

ii. Use the obtained case information to compile a case report discussing patient management by each profession. This may be completed as a:

1. Written case report
2. Grand Rounds style presentation

b. Provided IPE case by school.

i. Complete the checklist using the provided case.

1. Observed by your preceptor when applicable

ii. Use the obtained case information to compile a case report discussing patient management by each profession.
This may be completed as a:

1. Written case report
2. Grand Rounds style presentation

IPE Communication Checklist

	YES	NO
Write a referral letter	☐	☐
Write a courtesy letter	☐	☐
Write an order for additional testing (i.e., bloodwork, imaging, etc.)	☐	☐
Phone call to a healthcare provider	☐	☐
Phone call to pharmacist	☐	☐
Observation of specialist (if applicable to practice)	☐	☐
Communication with company representatives (i.e., product, instrument, pharmaceutical)	☐	☐

Student checklist:

1. Case seen by the student
    a. Observation of specialist if the site allows.
    b. List of recommended testing: bloodwork, imaging, etc.
    c. Letter to PCP/specialist.
    d. Mock call to PCP, specialist and/or pharmacist
2. IPE Case provided by the school.
    a. Review PAM case provided by the school and complete the exercise with the preceptor.
3. Adopt a patient.
    a. This could be achieved in a community health or hospital-based experience.
    b. The student would select a patient that they have seen in the clinic and then accompany that patient to visits with other health care providers or chart review if they are unable to accompany the patient.
    c. The student would then compile a report to discuss how the patient was cared for in each clinical setting either as a written case report or grand rounds style presentation.
4. Types of Communication (Examples):
    a. Referral Letter
        i. Give guidelines with appropriate, technical language and concise information for the person you are referring to.
    b. Courtesy Letter
        i. Keeping another provider informed regarding the referred patient regarding patient care provided, treatment, and management.
        ii. Thank you letter.
    c. Phone Call
        i. Conduct a mock version of a phone call.
    d. Talking to Representatives
        i. Communicating regarding the product (contact lens orders), instrument, or pharmaceutical representatives.
    e. Talking to Pharmacists
        i. Communicating about medications a patient has been prescribed.
            - Side effects, generic, formularies, prior authorizations

Student checklist, continued:

5. Case Presentation
    a. Student completes a case presentation to preceptor, staff, and/or other students.

5

Review of Conditions

Diagnosis	
Co-Managing Doctors	
Epidemiology	
Pathophysiology	
Clinical Manifestations	
Treatment/ Management	

Section 4.2 IPE Preceptor Checklist

IPE Information for Preceptors

Background Information

IPE Team Member Skills to Exhibit:

- Initiating: Proposing tasks, goals, or action, defining group problems, suggesting a procedure.
- Seeking Information: Asking for opinions, facts, and feelings.
- Giving Information: Offering facts, giving an opinion or idea.
- Clarifying: Interpreting or elaborating on ideas; asking questions in an effort to understand or promote understanding.
- Summarizing: Pulling together related ideas; restating suggestions; offering a decision or conclusion for consideration.
- Consensus taking: Asking if a group is nearing a decision; restating suggestions; offering a decision or conclusion for consideration.
- Accountability: Taking responsibility for contributing and completing tasks.

IPE Preceptor Checklist

IPE Preceptor Checklist	Completed	Comments
Type of IPE	☐ Referral letter ☐ Courtesy letter ☐ Order testing ☐ Phone call to pharmacy ☐ Phone call to health care provider ☐ Observation of another discipline ☐ Communication with industry representative ☐ Case study	
Did the student...		
Accurately identify what healthcare professionals should be involved in the patient's care?	☐ Yes ☐ No ☐ N/A	
Identify pertinent information about the patient to be communicated?	☐ Yes ☐ No ☐ N/A	
Provide appropriate information regarding their patient when communicating?	☐ Yes ☐ No ☐ N/A	
Use appropriate language?	☐ Yes ☐ No ☐ N/A	
Communicate professionally?	☐ Yes ☐ No ☐ N/A	
Respect the patient's HIPAA rights as indicated?	☐ Yes ☐ No ☐ N/A	
Ask appropriate/relevant questions?	☐ Yes ☐ No ☐ N/A	
Allow for open discussion?	☐ Yes ☐ No ☐ N/A	

Reflection Questions to Ask Student:

Pre/During encounter

- What are the short-term and long-term goals for the patient?
- What healthcare professionals should be involved in the plan of care?
- What are the discipline-specific roles and responsibilities in the patient's care plan?
- What is the best way to communicate with other healthcare professionals regarding this patient?

Post encounter

- What teamwork and communication skills were used during this encounter?
- Were there any areas of communication that could have been improved to ensure patient safety/prevent medical error?
- How can members of the IPE team support each other in implementation of the patient's care plan?
- How does the wellness of each team member play a role in the overall function of the team?

Section 4.3 IPE Case - Student Version

CASE 1: FEEL THE PRESSURE
by Jaymeni Patel, OD, FAAO

Demographics
29 year-old African American female
Chief complaint
Decreasing vision
History of present illness
Character/signs/symptoms: blurred vision
Location: OU, OS>OD
Severity: mild
Nature of onset: gradual
Duration: 3-4 months
Frequency: constant
Exacerbations/remissions: none
Relationship to activity or function: none
Accompanying signs/symptoms: none
Secondary complaints/symptoms
None
Patient ocular history
Unremarkable per patient
Family ocular history
Unremarkable per patient
Patient medical history
Unremarkable per patient
Medications taken by patient
None per patient
Patient allergy history
NKDA
Family medical history
Unremarkable per patient
Review of systems
Constitutional/general health: headaches
Ear/nose/throat: (+) tinnitus
Cardiovascular: denies
Pulmonary: denies
Dermatological: denies
Gastrointestinal: denies
Genitourinary: denies
Musculoskeletal: denies
Neuropsychiatric: denies
Endocrine: denies
Hematologic: denies
Immunologic: denies

Mental status

Orientation: oriented to time, place, and person
Mood: appropriate
Affect: appropriate

Clinical findings

VA Distance (sc)

OD: 20/20
OS: 20/30-; PHNI

Pupils: PERRL, negative RAPD
EOMs: full, no restrictions
Confrontation fields: full to finger counting OD, OS
Slit lamp:

lids/lashes/adnexa: 2+MGD OD, OS
conjunctiva: normal OD, OS
cornea: clear OD, OS
anterior chamber: deep and quiet OD, OS
iris: normal OD, OS
lens: clear OD, OS

IOPs: 14 mmHg OD, 14 mmHg OS @ 2:00 PM by GAT
Fundus:

See photos OD, OS

Blood pressure: 120/76 mmHg, right arm, sitting
Height: 5'2
Weight: 190 lbs.



Review of Conditions

Diagnosis	
Epidemiology	
Pathophysiology	
Clinical Manifestations	
Treatment/Management	
Other Comments	

Reflection Questions to Ask:

- What additional testing is indicated during today's exam?

- What additional testisng would you like to refer the patient out for?

- Please describe stages of papilledema?

- Who do you believe should be included in this patient's care and why?

- Please provide a script to the pharmacy.

- Please write a letter to the primary care doctor regarding this case and additional testing you may require.

- Please review the journal article provided for this case.

Section 4.4 IPE Case - Preceptor Version



Background about the patient

- Demographics: 29-year-old African American female
- CC: decreased vision OU at distance and near without correction on. Patient does not wear glasses and symptoms started 3-4 months ago
- MHx: unremarkable per patient
- OHx: unremarkable per patient
- Medications: No medications.
- Allergies: NKDA

Additional Information

- If the student has additional questions
  - *(+)HA, tinnitus*
  - *(-)TVO, diplopia, nausea*

Work Up

OD	Test	OS
20/20	VA (sc)	20/30-; PHNI
pupils equal, round, reactive, no APD	Pupils	pupils equal, round, reactive, no APD
confrontation fields full to finger counting	Confrontation Visual Fields	confrontation fields full to finger counting
EOM is full	Extra Ocular Motility	EOM is full
2+MGD	Slit Lamp (pertinent findings)	2+MGD
14 mmHg	GAT IOPs @ 2 PM	14 mmHg
See photos	DFE (pertinent findings)	See photos
Blood Pressure: 120/76 mmHg RAS		
Height: 5'2		
Weight: 190 lbs.		

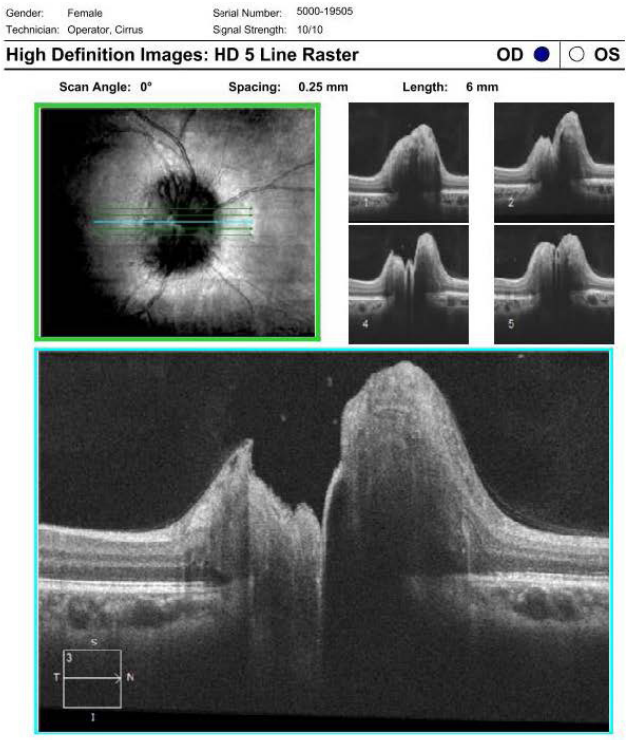
Ancillary Testing: Optos Photo OD



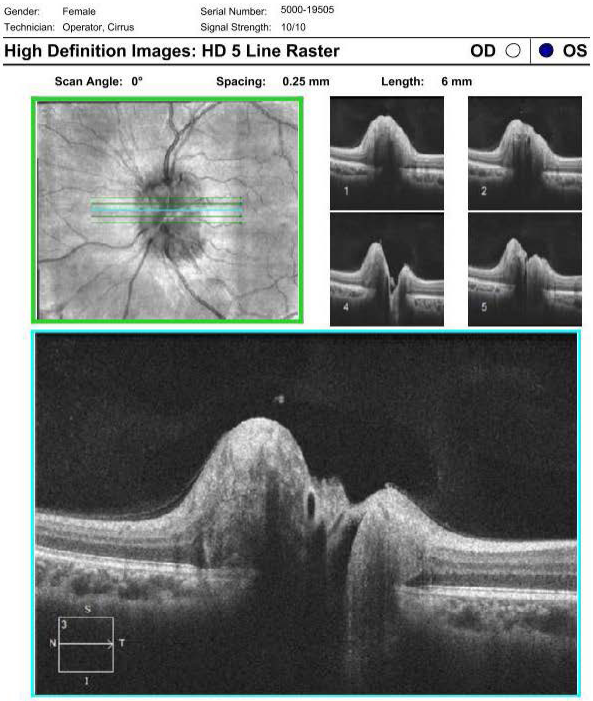
Ancillary Testing: Optos Photo OS



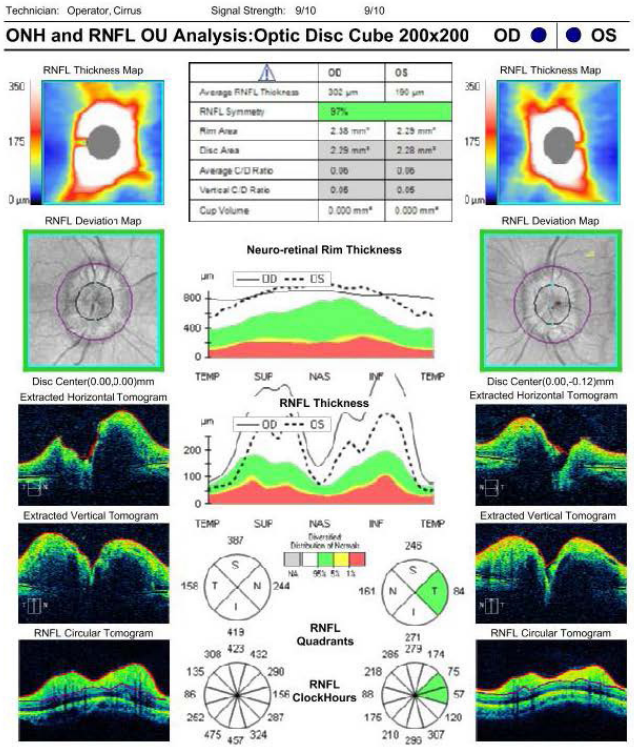
Ancillary Testing: OCT OD



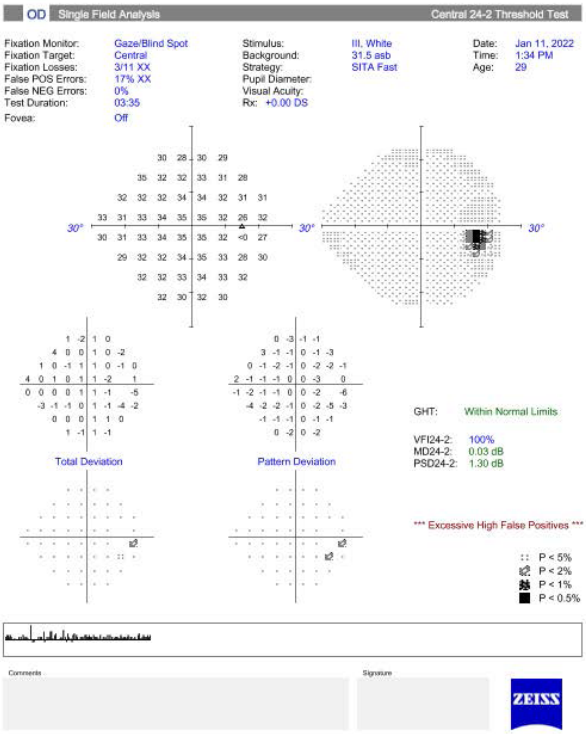
Ancillary Testing: OCT OS



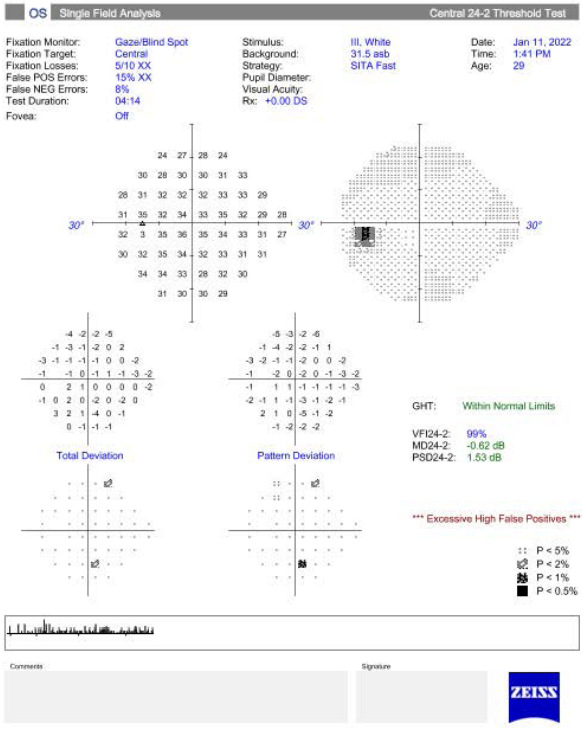
Ancillary Testing: OCT OU



Ancillary Testing: HVF OD



Ancillary Testing: HVF OS



Diagnosis/Management

- Increased Intracranial Hypertension OU
  - Confirm with imaging/LP
  - Comanage with PCP, neuro-ophth, neurology, nutrition specialist

Lab Orders (if applicable)

- LP
  - Diagnostic and therapeutic
- Bloodwork if deemed necessary

Image Orders (if applicable)

- MRI/MRV of Brain and Orbits with and without contrast

MRI Results

TECHNIQUE: Whole brain sagittal T1, axial ADC/DWI, T1, T2, FLAIR, GRE weighted images with postcontrast axial
T1 MTC and coronal T1 weighted images. Thin section axial T1, T2 FS, coronal T1, STIR weighted images through
the orbits with postcontrast axial and coronal T1 FS weighted images was performed. 20 cc of Dotarem were infused intravenously. There were no immediate complications.

FINDINGS:

MRI BRAIN: The ventricles and sulci are normal. There is no midline shift, mass effect, extra-axial fluid collection, acute intracranial hemorrhage, diffusion signal abnormality to suggest acute infarct, or abnormal brain parenchymal enhancement. A small developmental venous anomaly in the posterior paramedian left occipital lobe is noted. The craniocervical junction is intact. The pituitary gland is flattened along the floor of the sella. The remaining midline structures are unremarkable. The dominant intracranial flow voids are present. There is no T2 hypertense fluid level within the visualized paranasal sinuses or mastoid air cells.

MR orbits: The optic nerve sheath complexes are mildly tortuous and dilated. There is posterior scleral flattening. The optic chiasm is preserved. The extraocular muscles are symmetric and unremarkable in appearance. The lacrimal glands are symmetric and unremarkable in appearance. Bilateral superior ophthalmic veins are identified. The lamina papyracea are intact. The intraconal fat is maintained.

IMPRESSION: The constellation of findings of a partially empty sella, tortuous and dilated optic nerve sheath complexes and posterior scleral wall flattening can be seen with idiopathic intracranial hypertension in the appropriate clinical setting.

MRV Results

TECHNIQUE: Axial and coronal 2-D time-of-flight venographic imaging, axial T1 MP rage weighted images, pre and postcontrast was performed. MIP reformatted images were generated. 20 cc of Dotarem were infused intravenously. There were no immediate complications.

FINDINGS: The superior sagittal sinus, straight sinus, vein of Galen, and internal cerebral veins are patent. The distal internal jugular veins, transverse and sigmoid sinuses are patent, with mild right-sided dominance.

IMPRESSION: Negative MRV study, without evidence for dural venous sinus thrombosis or occlusion.

Communication: Phone Call

- Evaluate the student's communication call or do mock communication live.
  - *Primary Care Physician*
  - *Neurologist*
  - *Pharmacy if medication is called in*
  - *Nutrition Specialist/Weight Management Program*

Communication: Letter to Provider

Dear {Patient's Doctor},

We recently had the pleasure of seeing your patient, {Patient's Name} at the Illinois Eye Institute. She presented in our Urgent Care Clinic on {date).

She presented with complaints decreased vision OU at distance and near with no previous history of glasses.
Upon further question, she reports longstanding complaints of headaches greater on her left side temporally with (+) tinnitus. She takes over the counter medications for pain and has not been previously examined/treated for them. She denies transient vision obscurations, diplopia or nausea.

Examination revealed vision with correction was 20/20 in the right eye and 20/30- left eye. Pupils, confrontation visual field and motility were normal in both eyes.

Anterior segment slit lamp evaluation revealed blepharitis in both. Intraocular pressures were measured as 14 mmHg OD, OS via Goldmann applanation tonometry. Dilated fundus examination was remarkable for optic nerve head edema and elevation.

Humphrey Visual Field 24-2 was normal with no defects. Optical Coherence Tomography showed rim tissue thickness in both eyes.

She was educated on possible causes of optic nerve swelling and testing needed to rule out pathology. She was advised that an MRI/MRV is necessary to determine the underlying etiology, and we will require coordination of care with you. We are referring to your clinic to order an MRI/MRV of the brain and orbits with and without contrast (within her medical network) to determine the underlying etiology of optic nerve edema. Additional testing includes possible Lumbar Puncture pending MRI/MRV results. Please keep us updated on the results of her scans and further management/treatment.

{Patient} will be returning to the Illinois Eye Institute on {Date & Time} for follow up care. Thank you very much for allowing me to participate in the care of your patient.

Sincerely,
{Referring Doctor}

Other specialties involved in patient's care:

- OD/OMD specializing Neuro-ophthalmic Disorders
- Neurology
- PCP
- Nutrition Specialist

Final Outcome

- Patient treated with oral acetazolamide and enrolled in weight loss program.

Assignment

- See student case and assignment

Section 5: Evaluation and Change Management

To ensure that students gain the competencies needed to provide team-based patient-centered care and improve patient outcomes, institutions should regularly evaluate the effectiveness of their IPE programs.[28] While interprofessional education and learning is widely regarded as a valuable addition to health professions education, educators are challenged to provide reliable evidence to support its value.

In 2015, the then-Institute of Medicine and the National Center for Interprofessional Practice and Education both released reports responding to the lack of well-designed studies that chart the correlation between IPE interventions and improved patient and health system outcomes.[27, 28] While there are many evaluation tools in circulation, the wide variation in environments where IPE occurs complicates the formulation of broadly applicable ways to measure the effectiveness of IPE. Every setting has unique measurement needs, and, even within each setting, these needs may change at different times with different groups for
different purposes.

When creating an evaluation tool, whether you customize an existing tool for your purposes or choose from an array of available options, consider these suggestions:

- Define the purpose of your evaluation and identify what indicators of success would look like. The tool should encapsulate all of the important questions and ideas at play.
- Assessments that only have outcomes related to attitudes, perceptions, beliefs, or feelings of students or the program participants are not informative about changes in behaviors, systems, or system outcomes. IPE's overall purpose is to improve team-based, patient-centered health care; always consider this when measuring impact.
- A study about an interprofessional activity can be compromised if the respondent group is not also interprofessional. Different professions can have vastly different experiences of the same activity. It is important to capture feedback from all represented professions.
- Multiple methods of evaluation are recommended to capture the complexities of an environment or an educational experience.[25, 26]



For IPECP evaluation, consider consulting evaluation professionals to determine best steps moving forward. One example of a resource is the Jefferson Teamwork Observation Guide (JTOG),[29] a validated tool mapped to IPE core competencies. The JTOG is designed to help learners observe and assess the behaviors of collaborative practice teams as well as understand team behavior. To access the JTOG and other evaluation tools, refer to the National Center for Interprofessional Practice and Education's online resource exchange, which includes a Measurement Needs collection representing popular submissions.[30] The Interprofessional Professionalism Assessment (IPA) instrument developed by the Interprofessional Professionalism Collaborative evaluates the entry-level health professional's demonstration of professionalism when interacting with other members of the health care team.[31]

Section 6: Sustaining a Culture of Interprofessional Education and Collaborative Practice at Your Institution

The challenges of developing and sustaining IPE programs in higher education settings should not be underestimated. It can be hard to make progress within an institutional structure that has traditionally perpetuated discipline-specific structures and decision-making processes, and is historically slow or resistant to change.[32] It is not feasible to rely on a few individuals or department champions to sustain an entire IPE program. Continued support from the institution through the allocation of resources and participation from faculty, practitioners, administrators, and others is crucial to your success. Simply put, for IPE programming to be sustained, here are essential factors:

- **IPE infrastructure** to continue engaging students. IPE competencies must be created that are customized for your local institutional needs and are aligned with current accreditation requirements in the participating professions. These competencies must then be incorporated into the curricula of all participating disciplines to ensure that IPE is prioritized in courses and activities for students.[2]
- **Commitment of time and effort from individuals and entities across the learning spectrum**, senior leaders, faculty, staff, practitioners, and students. Leaders at all levels need to commit to championing interprofessional education in their local contexts.[3]
- **Financial model and reliable funding sources to cover costs** associated with interprofessional education. The commitment of internal and external resources ensures that supplies for programming can be acquired, faculty development can be supported, and IPE personnel can be compensated for their involvement.[33]
- **Program revision process with reliable evaluation tools** for measuring program effectiveness. Once the data are collected and analyzed, there should be a willingness and ability to implement changes.[28]



- **Faculty development** so faculty can effectively design and deliver IPE programming. Faculty can then effectively coach students through collaborative team learning and practice utilizing standardized, high quality methods.[34]
- **Centralized group for the coordination of IPE programming** to facilitate collaborative efforts involving separate professional departments. A staff dedicated to IPE can develop the program from one characterized by occasional isolated activities to an established, regulated curriculum.[16]
- **Diverse array of authentic IPE programs that respond to local institutional needs** utilizing different learning formats, such as didactic, simulation, clinical observation, and clinical practice for different IPE proficiency levels.[35]
- **Ongoing coaching for participants after training** when they initially enter or return to practice environments. Coaches model correct behavior, provide feedback, and champion patient-centered team-based care in their environment.[36]

KEY POINTS:
Preparing for and Sustaining a Culture of Interprofessional Education and Collaborative Practice

Build your IPE community

- ✓ Senior leadership
- ✓ Local department leaders
- ✓ Pre-existing interprofessional teams
- ✓ Students

Support your IPE community

- ✓ Develop an IPE Center if feasible
- ✓ Professional development for faculty

Conduct an assessment to determine your starting point

- ✓ Checklist: Steps to Interprofessional Readiness
- ✓ How to increase your readiness

Learn from IPE Exemplar Projects

- ✓ Didactic education
- ✓ Clinical education
- ✓ Orientation and social activities

Manage IPECP program evaluation and change

Section 7: Organizations Dedicated to Interprofessional Education and Collaborative Practice

Organizations Dedicated to Interprofessional Education and Collaborative Practice

Organization	Overview, Mission, or Purpose	Organizational Structure	Website	Getting Involved	Connection to other Organizations	Meeting/Summit	Miscellaneous/General Benefits/Leadership Opportunity
AIHC = American Interprofessional Health Collaborative	"As the professional community of the National Center for Interprofessional Practice and Education, AIHC contributes to better health and improved outcomes by redesigning how the health care workforce is prepared and how care is organized and delivered. AIHC members work locally, nationally and internationally to influence policy, develop and share best practices and resources, conduct research, mentor and support colleagues and remove barriers to effective action."	Board and committees. 4 primary committees: Membership, Communications, Scholarship, Program. Program committee is divided into 4 work groups: Student Engagement, Affiliate Conferences, Leadership, and Mentoring	https://aihc-us.org/	Annual membership $150 (professional)/$30 (student) running July 1 - June 30 annually; Institutional membership $600 covers 5 individuals. Can also join during registration for Nexus Summit. Once a member, volunteer for a committee. AIHC hosts periodic "All-Member Meetings" and "Social Hours" via zoom.	AIHC and the National Center for IPE share administrative support. The National Center is a repository of information related to IPE hosted by University of Minnesota; National Center produces the Nexus Summit. AIHC is the working groups, committees and networking body. AIHC serves as the regional member to Interprofessional.Global (IP.Global), host of the All Together Better Health international conference.	Nexus (in collaboration with the National Center), Collaboration Across Borders (CAB, in conjunction with CIHC)	**Weekly Email Newsletter:** AIHC Member Brief, Many provided resources (e.g., VodCasts, Nexus Resource Page) **The AIHC is in the process of changing its organizational structure.
APHA = American Public Health Association	"The American Public Health Association champions the health of all people and all communities... (Promoted) as the only organization that combines a 150-year perspective, a broad-based member community and the ability to influence policy to improve the public's health." **Mission**: To improve the health of the public and achieve equity in health status.	Executive board consists of 24 members: a Governing Council (President, President-elect, Treasurer, etc.) and 12 members known as Elective Members (consisting of voting and nonvoting members who represent different constituencies within APHA)	https://www.apha.org/	Regular membership $225, Discounted regular $110 (if gross salary <$45,000), Retired $100, Early Career Professional $135 (graduated in the past 24 months and transitioning to the workforce), and Student $85		APHA Annual Meeting and Expo (Oct/Nov each year)	**Publication:** *American Journal of Public Health* and *The Nation's Health* newspaper
IPC = Interprofessional Professionalism Collaborative	The purpose of the Interprofessional Professionalism Collaborative (IPC) is to develop a valid and reliable assessment instrument for interprofessional professionalism behaviors and related educational resources for use by educators across all health professions.	The IPC Committee was created in 2006 as instigated by the APTA. The IPA instrument was developed, including case scenario videos and toolkit, and released for public use in 2018.	http://www.interprofessionalprofessionalism.org/	ASCO is a member, No open membership; Can contact the IPC with feedback regarding the instrument/website, sending additional resources, and to share your experiences with the IPA (via contact form on website); contact Dr. John Nishimoto (jnishimoto@ketchum.edu) for more information			IPA TOOL KIT: http://www.interprofessionalprofessionalism.org/toolkit.html

Organizations Dedicated to Interprofessional Education and Collaborative Practice							
Organization	**Overview, Mission, or Purpose**	**Organizational Structure**	**Website**	**Getting Involved**	**Connection to other Organizations**	**Meeting/Summit**	**Miscellaneous/General Benefits/Leadership Opportunity**
IPEC = Interprofessional Education Collaborative	IPEC, working in collaboration with academic institutions, will promote, encourage, and support efforts to prepare future health professionals so that they enter the workforce ready for interprofessional collaborative practice that helps to ensure the health of individuals and populations. *Developed the widely-utilized IPEC Core Competencies	Leadership: Board of Directors; also has Committees and task forces	https://ipec.memberclicks.net/	Organizational membership: Annual membership application cycle opens in August to begin in January, dues of $5,000 with membership benefits including programming, communication, and partnerships	National Academies of Practice (NAP), Collaboration Across Borders (CAB), All Together Better Health Conference	Faculty Development Institutes held twice per year in May/Oct (open to IPEC member schools and non-members), webinars	Interprofessional Leadership Development Program (ILDP)
IHPE = Global Forum on Innovation in Health Professional Education	The Global Forum on Innovation in Health Professional Education (IHPE Forum) is an ongoing, activity of the National Academies of Sciences, Engineering, and Medicine that brings together diverse stakeholders to network, discuss and illuminate issues for the benefit and promotion of health professional education. In 2023, there were 37 academic experts and health professionals member-sponsors of the Forum, representing 17 different disciplines (including ASCO) from multiple developed and developing countries.	Governing Board of the National Research Council, whose members are drawn from the councils of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine. The members of the committee responsible for annual forums and generated report were chosen for their special competences and with regard for appropriate balance	https://www.nationalacademies.org/our-work/global-forum-on-innovation-in-health-professional-education	ASCO is a member. No open individual membership at this time.	Within the National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Global Health - Publications from the National Academies of Press Washington D.C.(also shortened to NAP)	The Forum will use two to three major workshops per year to inform its meetings, one to highlight issues, perspectives, or innovations relevant primarily to higher income countries, one to highlight subject matter more relevant to a lower income country, and, if resources allow, one to focus on global interdependency in education and workforce development.	Published Resources available for download at: https://www.nationalacademies.org/publications

Organizations Dedicated to Interprofessional Education and Collaborative Practice

Organization	Overview, Mission, or Purpose	Organizational Structure	Website	Getting Involved	Connection to other Organizations	Meeting/Summit	Miscellaneous/General Benefits/Leadership Opportunity
NAP = National Academies of Practice	**NAP's Vision:** National Academies of Practice is the alliance of professionals collaborating to transform health and well-being. **NAP's Mission:** Advancing Interprofessional Education, Scholarship, Research, Practice and Public Policy by educating and informing members and others, facilitating collaborative scholarship and research opportunities, recruiting, engaging, retaining and mentoring network members and advocating the value of interprofessional practice to improve healthcare and policy for all.	Comprised of a NAP Leadership Committee and 15 (as of 2023) Associated National Academies of Practice representing different contributors to Interprofessional Care. Included on the NAP Board are President, President-Elect, Treasurer, Immediate Past-President, VP of Partnerships & Networking, VP of Public Policy, VP of Professional Development, and VP of Scholarship/Co-Editor in Chief, Journal of Interprofessional Education & Practice. Within NAPO - Chair, Vice-Chair and Treasurer	https://www.napractice.org/	Nominated to become a member by a current member in your academy (e.g., optometry) or outside of your academy. Professional membership is eligible for those 5 years in practice and must apply, be accepted and pay dues, Distinguished Fellow status may be eligible after 10 years of practice and must apply/ meet requirements of rubric and pay dues.		NAP FORUM - generally in March of each year; alternates years in Washington DC with other years various locations	**Grant/SUPPORT for Travel** with IP poster at Annual FORUM meeting, **Publication**: Journal of Interprofessional Education & Practice (JIEP) and Bi-weekly online communication: *NAP Times*
CIHC = Canadian Interprofessional Health Collaborative	A volunteer-based organization, for the advancement of interprofessional knowledge, education, and practice. Connection: with members, regionally, nationally, and internationally	Board and committees. Board: 15 members representing various sub-groups of Interprofessional Collaboration. Commitees: Communications Accreditation CIHC/AIHC Liaison Budget & Finance Interprofessional.Global/InterprofessionalResearch.Global	https://www.cihc-cpis.com/	On-line application with Name and email - Student, "Regular" and Institutional Due options. Regular dues - $40/year, Student - $10/year, Institutional discount of 5 members (prices in Canadian dollars)	American Interprofessional Health Collaborative (AIHC)	Collaboration a la carte - Series, Collaboration Across Borders (CAB)	**Benefits include**: Speaker series Collaboration, Evolving communities of practice & discussion grps, link w/international orgs dedicated to IPEC, professional bodies, governments & regulators as well as access to Information. Access to resources on important IPE and practice activities, including the Canadian Competency Framework. Opportunities through participating in committees, working groups, discussions, & research to further IPE and practice in Canada & the world.

Created by ASCO Interprofessional Education and Collaborative Practice (IPRF) Committee -- In addition to these organizations be sure to become involved with the ASCO IPECP Special Interest Group (SIG): https://optometriceducation.org/for-faculty-administrators/committees-task-forces-sigs-groups/special-interest-groups-sigs/

For more information on these groups and to get connected with other ODs in these groups- please reach out to Joanne Zuckerman (jzuckerman@opted.org) or the Current/Recent ASCO IPECP Committee Members found through the ASCO Website at: www.optometriceducation.org

Below are additional organizations dedicated to IPECP. Please visit their websites for more information.

Association of Schools and Colleges of Optometry (ASCO), Rockville, Maryland
www.optometriceducation.org

Association of Schools and Colleges of Optometry (ASCO), Rockville, Maryland. ASCO Connect Interprofessional Education and Collaborative Practice Special Interest Group.
https://connect.opted.org/communities/community-home?CommunityKey=c3af9489-a039-453e-a381-1a52242a11b5

American Speech-Language-Hearing Association (ASHA)
Interprofessional Education / Interprofessional Practice (IPE / IPP)
https://www.asha.org/practice/interprofessional-education-practice/

Centre for Advancement of Interprofessional Education (CAIPE)
https://www.caipe.org/

Centre for Interprofessional Education, University of Toronto
https://ipe.utoronto.ca/

Collaborating Across Borders (CAB) Conference Series
https://cab.nexusipe.org/

Health Professions Accreditors Collaborative
https://www.hpacf.org.au/

Jefferson Center for Interprofessional Education (JCIPE)
https://www.jefferson.edu/university/interprofessional_education.html

The Josiah Macy, Jr., Foundation
http://www.macyfoundation.org/

MedEdPORTAL: The Journal of Teaching and Learning Resources
Association of American Medical Colleges (AAMC) Interprofessional Education
https://www.mededportal.org/collection/interprofessional-education/

National Academy of Practice in Optometry (NAPO)
https://www.napractice.org/optometry

National Center for Interprofessional Education and Practice, University of Minnesota
https://nexusipe.org/

National Interprofessional Education Consortium (NIPEC)
American Council of Academic Physical Therapy (ACAPT)
https://nexusipe.org/users/national-interprofessional-education-consortium-nipec

Robert Wood Johnson Foundation
https://www.rwjf.org/

The Audiology Project (TAP)
https://www.theaudiologyproject.com/

World Health Organization: Transformative Education for Health Professionals
https://www.ncbi.nlm.nih.gov/books/NBK298953/#:~:text=These%20guidelines%20call%20for%20new,education%2C%20health%20and%20other%20sectors

Conclusion

This toolkit, **An IPECP Toolkit: A Guide to Effective Interprofessional Education and Collaborative Practice Experiences in Optometric Education**, was posted to the ASCO website in October 2019. The Toolkit is intended to be a "living" document and is updated on an as-needed basis. Feedback and suggestions for ways in which this Toolkit can be made more helpful are welcomed and can be forwarded to:

Joanne C. Zuckerman, MSEd
Manager, Data Services and Special Projects
Association of Schools and Colleges of Optometry
Email: jzuckerman@opted.org

The Association of Schools and Colleges of Optometry and its Interprofessional Education and Collaborative Practice Committee hope this Toolkit will serve as a valuable resource for individuals and institutions, wherever they may be in their interprofessional education (IPE) and collaborative practice (CP) endeavors. While any IPE / CP initiative has inherent challenges and potential obstacles, the resultant faculty – student energy, inclusiveness, mutual familiarization, and communication that accompany the process of IPE / CP program development and implementation are often as important as the projects themselves. As we work together to shape the future of optometric education and advance the delivery of health care, we wish you great success.



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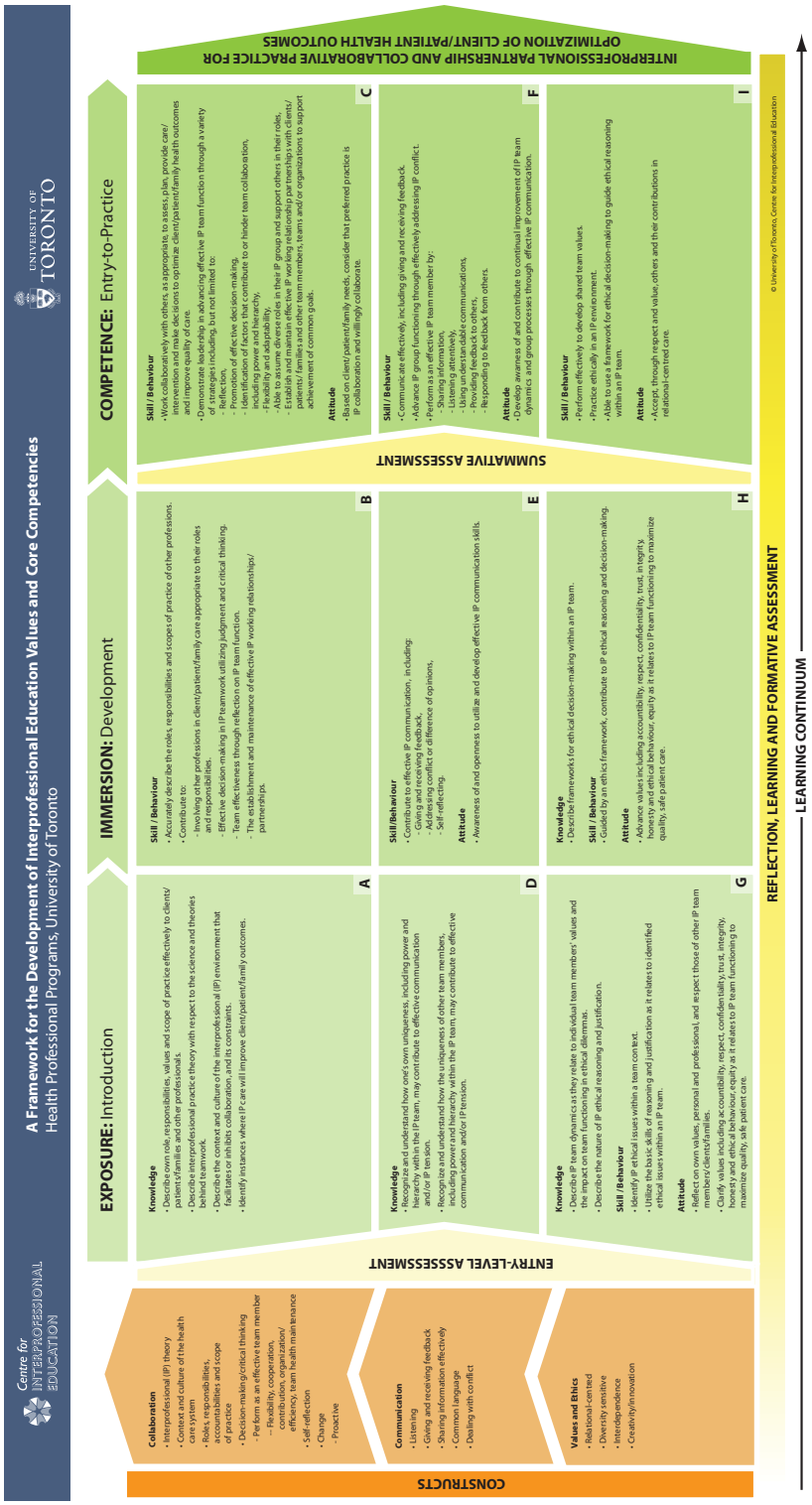
Appendix 1

Process to reach adoption of "*A Guide to Effective Interprofessional Education and Collaborative Practice Experiences in Optometric Education*" (the ASCO IPE Toolkit)

TIMEFRAME	ASCO IPECP COMMITTEE ACTIVITY
2017	Development / modification of the IPE Toolkit outline
September 2017	Conference Call of the IPECP Committee: consensus outcome was to proceed with developing a draft of the IPE Toolkit
May 2018	Conference Call of the IPECP Committee: reviewed and discussed the initial draft of the IPE Toolkit
June 2018	IPECP Committee Chair presented an early draft of the Toolkit to the ASCO Board of Directors and discussed IPE Exemplar submissions from ASCO member institutions In-person Meeting of the IPECP Committee: drafted the template for IPE Exemplar submissions by ASCO member institutions
July 2018	IPECP Committee finalized the template for IPE Exemplar submissions by ASCO member institutions
August 2018	Conference Call of the IPECP Committee: discussed the updated draft of the IPE Toolkit, including submissions of IPE Exemplar projects
September 2018-April 2019	Communication with all ASCO member institutions to submit IPE Exemplar projects for inclusion in the ASCO IPE Toolkit
October 2018	Conference Call of the IPECP Committee: discussed the updated draft of the IPE Toolkit, including its debut at the November 2018 Workshop
November 2018	The IPECP Committee conducted a Workshop entitled "Toolkits and Resources for Interprofessional Education and Collaborative Practice Initiatives in Optometry" at the November 2018 Annual Meeting of the American Academy of Optometry (AAO), San Antonio, Texas A draft of the IPE Toolkit was a component of the Consent Agenda for the ASCO Board of Directors Meeting
February 2019	Conference Call of the IPECP Committee: discussed the updated draft of the IPE Toolkit, including submissions of IPE Exemplar projects
March 2019	Submitted poster abstract to the Collaborating Across Borders (CAB) VII IPE conference: "An IPECP Toolkit: A Guide to Effective Interprofessional Education and Collaborative Practice Experiences in Optometric Education" An updated draft of the IPE Toolkit was a component of the Consent Agenda for the ASCO Board of Directors Meeting
May 2019	Conference Call of the IPECP Committee: the Committee adopts a motion to recommend to the ASCO board of directors that it "adopt the interprofessional education and collaborative practice toolkit for optometric education developed by the IPECP committee, *An IPECP Toolkit: A Guide to Effective Interprofessional Education and Collaborative Practice Experiences in Optometric Education.*"
June 2019	The poster abstract submitted to CAB VII is accepted for presentation in October 2019. The ASCO Board adopts the IPE Toolkit at its Annual Meeting in St. Louis

Appendix 2

A Framework for the Development of Interprofessional Education Values and Core Competencies
Health Professional Programs, University of Toronto



Appendix 3

ASSOCIATION *of* SCHOOLS *and* COLLEGES *of* OPTOMETRY

Excerpts from the Attributes of Students Graduating from
Schools and Colleges of Optometry
A 2011 Report from the Association of Schools and Colleges of Optometry

The New Doctor of Optometry Must be Professional and Ethical

To serve the public and the profession well, new graduates must embrace and demonstrate the ethical and professional standards appropriate to being recognized as a health care provider. The new graduate must also recognize that the completion of the Doctor of Optometry degree program is only the first step in a life-long commitment to self-directed learning and continual professional improvement.

The school or college of optometry shall ensure that before graduation each student will have demonstrated critical professional and personal attributes, including the following.

Personal attributes:

PE1. a commitment to life-long learning and providing the highest standard of care

PE2. the ability to acquire, analyze and apply new information while making reasonable and informed decisions that are consistent with the interests and needs of the patient and broader community

PE3. problem-solving and critical-thinking skills that integrate current knowledge, scientific advances and the human/social dimensions of patient care to assure the highest quality of care for each patient

PE4. the ability to recognize personal limitations regarding optimal patient care and to work with the broader health care community in providing the best care possible.

Professional attributes:

PE5. an understanding of professional ethics and challenges to the optometric profession posed by conflicts of interest inherent in health care delivery, and the ability to incorporate those principles into decisions affecting patient care, always keeping the patient's welfare foremost

PE6. professionalism, by demonstrating honesty and integrity in all interactions with patients and their families, colleagues and others with whom the optometrist must engage in his/her professional life

PE7. a respect for the dignity of every patient and a commitment to empathetic and confidential care

PE8. a commitment to work as an integral member of the larger interprofessional health care team to improve patient care outcomes

PE9. a commitment to be actively involved in organized optometry and the community.

The New Doctor of Optometry Must be Knowledgeable

To provide quality eye and vision care to their patients, graduating Doctors of Optometry must have an established knowledge of the basic and clinical sciences. The foundation must be broad and include the biological, medical, vision and optical sciences, as well as a basic understanding of the health care delivery system. The Doctor of Optometry must recognize the dynamic nature of knowledge and possess the commitment and skills needed to responsibly assess and apply new information and treatment strategies throughout his/her career.

The school or college of optometry shall ensure that before graduation each student will have demonstrated knowledge of:

KK1. basic organ systems, with special emphasis on the ocular and visual system, and their inter-relationships to the body as a whole

KK2. the cellular, molecular and genetic basis of the development, physiology, pathology and treatment of eye disease

KK3. the structures and processes contributing to the development of refractive error and other optical and perceptual abnormalities of the visual system (This includes vision function with respect to deviation and enhancement such as, but not limited to, strabismus, amblyopia, oculomotor function, accommodation and visual perception.)

KK4. the optics of the eye and ophthalmic lens systems (including spectacles, contact lenses and low vision devices) used to correct refractive, oculomotor and other vision disorders

KK5. the various processes and causes that lead to dysfunction and disease, and the effect that these processes can have on the body and its major organ systems, with special emphasis on the ocular and visual systems

KK6. mechanisms of action of the various classes of pharmaceutical agents, their interactions and their safe and effective use for the treatment of diseases and conditions affecting the eye and visual system

KK7. vision therapy and other rehabilitative methods used for the management of common visual disorders

KK8. the psychosocial dynamics of the doctor/patient relationship and understanding of the social, psychological and economic forces affecting diverse patient populations

KK9. community health care resources and delivery systems to improve care

KK10. practice management structures and strategies as they pertain to the various practice settings.

The New Doctor of Optometry Must be Capable

To provide the highest quality of care to their patients, Doctors of Optometry must possess appropriate cognitive and motor skills needed to prevent, diagnose, treat and manage clinical conditions that are within the scope of their professional responsibilities. The school or college of optometry shall ensure that before graduation each student will have demonstrated:

CC1. all the skills required for the diagnosis, triage, management and/or treatment of common visual conditions, including or resulting from:

- refractive anomalies
- abnormalities of accommodation, monocular or binocular vision skills, oculomotor and sensory/perceptual dysfunctions
- ocular disease and trauma
- prior ocular surgery and/or laser intervention
- systemic disease
- environmental or occupational conditions

CC2. the ability to order and interpret frequently needed laboratory and diagnostic procedures

CC3. the critical-thinking skills needed to assess the patient's visual and physical status and to interpret and process the data to formulate and execute effective management plans

CC4. the ability to prescribe or use ophthalmic materials, contact lenses, vision therapy, low vision devices, pharmaceuticals and certain surgical procedures to treat and manage vision disorders and disease

CC5. an understanding of nutritional influences on ocular physiology and systemic health and disease

CC6. the ability to understand, evaluate and apply the use of contemporary imaging technologies in the provision of eye and vision care

CC7. the ability to recognize and initiate the coordination of patient care requiring advanced medical, systemic, inter-professional or specialty care

CC8. the ability to recognize life-threatening conditions and to initiate immediate

intervention

CC9. effective communication skills, both oral and written, as appropriate for maximizing successful patient care outcomes

CC10. the ability to appropriately use all resources, including the use of ancillary personnel, intra- and inter-professional collaboration, co-management and referral, in ensuring the best quality patient care

CC11. the ability to access evidence-based knowledge (including through the use of information technology) and manage information, and to apply that information in making decisions about patient care and health care delivery

CC12. the ability to embrace the cultural diversity and individual differences that characterize patients, populations and the health care team

CC13. the ability to 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.

Appendix 4

EXCERPTS FROM THE IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

Overview

The IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3 reflects the vision that interprofessional collaborative practice is key to safe, high-quality, accessible, equitable, person/client-centered care and enhanced population health outcomes desired by all. This competency set is aimed at preparing learners to engage in lifelong learning and collaboration to improve both person/client care and population health outcomes.

A total of 33 sub-competency statements are included in the 2023 version. The sub-competency statements are streamlined to broaden their applicability; in other words, they have been pared down to their essential elements. A glossary of terms is available in Appendix C for all terminology that appears in **bold** font within this section of the report and the accompanying 2016 to 2023 comparison guide in Appendix D.

As depicted in Figure 7, the 2023 IPEC competencies retain the overarching singular domain of "Interprofessional Collaboration" comprised of the following four competency areas:

FIGURE 7. IPEC CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE: VERSION 3 (2023)



- **Values and Ethics**

  Work with **team** members to maintain a climate of shared values, ethical conduct, and mutual respect.

- **Roles and Responsibilities**

  Use the knowledge of one's own role and **team** members' expertise to address individual and population **health outcomes**.

- **Communication**

  Communicate in a responsive, responsible, respectful, and compassionate manner with **team** members.

- **Teams and Teamwork**

  Apply values and principles of the science of teamwork to adapt one's own role in a variety of **team** settings.

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Values and Ethics

Work with **team** members to maintain a climate of shared values, ethical conduct, and mutual respect.

VE1.	Promote the values and interests of **persons** and **populations** in health care delivery, **One Health**, and **population** health initiatives.
VE2.	Advocate for **social justice** and **health equity** of **persons** and **populations** across the life span.
VE3.	Uphold the dignity, privacy, identity, and autonomy of **persons** while maintaining confidentiality in the delivery of **team-based care**.
VE4.	Value **diversity**, identities, cultures, and differences.
VE5.	Value the expertise of **health professionals** and its impacts on **team** functions and **health outcomes**.
VE6.	Collaborate with honesty and integrity while striving for **health equity** and improvements in **health outcomes**.
VE7.	Practice trust, empathy, respect, and compassion with **persons**, **caregivers**, **health professionals**, and **populations**.
VE8.	Apply high standards of ethical conduct and quality in contributions to **team-based care**.
VE9.	Maintain competence in one's own profession in order to contribute to **interprofessional** care.
VE10.	Contribute to a **just culture** that fosters self-fulfillment, collegiality, and civility across the **team**.
VE11.	Support a **workplace** where differences are respected, career satisfaction is supported, and **well-being** is prioritized.

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Roles and Responsibilities

Use the knowledge of one's own role and **team** members' expertise to address individual and population **health outcomes**.

RR1.	Include the full scope of knowledge, skills, and attitudes of **team** members to provide care that is **person-centered**, safe, cost-effective, timely, efficient, effective, and equitable.
RR2.	Collaborate with others within and outside of the health system to improve **health outcomes**.
RR3.	Incorporate complementary expertise to meet health needs including the **determinants of health**.
RR4.	Differentiate each **team** member's role, scope of practice, and responsibility in promoting **health outcomes**.
RR5.	Practice **cultural humility** in **interprofessional** teamwork.

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Communication

Communicate in a responsive, responsible, respectful, and compassionate manner with **team** members.

C1. Communicate one's roles and responsibilities clearly.

C2. Use communication tools, techniques, and technologies to enhance **team** function, **well-being**, and **health outcomes**.

C3. Communicate clearly with authenticity and **cultural humility**, avoiding discipline-specific terminology.

C4. Promote common understanding of shared goals.

C5. Practice **active listening** that encourages ideas and opinions of other **team** members.

C6. Use constructive feedback to connect, align, and accomplish **team** goals.

C7. Examine one's position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts.

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Teams and Teamwork

Apply values and principles of the science of teamwork to adapt one's own role in a variety of **team** settings.

TT1.	Describe evidence-informed processes of **team** development and **team** practices.
TT2.	Appreciate **team** members' diverse experiences, expertise, cultures, positions, power, and roles towards improving **team** function.
TT3.	Practice **team reasoning**, problem-solving, and decision-making.
TT4.	Use **shared leadership practices** to support **team** effectiveness.
TT5.	Apply **interprofessional conflict management** methods, including identifying conflict cause and addressing divergent perspectives.
TT6.	Reflect on self and **team** performance to inform and improve **team** effectiveness.
TT7.	Share **team accountability** for outcomes.
TT8.	Facilitate **team** coordination to achieve safe, effective care and **health outcomes**.
TT9.	Operate from a shared framework that supports **resiliency**, **well-being**, **safety**, and efficacy.
TT10.	Discuss organizational structures, policies, practices, resources, access to information, and timing issues that impact the effectiveness of the **team**.

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