

Advancing Interprofessional Clinical Prevention and Population Health Education

A Curriculum Development Guide for Health Professions Faculty

Linking the 2015 Clinical Prevention and Population Health Curriculum Framework
With the Core Competencies for Interprofessional Collaborative Practice: 2016 Update

Susan M. Meyer, PhD, David R. Garr, MD, Clyde Evans, PhD, and Rika Maeshiro, MD, MPH



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Curriculum Development Guide

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Introduction

This curriculum guide is intended for faculty members in health professions education programs seeking to design and implement interprofessional learning activities in the area of clinical prevention and population health. The current national focus on interprofessional education and collaborative practice is conducive to the education of future health professionals in disease prevention and population health and can facilitate the achievement of the nation’s health goals outlined in Healthy People 2020.

Healthy People 2020 objectives included in the Educational and Community-Based Programs (ECBP) Topic Area will advance interprofessional clinical prevention and population health education.

- ECBP-12** •Increase the inclusion of core clinical prevention and population health content in M.D.-granting medical schools.
- ECBP-13** •Increase the inclusion of core clinical prevention and population health content in D.O.-granting medical schools.
- ECBP-14** •Increase the inclusion of core clinical prevention and population health content in undergraduate nursing
- ECBP-15** •Increase the inclusion of core clinical prevention and population health content in nurse practitioner training.
- ECBP-16** •Increase the inclusion of core clinical prevention and population health content in physician assistant training.
- ECBP-17** •Increase the inclusion of core clinical prevention and population health content in PharmD-granting institutions.
- ECBP-18** •Increase the inclusion of core clinical prevention and population health content in DDS and/or DMD-granting institutions.
- ECBP-19** •Increase the proportion of academic institutions with health professions education programs whose prevention curricula include interprofessional educational experiences.

APTR Healthy People Curriculum Task Force

In 2002, the Association for Prevention Teaching and Research convened health professions education associations representing nursing, medicine, pharmacy, dentistry, and physician assistants (allied health would join later) to form the Healthy People Curriculum Task Force to address Healthy People 2010 Objective 1.7: “To increase the proportion of schools of medicine, schools of nursing and health professional training schools whose basic curriculum for healthcare providers includes the core competencies in health promotion and disease prevention.” In 2004, the Task Force published the [Clinical Prevention and Population Health Curriculum Framework](#) (*Curriculum Framework*) to provide a common structure and language around clinical prevention and population health across the health professions education programs. Revised in 2009 and again in 2015 to more explicitly present the relationships between clinical care, prevention, and population health, the *Curriculum Framework* outlines 23 domains within four content areas: foundations of population health; clinical preventive services and health promotion; clinical practice and population health; and health systems and health policy.

Competencies and Standards for Interprofessional Education and Collaborative Practice

In early 2010, health professions education associations representing nursing, medicine, pharmacy, dentistry, and public health joined together to form the Interprofessional Education Collaborative (IPEC) and convened an expert panel to produce a report to define a common language for interprofessional education and collaborative practice. *Core Competencies for Interprofessional Collaborative Practice* (*Core Competencies*) was released in May 2011. The *Core Competencies* are intended to guide preparation of health professions students for integrated, high quality care within the nation’s evolving health care system. In 2016, the IPEC Board updated the document and included a more explicit focus on prevention and population health. Notably, an additional sub-competency was added. This new sub-competency, RR10 states, “Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.” The 2016 revision also updated older sub-competency statements to include references to communities, community members, population health programs and policies, and professions beyond the health sector. The report identifies 39 sub-competencies across four core competencies: Values and Ethics, Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork.

Rationale

The landscape of health care in the United States is changing. Increasingly, the reimbursement system and the focus of care are moving from providing care to people one at a time, to addressing the health of populations. Such a transformation will require significant changes in the educational system for health care professionals. The interprofessional team will play an important role in expanding the focus from treatment to disease prevention and health promotion.

Curricular guidance documents and accreditation standards in the health professions increasingly include expectations for competence in interprofessional practice. Selected statements from specific professions are provided as examples in Appendix A.

A number of the *Core Competencies* advanced by IPEC can be acquired if health professions students work together to address priority areas identified in Healthy People 2020 and in the *Curriculum Framework*. Offering students the opportunity to address population health issues as members of teams

will equip them with an understanding of what each health professional brings to the care of patients and health of communities. Connecting the *Core Competencies* with the *Curriculum Framework* can guide educational programs as they build a robust curriculum that will prepare students for future service to populations.

Much of the 2015 *Curriculum Framework* could be taught interprofessionally, supporting the achievement of the *Core Competencies*. The Curriculum Resource Guide that follows updates the Curriculum Resource Guide that was published in 2015 to align with the Core Competencies for Interprofessional Collaborative Practice: 2016 Update. It provides examples of how *Curriculum Framework* content elements could be linked to specific statements within the *Core Competencies*. Users of this Guide are encouraged to explore additional combinations of curriculum content elements and interprofessional competencies that optimize the use and further development of local expertise and resources.

Integrative Learning Activities

The Healthy People Curriculum Task Force has prepared a guide to inform curriculum development focused on students' abilities to participate effectively as members of interprofessional health teams delivering clinical prevention and population health services. Users are encouraged to adapt this guide and customize activities to an institution's specific learning environments and health professions education programs.

On the following pages are several examples of integrative interprofessional learning strategies that address selected *Core Competencies* and content elements within the *Curriculum Framework*.

**Learning Activity 1:
Providing Primary Care to a Family**

Each student team member is assigned a specific member of a fictional family. The student analyzes specific health issues for the assigned family member (e.g., obesity, diabetes, risky behavior, low self-esteem, depression, delinquent immunizations). The team develops prevention and health promotion plans for each family member with attention to the social determinants of health.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
<p>VE1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.</p> <p>VE3. Embrace cultural diversity and individual differences that characterize patients, populations, and the health team.</p> <p>VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to support the delivery of prevention and health services and programs.</p> <p>RR3. Engage diverse professionals who complement one’s own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.</p> <p>CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.</p> <p>CC3. Express one’s knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.</p> <p>TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.</p>	<p>Foundations of Population Health</p> <ol style="list-style-type: none"> 1. Descriptive Epidemiology: The Health of Populations <ul style="list-style-type: none"> • Determinants of health, disease, and injury 3. Evidence-Based Practice <ul style="list-style-type: none"> • Assessing the quality of the evidence • Assessing the magnitude of the effect • Nationally recognized guidelines <p>Clinical Preventive Services and Health Promotion</p> <ol style="list-style-type: none"> 1. Screening <ul style="list-style-type: none"> • Assessment of health risks • Criteria for successful screening • Evidence-based recommendations 2. Counseling for Behavioral Change <ul style="list-style-type: none"> • Approaches to behavior change incorporating diverse patient perspectives • Clinician-patient communication 3. Immunization <ul style="list-style-type: none"> • Criteria for successful immunization • Government requirements 4. Preventive Medication <ul style="list-style-type: none"> • Approaches to chemoprevention • Criteria for successful chemoprevention 5. Other Preventive Interventions <ul style="list-style-type: none"> • Lifestyle Interventions • Criteria for successful preventive interventions <p>Clinical Practice and Population Health</p> <ol style="list-style-type: none"> 1. Incorporating Population Health into Clinical Care <ul style="list-style-type: none"> • Coordination of health services 3. Environmental Health <ul style="list-style-type: none"> • Environmental health risk assessment and risk management

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
	<ul style="list-style-type: none"> 4. Occupational Health <ul style="list-style-type: none"> • Employment-based risks and injuries, including military service • Prevention and control of occupational exposures and injuries 6. Cultural Dimensions of Practice <ul style="list-style-type: none"> • Cultural influences on individuals and communities • Design and delivery of culturally appropriate and sensitive health care, recognizing bias, prejudice, and stereotyping

Learning Activity 2:

School-based Childhood Obesity Prevention

Interprofessional service-learning project in which student teams teach obesity prevention and health promotion through elementary school-based activities that address nutrition and physical fitness. Team interacts with and addresses the concerns of teachers, parents, and the community about the rise in childhood obesity in the community.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
<p>VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.</p> <p>RR1: Communicate one’s roles and responsibilities clearly to patients, families, community members, and other professionals.</p> <p>RR6: Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention.</p> <p>RR10 Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.</p> <p>CC2: Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.</p> <p>TT1: Describe the process of team development and the roles and practices of effective teams.</p> <p>TT4: Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.</p> <p>TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.</p>	<p>Foundations of Population Health</p> <ol style="list-style-type: none">1. Descriptive Epidemiology: The Health of Populations<ul style="list-style-type: none">• Burden of disease and injury• Determinants of health, disease, and injury4. Implementation of Health Promotion and Disease Prevention Interventions<ul style="list-style-type: none">• Types of prevention• Target audience for direct interventions• Role of the clinician and interprofessional team in improving the health of populations7. Evaluation<ul style="list-style-type: none">• Process and outcome assessments <p>Clinical Preventive Services and Health Promotion</p> <ol style="list-style-type: none">2. Counseling for Behavioral Change<ul style="list-style-type: none">• Approaches to behavior change incorporating diverse patient perspectives• Clinician-patient communication5. Other Preventive Interventions<ul style="list-style-type: none">• Lifestyle interventions• Criteria for successful preventive interventions• Evidence-based recommendations <p>Clinical Practice and Population Health</p> <ol style="list-style-type: none">1. Incorporating Population Health into Clinical Care<ul style="list-style-type: none">• Understanding and applying the principles of patient and community engagement when seeking to achieve population health improvement• Coordination of health services2. Partnering with the Public to Improve Health<ul style="list-style-type: none">• Community health assessments6. Cultural Dimensions of Practice<ul style="list-style-type: none">• Cultural influences on individuals and communities <p>Health Systems and Health Policy</p> <ol style="list-style-type: none">4. Health Policy Process<ul style="list-style-type: none">• Role and impact of policies on health and health care

Learning Activity 3:

Responding to Sentinel Events in a Health Care Institution

Case study that requires the student team to analyze a sentinel event in a health care institution and make quality improvement recommendations.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
<p>VE1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.</p> <p>VE8. Manage ethical dilemmas specific to interprofessional patient/population-centered care situations.</p> <p>RR5. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.</p> <p>CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.</p> <p>CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.</p> <p>CC7. Recognize how one's own uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).</p> <p>CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.</p> <p>TT5. Apply leadership practices that support collaborative practice and team effectiveness.</p> <p>TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.</p> <p>TT9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies,</p> <p>TT10. Use available evidence to inform effective teamwork and team-based practices.</p>	<p>Foundations of Population Health</p> <p>3. Evidence-Based Practice</p> <ul style="list-style-type: none">• Assessing the quality of the evidence• Assessing the magnitude of the effect• Nationally recognized guidelines <p>4. Implementation of Health Promotion and Disease Prevention Interventions</p> <ul style="list-style-type: none">• Types of prevention• Target audience <p>7. Evaluation</p> <ul style="list-style-type: none">• Process and outcome assessments• Quality improvement processes <p>Health Systems and Health Policy</p> <p>2. Health Services Financing</p> <ul style="list-style-type: none">• Financing of healthcare institutions• Ethical principles associated with healthcare financing <p>3. Clinical and Public Health Workforce</p> <ul style="list-style-type: none">• Regulating health professionals and healthcare institutions• Legal and ethical responsibilities of health professionals <p>4. Health Policy Process</p> <ul style="list-style-type: none">• Process of health policy making at local, state, and federal levels• Participation in the policy process• Role and impact of policies on health and health care

**Learning Activity 4:
Interprofessional Approaches to Genomics**

Debate in which students argue ethical issues related to genetic/genomic information and how they influence one’s perspectives on clinical practice. Discuss similarities and differences in how each profession responds. Discuss the role of each health professional in counseling patients, families and groups regarding genetic information.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
<p>VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.</p> <p>VE8. Manage ethical dilemmas specific to interprofessional patient/population-centered care situations.</p> <p>RR1. Communicate one’s roles and responsibilities clearly to patients, families, community members, and other professionals.</p> <p>RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.</p> <p>CC3. Express one’s knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.</p> <p>CC4. Listen actively and encourage ideas and opinions of other team members</p> <p>CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.</p> <p>TT4. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.</p> <p>TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.</p>	<p>Foundations of Population Health</p> <ol style="list-style-type: none"> 1. Descriptive Epidemiology: The Health of Populations <ul style="list-style-type: none"> • Determinants of health, disease, and injury 3. Evidence-Based Practice <ul style="list-style-type: none"> • Assessing the quality of the evidence • Assessing the magnitude of the effect • Nationally recognized guidelines <p>Clinical Preventive Services and Health Promotion</p> <ol style="list-style-type: none"> 1. Screening <ul style="list-style-type: none"> • Analysis of screening tests • Assessment of health risks • Criteria for successful screening • Clinician-patient communication • Evidence-based recommendations • Government requirements 2. Counseling for Behavioral Change <ul style="list-style-type: none"> • Criteria for successful counseling • Evidence-based recommendations

Learning Activity 5:

Social Determinants of Health and Health Disparities

Debate in which students argue strategies to address the social determinants of health with the goal of eliminating a given health disparity. Discuss the role(s) of each health profession in addressing the issue. As a group, craft an institutional or legislative policy to address the disparity.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
<p>VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.</p> <p>RR3. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.</p> <p>RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.</p> <p>RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.</p> <p>RR10. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.</p> <p>CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.</p> <p>CC3. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.</p> <p>TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.</p> <p>TT10. Use available evidence to inform effective teamwork and team-based practices.</p>	<p>Foundations of Population Health</p> <ol style="list-style-type: none">1. Descriptive Epidemiology: The Health of Populations<ul style="list-style-type: none">• Determinants of health, disease, and injury• Distribution of disease and injury• Data sources2. Etiology, Benefits and Harms-Health Research Evaluation<ul style="list-style-type: none">• Study designs• Estimation – magnitude of association• Inference• Data quality• Data presentation3. Evidence-Based Practice<ul style="list-style-type: none">• Assessing the quality of the evidence• Assessing the magnitude of the effect• Nationally recognized guidelines4. Implementation of Health Promotion and Disease Prevention Interventions<ul style="list-style-type: none">• Types of prevention7. Evaluation<ul style="list-style-type: none">• Process and outcome assessments <p>Clinical Preventive Services and Health Promotion</p> <ol style="list-style-type: none">4. Preventive Medication<ul style="list-style-type: none">• Clinician-patient communication5. Other Preventive Intervention<ul style="list-style-type: none">• Criteria for successful preventive interventions <p>Clinical Practice and Population Health</p> <ol style="list-style-type: none">2. Partnering with the Public to Improve Health<ul style="list-style-type: none">• Evidence-based recommendations for community preventive services <p>Health Systems and Health Policy</p> <ol style="list-style-type: none">4. Health Policy Process<ul style="list-style-type: none">• Process of health policy making at local, state, and federal levels• Participation in the policy process• Role and Impact of policies on health and health care• Ethical frameworks for public health decision making

**Learning Activity 6:
Community-responsive Projects**

Year-long curricular program focused on the complexities of the health care system and social issues related to health and wellness. Evening discussion sessions focus on a variety of health issues and provide an opportunity for students to work on community-responsive projects that address prevention and population health issues (e.g., informing local food bank managers about nutrition issues, improving parents’ knowledge of the HPV vaccine, providing diabetes prevention information at local health fairs, addressing mental health needs of the homeless population). Student groups present reviews of their projects through oral and/or poster presentations.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
<p>VE4: Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.</p> <p>RR4: Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.</p> <p>RR6: Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention.</p> <p>RR10 Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.</p> <p>CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.</p> <p>CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.</p> <p>CC3: Express one’s knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.</p> <p>TT3: Engage health and other professionals in shared patient-centered and population-focused problem-solving.</p> <p>TT4: Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.</p>	<p>Foundations of Population Health</p> <ol style="list-style-type: none"> 1. Descriptive Epidemiology: The Health of Populations <ul style="list-style-type: none"> • Burden of disease • Determinants of health and disease • Data sources 3. Evidence-Based Practice <ul style="list-style-type: none"> • Assessing the quality of the evidence • Assessing the magnitude of the effect • Nationally recognized guidelines 4. Implementation of Health Promotion and Disease Prevention Interventions <ul style="list-style-type: none"> • Target audience for direct interventions • Role of the clinician and interprofessional team in improving the health of populations 7. Evaluation <ul style="list-style-type: none"> • Process and outcome assessments <p>Clinical Preventive Services and Health Promotion</p> <ol style="list-style-type: none"> 1. Screening <ul style="list-style-type: none"> • Assessment of health risks 3. Immunization <ul style="list-style-type: none"> • Criteria for successful immunization 4. Preventive Medication <ul style="list-style-type: none"> • Criteria for successful chemoprevention • Evidence-based recommendation 5. Other Preventive Intervention <ul style="list-style-type: none"> • Criteria for successful preventive interventions <p>Clinical Practice and Population Health</p> <ol style="list-style-type: none"> 1. Incorporating Population Health into Clinical Care <ul style="list-style-type: none"> • Understanding and applying the principles of patient and community engagement when seeking to achieve population health improvement 2. Partnering with the Public to Improve Health <ul style="list-style-type: none"> • Community health assessments • Media communications

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
	<ol style="list-style-type: none"> 3. Environmental Health <ul style="list-style-type: none"> • Scope of environmental health • Environmental health risk assessment and risk management 4. Occupational Health <ul style="list-style-type: none"> • Employment-based risks and injuries, including military service • Prevention and control of occupational exposures and injuries • Exposure and prevention in health care settings 5. Global Health Issues <ul style="list-style-type: none"> • Disease and population patterns of diseases in other countries • Effects of globalization on health

Learning Activity 7:**Interprofessional, Coordinated Care for the Elderly**

Student team paired with an older adult living in the community with one or more chronic illnesses. Students focus on their own professional roles and the roles of their colleagues, learn the experiences and perspectives of a patient with a chronic illness, and function as a collaborative team to provide patient-and family-centered care.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
<p>VE1: Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.</p> <p>VE3: Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.</p> <p>VE4: Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.</p> <p>RR3: Engage diverse professionals who complement one’s own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.</p> <p>RR5: Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.</p> <p>RR6: Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention.</p> <p>RR7: Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.</p> <p>RR9: Use unique and complementary abilities of all members of the team to optimize health and patient care.</p> <p>CC1: Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.</p> <p>CC7: Recognize how one’s own uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).</p> <p>TT1: Describe the process of team development and the roles and practices of effective teams.</p> <p>TT4: Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.</p>	<p>Foundations of Population Health</p> <ol style="list-style-type: none"> 1. Descriptive Epidemiology: The Health of Populations <ul style="list-style-type: none"> • Burden of disease and injury • Course of disease and injury • Determinants of health, disease, and injury • Distribution of disease and injury 3. Evidence-Based Practice <ul style="list-style-type: none"> • Assessing the quality of the evidence • Assessing the magnitude of the effect • Nationally recognized guidelines 4. Implementation of Health Promotion and Disease Prevention Interventions <ul style="list-style-type: none"> • Types of prevention • Target audience for direct interventions • Role of the clinician and interprofessional team in improving the health of populations 7. Evaluation <ul style="list-style-type: none"> • Process and outcome measures <p>Clinical Preventive Services and Health Promotion</p> <ol style="list-style-type: none"> 2. Counseling for Behavioral Change <ul style="list-style-type: none"> • Approaches to behavior change incorporating diverse patient perspectives • Clinician-patient communication • Criteria for successful counseling • Evidence-based recommendations 4. Preventive Medication <ul style="list-style-type: none"> • Approaches to chemoprevention • Criteria for successful chemoprevention • Clinician-patient communication • Evidence-based recommendations 5. Other Preventive Interventions <ul style="list-style-type: none"> • Lifestyle interventions • Criteria for successful preventive interventions • Clinician-patient communication • Evidence-based recommendations

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
<p>TT9: Use process improvement strategies to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.</p>	<p>Clinical Practice and Population Health</p> <ol style="list-style-type: none"> 1. Incorporating Population Health Into Clinical Care <ul style="list-style-type: none"> • Understanding and applying the principles of patient and community engagement when seeking to achieve population health improvement • Coordination of health services 2. Partnering with the Public to Improve Health <ul style="list-style-type: none"> • Evidence-base recommendations for community preventive services 6. Cultural Dimensions of Practice <ul style="list-style-type: none"> • Cultural influences on clinicians’ delivery of health services • Cultural influences on individuals and communities • Design and delivery of culturally appropriate and sensitive health care, recognizing bias, prejudice, and stereotyping.

Learning Activity 8:

Transition of Care

Transition-of-care scenario in which student team must identify processes and factors that facilitate or hinder the transition and impact outcomes (e.g., prevent avoidable re-admissions). The team then develops a transition plan, in which the contributions of each profession are represented, that includes patient education, interprofessional communication, evidence-based processes and good practices, use of community resources, etc.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
<p>VE1: Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.</p> <p>VE5: Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.</p> <p>RR3: Engage diverse professionals who complement one’s own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.</p> <p>RR5: Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.</p> <p>RR9: Use unique and complementary abilities of all members of the team to optimize health and patient care.</p> <p>CC2: Communicate information with patients, families, community members and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.</p> <p>CC3: Express one’s knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.</p> <p>CC7: Recognize how one’s own uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).</p> <p>TT4: Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.</p> <p>TT7: Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.</p> <p>TT9: Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.</p>	<p>Clinical Practice and Population Health</p> <ol style="list-style-type: none">Community Services<ul style="list-style-type: none">Coordination of health services <p>Health Systems and Health Policy</p> <ol style="list-style-type: none">Organization of Clinical and Public Health Systems<ul style="list-style-type: none">Clinical health servicesPublic health responsibilitiesCollaborations between clinical practice and public healthHealth Services Financing<ul style="list-style-type: none">Insurance coverage and reimbursement for clinical servicesFinancing of healthcare institutionsEthical principles associated with healthcare financing

Learning Activity 9:

Public Health Emergency Response

Emergency response scenario in which student teams experience a mock public health emergency (e.g., a pandemic) and recognize the roles of clinicians, public health officials, EMS, and other community entities in the identification and response to such emergencies. Students are assigned roles to better understand the responsibilities of clinicians in the identification and tracking of public health emergencies, the potential impact of public health emergencies on the clinical care delivery system, and the roles of various entities in response and recovery efforts. Students may be expected to learn risk communication skills, components of their local emergency response system, indications for altering standards of care, use of community resources, etc.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
<p>VE1: Place interests of patients and populations at the center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.</p> <p>VE10: Maintain competence in one's own profession appropriate to scope of practice.</p> <p>RR2: Recognize one's limitations in skills, knowledge, and abilities.</p> <p>RR5: Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.</p> <p>RR10 Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.</p> <p>CC2: Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.</p> <p>CC8: Communicate the importance of teamwork in patient-centered care and population health programs and policies.</p> <p>TT4: Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.</p> <p>TT5: Apply leadership practices that support collaborative practice and team effectiveness.</p> <p>TT9: Use process improvement strategies to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.</p> <p>TT11: Perform effectively on teams and in different team roles in a variety of settings.</p>	<p>Foundations of Population Health</p> <ol style="list-style-type: none">1. Descriptive Epidemiology: The Health of Populations<ul style="list-style-type: none">• Burden of disease and injury• Course of disease and injury• Determinants of health, disease, and injury• Distribution of disease and injury• Data sources <p>Clinical Practice and Population Health</p> <ol style="list-style-type: none">1. Incorporating Population Health into Clinical Care<ul style="list-style-type: none">• Understanding and applying the principles of patient and community engagement when seeking to achieve population health improvement• Coordination of health services2. Partnering with the Public to Improve Health<ul style="list-style-type: none">• Options for interventions• Media communications3. Environmental Health<ul style="list-style-type: none">• Scope of environmental health• Agents, vectors, and routes of entry of environmental contaminants• Environmental health risk assessment and risk management4. Occupational Health<ul style="list-style-type: none">• Employment-based risks and injuries, including military service• Prevention and control of occupational exposures and injuries• Exposure and prevention in healthcare settings7. Emergency Preparedness and Response Systems<ul style="list-style-type: none">• Preparedness and response systems• Strategies for building community capacity <p>Health Systems and Health Policy</p> <ol style="list-style-type: none">1. Organization of Clinical and Public Health Systems<ul style="list-style-type: none">• Clinical health services• Public health responsibilities

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
	<ul style="list-style-type: none"> • Structure of public health systems • Collaboration between clinical practice and public health <p>3. Clinical and Public Health Workforce</p> <ul style="list-style-type: none"> • Interprofessional team approach • Legal and ethical responsibilities of health care professionals

Excerpts from Accreditation Standards: Interprofessional Education and Practice

Dental Medicine

Statements below excerpted from: [Accreditation Standards for Dental Education Programs](#) (Revised July 1, 2016); Accessed September 29, 2016.

- p. 15. In the Section on Collaboration with other Health Care Professionals...
Access to health care and changing demographics are driving a new vision of the health care workforce. Dental curricula can change to develop a new type of dentist, providing opportunities early in their educational experiences to engage allied colleagues and other health care professionals. Enhancing the public's access to oral health care and the connection of oral health to general health form a nexus that links oral health care providers to colleagues in other health professions. Health care professionals educated to deliver patient-centered care as members of an interdisciplinary team present a challenge for educational programs. Patient care by all team members will emphasize evidence-based practice, quality improvement approaches, the application of technology and emerging information, and outcomes assessment. Dental education programs are to seek and take advantage of opportunities to educate dental school graduates who will assume new roles in safeguarding, promoting, and caring for the health care needs of the public.
- p. 28. In the Section on Educational Program...
Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care. Intent: *Students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.*

Medicine

DO-GRANTING SCHOOLS:

The statements below are excerpted from [Accreditation of Colleges of Osteopathic Medicine: Accreditation Standards and Procedures](#) (Effective August 29, 2016) of the Commission on Osteopathic College Accreditation (COCA); Accessed September 29, 2016.

- p. 22 Standard Six: Curriculum-General Requirements
6.4 and associated guideline: The COM (College of Osteopathic Medicine) must help to prepare students to function on health care teams that include professionals from other disciplines. The experiences should include practitioners and/or students from other health profession and encompass the principles of collaborative practices prior to graduation from the COM.
- Guideline: Competencies for interprofessional collaborative practice may include the ability to:
1. Work with individuals of other professions in a climate of mutual respect.
 2. Apply knowledge of the osteopathic physicians' and other professionals' training, knowledge, skills and competencies to address the health care needs of the patients and populations served.

3. Communicate with patients, families, communities, and other professionals in a manner that supports the team approach to the care of the patient, the maintenance of health and treatment of disease.
 4. Apply principles of team dynamics to plan and deliver patient/population centered care that is safe, timely, efficient and effective
- p. 25 Under Clerkship Training: Guideline associated with standard 6.11
The training environment at affiliated educational sites should also be reviewed to guarantee that they provide students, at a minimum, an appropriate number of clinical presentations, appropriate supervision, and opportunities to interact with other healthcare professionals.

MD-GRANTING SCHOOLS:

The statements below are excerpted from [Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree \(March 2016; Effective July 1 2017\)](#); Accessed September 29, 2016.

Standard 6: Competencies, Curricular Objectives, and Curricular Design

P. 9: 6.7 Academic Environments

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

Standard 7: Curricular Content

P. 11: 7.8 Communication Skills

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

P. 11: 7.9 Interprofessional Collaborative Skills

The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

Nursing

The CCNE Standards for Accreditation Baccalaureate and Graduate Nursing Programs (Amended 2013) require that baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), that master's program curricula incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011), and that Doctor of Nursing Practice (DNP) program curricula incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) .

Statements below excerpted from: [The Essentials of Baccalaureate Education for Professional Nursing Practice](#) (October 20, 2008); Accessed September 29, 2016.

- p. 3. These *Essentials* address the key stakeholders' recommendations and landmark documents such as the IOM's recommendations for the core knowledge required of all healthcare professionals. This document emphasizes such concepts as patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical

reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, and practice across the lifespan in an ever-changing and complex healthcare environment.

- p. 11. In Essential I. Liberal Education...
...Skills of inquiry, analysis, critical thinking, and communication in a variety of modes, including the written and spoken word, prepare baccalaureate graduates to involve others in the common good through use of information technologies, team work, and interprofessional problem solving.
- p. 13. In Essential II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety...
...To be effective, baccalaureate graduates must be able to practice at the microsystem level within an everchanging healthcare system. This practice requires creativity and effective leadership and communication skills to work productively within interprofessional teams in various healthcare settings.
- p. 22. In Essential VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes...
...Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.
- p. 24. In Essential VII: Clinical Prevention and Population Health...
...Baccalaureate program prepares the graduate to ... collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions.

Statements below excerpted from: [The Essentials of Master's Education in Nursing](#) (March 21, 2011); Accessed September 29, 2016.

- p. 3 Master's education must prepare graduates to...build and lead collaborative interprofessional care teams.
- p.11 In Essential II, Organizational and Systems Leadership...To be effective, graduates must be able to demonstrate leadership by initiating and maintaining effective working relationships using mutually respectful communication and collaboration within interprofessional teams, demonstrating skill in care coordination, delegation, and initiating conflict resolution strategies.
...The master's degree program prepares graduates to...Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication.
- p. 22 In Essential VII, Interprofessional Collaboration for improving Patient and Population Health Outcomes...In a redesigned health system, a greater emphasis will be placed on cooperation, collaboration, and communication among all health professionals in order to integrate care in teams and ensure that care is continuous and reliable.
- p.27 In Essential IX, Master's Level Nursing Practice...The master's degree program prepares the graduate to...Use leadership skills to teach, coach, and mentor other members of the healthcare team.

Statements below excerpted from: [The Essentials of Doctoral Education for Advanced Nursing Practice](#) (October, 2006); Accessed September 29, 2016.

- p. 14 In Essential V, Health Care Policy for Advocacy in Health Care...The DNP program prepares the graduate to...Critically analyze health policy proposals, health policies, and related issues from

- the perspectives of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
- p.14 In Essential VI, Interprofessional Collaborations for Improving Patient and Population Health Outcomes...In order to accomplish the IOM mandate for safe, timely, effective, efficient, equitable, patient-centered care in a complex environment, healthcare professionals must function as highly collaborative teams (AACN 2004; IOM 2003; O'Neil 1998). DNP members of these teams have advanced preparation in the interprofessional dimensions of health care that enable them to facilitate collaborative team functioning and overcome impediments to interprofessional practice.
- p. 16 In Essential VII, Clinical Prevention and Population Health for Improving the Nation's Health...Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health
Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and /or address gaps in care of individuals, aggregates, or populations.

Occupational Therapy

Statements below excerpted from: [Accreditation Council for Occupational Therapy Education \(ACOTE®\) Standards and Interpretive Guidelines](#) (2011 Version, effective July 31, 2013; April 2016 Interpretive Guide Version); Accessed September 29, 2016.

- p. 26 Standard B.5.20: Effectively interact through written; oral, and nonverbal communication with the client, family and significant others, communities, colleagues, other health providers, and the public in a professionally acceptable manner.
- p. 26 Standard B.5.21: Effectively communicate, coordinate, and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member's responsibility in executing components of an intervention plan.
- p. 32 Standard B.9.3: Promote occupational therapy by educating other professionals, service providers, consumers, third party payers, regulatory bodies, and the public.

Pharmacy

Statements below excerpted from: [Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree -- "Standards 2016"](#) (February 2, 2015); Accessed September 29, 2016.

- p. iii ...Establishing a commitment to continuing professional development (CPD) by students and graduates is also addressed, as are contemporary educational concepts such student readiness to...Contribute as a member of an interprofessional collaborative patient care team (Team ready)
- p. 1 In the preamble to Section 1 (Educational Outcomes): The educational outcomes² described herein have been deemed essential to the contemporary practice of pharmacy in a healthcare environment that demands interprofessional collaboration and professional accountability for holistic patient well-being.
- p. 2 In Standard 3: Approach to Practice and Care: Key Element 3.4 is: **Interprofessional collaboration** – The graduate is able to actively participate and engage as a healthcare team

member by demonstrating mutual respect, understanding, and values to meet patient care needs.

- p. 7-8 Standard 11 is Interprofessional Education (IPE): The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.

Key Elements:

11.1. Interprofessional team dynamics – All students demonstrate competence in interprofessional team dynamics, including articulating the values and ethics that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities. Interprofessional team dynamics are introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings.

11.2. Interprofessional team education – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations.

11.3. Interprofessional team practice – All students competently participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. They participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, including face-to-face interactions

- p.8. In Standard 12 (Pre-Advanced Pharmacy Practice Experience), Key Element 12.5 : Introductory Pharmacy Practice Experience (IPPE) expectations...IPPEs expose students to common contemporary U.S. practice models, including interprofessional practice involving shared patient care decision-making, professional ethics and expected behaviors, and direct patient care activities.
- p. 9. In Standard 13 (Advanced Pharmacy Practice Experience), Key Element 13.3: **Interprofessional experiences** – In the aggregate, students gain in-depth experience in delivering direct patient care as part of an interprofessional team.
- p. 13. In Standard 18 (Faculty and Staff-Quantitative Features), Key Element 18.1: **18.1. Sufficient faculty** – The college or school has a sufficient number of faculty members to effectively address the following programmatic needs...Intraprofessional and interprofessional collaboration.
- p. 15. In Standard 21 (Physical Facilities and Educational Resources), Key Element 21.2: **Physical facilities' attributes** – The college or school's physical facilities also include adequate...Space that facilitates interaction of administrators, faculty, students, and interprofessional collaborators
- p. 17. In Standard 24 (Assessment Elements for Section I: Educational Outcomes), Key Element 24.3: **24.3. Student achievement and readiness** – The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the Educational Outcomes in aggregate and at the individual student level. In addition to

college/school desired assessments, the plan includes an assessment of student readiness to...Contribute as a member of an interprofessional collaborative patient care team

- p. 18. In Standard 25 (Assessment Elements for Section II: Structure and Process), Key Element 25.6: **Interprofessional preparedness** – The college or school assesses the preparedness of all students to function effectively and professionally on an interprofessional healthcare team.

- p.20-22 In Appendix 1 (Required Elements of the Didactic Doctor of Pharmacy Curriculum), under Social/Behavioral/Administrative Systems:

Healthcare Systems

- Examination of U.S. health systems and contemporary reimbursement models in which patient-centered and/or population-based care is provided and paid for, and how social, political, economic, organizational, and cultural factors influence providers' ability to ensure patient safety and deliver coordinated interprofessional care services.

Professional Communication

- Analysis and practice of verbal, non-verbal, and written communication strategies that promote effective interpersonal dialog and understanding to advance specific patient care, education, advocacy, and/or interprofessional collaboration goals. Exploration of technology-based communication tools and their impact on healthcare delivery, healthcare information, and patient empowerment.

- p. 24. In Appendix 2 (Expectations within the APPE Curriculum):
- ... IPPE involves interaction with practitioners and patients to advance patient welfare in authentic practice settings, and provides exposure to both medication distribution systems and high-quality, interprofessional, team-based patient care.
 - ... Collectively, APPE hones the practice skills, professional judgment, behaviors, attitudes and values, confidence, and sense of personal and professional responsibility required for each student to practice independently and collaboratively in an interprofessional, team-based care environment.
 - ... The APPE curriculum, in the aggregate, includes but is not limited to: (1) direct patient care, (2) interprofessional interaction and practice, (3) medication dispensing, distribution, administration, and systems management, and (4) professional development. Examples of possible activities within these broad areas are listed in the Guidance document.
 - ... **Interprofessional interaction.** The need for interprofessional interaction is paramount to successful treatment of patients. Colleges and schools provide pharmacy students the opportunity to gain interprofessional skills using a variety of mechanisms including face-to-face interactions in clinical settings or in real-time telephonic or video-linked interactions. Regardless of the methods used, students demonstrate those interprofessional skills articulated in Standard 11.
 - ... **Ambulatory care.** Ambulatory care pharmacy practice is the provision of integrated, accessible health care services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community.⁵ The ambulatory care setting involves interprofessional communication and collaboration to provide acute and chronic patient care that can be accomplished outside the inpatient setting.

Physical Therapy

Statements below excerpted from: CAPTE "[Standards and Required Elements for Accreditation of Physical Therapist Education Programs](#)" (Revised 11/11/15, effective on January 1, 2016; Revised 3/4/16); Accessed September 29, 2016.

- p. 26 Standard 7D: The physical therapist professional curriculum includes content and learning experiences designed to prepared students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:
- p. 27 Standard 7D7: Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- p. 30 Standard 7D39: Participate in patient-centered interprofessional collaborative practice.

Physician Assistant

Statements below excerpted from: [Accreditation Standards for Physician Assistant Education-Fourth Edition](#) (First published March 2010; Effective September 1, 2011; Last clarification March 2016); Accessed September 29, 2016.

- p. 4. In the Introduction...
...The ARC-PA acknowledges ongoing changes in the delivery of health care and in the education of health professionals...Education *should* be provided in a manner that promotes interprofessional education and practice.
- p. 15. In the Section on Curriculum and Instruction...
...The program curriculum prepares students to provide patient centered care and collegially work in physician-PA teams in an interprofessional team environment.
- p. 16. In the Section on Curriculum and Instruction (B1.08)...
...The curriculum must include instruction to prepare students to work collaboratively in interprofessional patient centered teams. ANNOTATION: Such instruction includes content on the roles and responsibilities of various health care professionals, emphasizing the team approach to patient centered care beyond the traditional physician-PA team approach. It assists students in learning the principles of *interprofessional practice* and includes opportunities for students to apply these principles in interprofessional teams within the curriculum.

Public Health

Statements below excerpted from [Accreditation Criteria: Schools of Public Health and Public Health Programs](#) (Amended October 2016); Accessed December 9, 2016.

- p. 18 In the Section on MPH Foundational Competencies, "Interprofessional Practice" is footnoted as follows:
...Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes."
From: Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3). In this context, "interprofessional" refers to engagement with professionals outside of public health (eg, architects, nurses), rather than to engagement with

individuals from other public health disciplines (eg, biostatisticians, health promotion specialists).

- p. 18 In a new section on Master of Public Health (MPH) Foundational Competencies, the following competency is required:
Perform effectively on interprofessional teams
- p. 19 In a new section on Doctor of Public Health (DrPH) Foundational Competencies, the following competency is required:
Propose interprofessional team approaches to improving public health
- p. 38 In the new section on Faculty Instructional Effectiveness, one of the sub-indicators, School- or Program-level Outcomes, includes the following indicator:
Courses that are team-taught with interprofessional perspectives

Appendix B:

Excerpts from Accreditation Standards: *CPPH Framework* Content

Appendix B of the *Clinical Prevention and Population Health Curriculum Framework* features accreditation standards that have incorporated *Framework* content.

www.teachpopulationhealth.org/accreditation-initiatives.html

About the Association for Prevention Teaching and Research

1001 Connecticut Avenue, NW

Suite 610

Washington, DC 20036

202.463.0550

www.aptrweb.org

Founded in 1942, the Association for Prevention Teaching and Research (APTR) is the national membership association for medical and health professions institutions and their faculty advancing prevention and population health education and research.

APTR advances population health education, research and service by linking and supporting members from across the academic prevention community. APTR members include academic preventive medicine departments, graduate programs in public health, medical and health professions programs with a population health focus, and faculty teaching population and public health.

About the APTR Healthy People Curriculum Task Force

Established in 2002, the APTR Healthy People Curriculum Task Force convenes eight clinical health professional education associations and two national resource organizations to develop curricular recommendations and implement the educational objectives of Healthy People. The Task Force currently is collecting data for Healthy People 2020 objectives:

- ECBP-12-18: Increase the inclusion of core clinical prevention and population health content in health professions education.
- ECBP-19: Increase the proportion of academic institutions with health professions education programs whose prevention curricula include interprofessional educational experiences.

MEMBER ORGANIZATIONS

Convening Member

Association for Prevention Teaching and Research

Member Organizations

American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Dental Education Association
Association of American Medical Colleges
Association of Schools of Allied Health Professions
National Organization of Nurse Practitioner Faculties
Physician Assistant Education Association

Resource Organizations

Community-Campus Partnerships for Health
Association of Schools and Programs of Public Health

