Interprofessional Education Toolkit

Practical Strategies for Program Design, Implementation, and Assessment

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Foreword
by George Thibault, MD

In the past decade we have witnessed a remarkable growth in Interprofessional Education (IPE) in the United States. Although IPE has been written about and advocated for since the 1960s, it was only in the past decade that a combination of funding support, proof of concept projects, widespread professional acceptance, and urgent need for change in our health care system have catalyzed a true IPE movement. Now virtually all health professions education accrediting bodies have IPE standards and norms.

But we still have a long way to go before we can declare victory in making IPE normative for all health professions education. There is still great unevenness across the country in how IPE is being executed. And there are great differences in the circumstances of health profession schools across the spectrum from free-standing institutions to those that are part of a multi-professional health science campus. Furthermore, there are still challenges in linking IPE to the Interprofessional Collaborative Practice that is the essential element in improving patient care, the Holy Grail of IPE.

This timely and thorough IPE Toolkit offers practical strategies for implementing and improving IPE for all Health Professions Educational Institutions. It provides historical and pedagogical background and practical advice in several important areas. This work is significant practical contribution to advance the field of IPE. It should move us closer to the time when the public can be confident that all health professionals will have teamwork and interprofessional collaboration as core competencies. As a result, we will draw closer to the kind of transformed health care system we all want and need.

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Foreword
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In my roles as Director of Research and Faculty Development for the University of Washington Center for Health Sciences Interprofessional Education, Research, and Practice and as an Associate Editor of the *Journal of Interprofessional Care*, I am pleased to see this IPE Toolkit. I first met the authors when their interprofessional team participated in a 3.5-day national "Train the Trainer Interprofessional Faculty Development Program" that was funded by the Macy Foundation. Their project at this training was focused on developing an IPE faculty development program. Following the program, they successfully piloted and sustained their own IPE faculty development program.

The IPE Toolkit will be an important resource for newly formed interprofessional faculty teams to develop, implement, and evaluate their IPE curricula. The authors have provided a historical view of IPE and IPCP and the rationale for why IPE is important. The book includes 10 chapters and 10 IPE Toolkits. The chapters provide content on IPE ranging from the historical perspective to the need to evaluate learners and assess IPE programs. The subsequent IPE Toolkits are very practical in nature and include forms, checklists, and approaches to IPE in various settings or clinical diagnoses respectively (e.g., senior living settings, palliative care, dysphagia-swallow screen, prosthetic checkout). The authors provide a sequential approach to developing IPE activities.

Faculty engaged in IPE will have a comprehensive resource to guide the development of IPE activities. The authors of this book have the knowledge, experience, and enthusiasm to help others develop a successful IPE program.

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Foreword
by Hossein Khalili, BScN, MScN, PhD, FNAP

This is such an honor and privilege to write this brief Foreword for the *Interprofessional Education Toolkit: Practical Strategies for Program Design, Implementation, and Assessment* book by my great colleagues, Drs. Noureddine, Hagge, and Ofstad.

We know that the healthcare professional education and practice in the U.S. and around the globe are under pressure to transform their functions towards interprofessional educational and collaborative practice (IPECP) in order to address accreditation standards and the Quadruple Aim (better health, better care, better value, and better providers work experience). The current predominant profession-specific socialization in healthcare education and practice is evident to cause the development of silos of uniprofessionality which in turn results in competition among professions/professionals, fragmentation of healthcare delivery, and hierarchical structures in health care system. The transformation of the healthcare education and practice systems towards interprofessionality requires intentional systematic efforts to cultivate interprofessional collaboration and dual professional and interprofessional identity through employing interprofessional socialization at micro (individual), meso (profession), and macro (system) levels.

In fact, the success of IPECP requires transformation not just at individual level, but also at the profession and system levels in healthcare. In this process and as highlighted in this valuable book, we need to facilitate shifting the mindset, culture, operations, and policies/regulations in healthcare in recognizing and fostering the contribution and the accountability of each profession/professionals towards improving health, safety, satisfaction, and cost-effectiveness in healthcare.

To facilitate the healthcare transformation towards interprofessionality and to advance the IPECP field of knowledge, educators, researchers, administrators, and practitioners could significantly benefit from such a comprehensive IPECP chapters and Toolkits offered in this book. Some chapters have utilized a practical step-by-step and evidence-based approach to help the readership to explore, develop, implement/advance, and evaluate their IPECP programs. Additionally, this book by providing supporting resources and examples can serve as a go-to manual to learn about and apply IPECP from accreditation standards to online learning and professional development opportunities. I hope you enjoy using this book

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Foreword

by Peter H. Vlasses, PharmD, DSc (Hon.), FCCP

The authors of the *Interprofessional Education Toolkit: Practical Strategies for Program Design, Implementation, and Assessment* have achieved a difficult task in that they have prepared a text that will meet novice as well as experienced interprofessional education (IPE) providers with content and materials that will support and enhance their IPE programs. Such programs being newly developed throughout the world will benefit from the historical evolution of IPE in the United States and in other countries. This information will help communicate to administrators the importance and value of investing resources in IPE. Likewise, the same information will prove valuable for IPE faculty development across the health professions, while emphasizing the vision for and benefits of interprofessional collaborative practice (ICP).

The authors come from institutions that were early adopters and strong advocates for IPE. They share a number of their own IPE educational experiences as well as those developed with collaborators in a Toolkit of 10 IPE resources. Toolkit#1: TeamSTEPPS—SBAR Communication for IPE and Toolkit #2: IPE Ethical Dilemma Discussion offer valuable foundational instruction for students in all health professions. Toolkits #3 through #9 cover a broad range of clinical conditions as well as practice environments that offer examples for a wide variety of health professional students on the opportunities for and value of ICP. Finally, Toolkit #10: IPE Student Organizations exposes health professional students to organizations committed to the advancement of IPE and ICP, should they have a strong interest in joining and advancing the field. The authors state they have designed the Toolkits to help with program design, implementation, and assessment. I believe they have met their goal and that many programs, regardless of the level of development of their IPE program, will benefit from use or adaptation of the Toolkit offerings.

<div style="text-align:right">

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Preface

You can't do it alone! As you navigate through the rest of your life, be open to collaboration. Other people, and other people's ideas are often better than your own. Find a group of people to challenge and inspire you, spend a lot of time with them, and it will change your life.

—Amy Poehler (2011)

THE STORY OF OUR TEAMWORK

The world is built in silos and, yet, we broke through. Stephen Covey defines synergy as the combined effect of individuals in collaboration that exceeds the sum of their individual effects. Our interprofessional journey and teamwork are sustained by long-standing synergy and friendship that persist today.

In the beginning of our collaboration, we were naive enough to escape our individual professional silos quickly, to be open and curious, to teach and learn together. We explored what it meant to be an educator and practitioner of nursing, pharmacy, speech-language pathology, medicine, and physical therapy, as we had little formal training in roles outside our own silos. Through respect, building trust, and shared problem-solving, we became a high-performing team far more quickly than we fully understood interprofessional education. We collaborated for years together designing and implementing (and later realizing the need to assess) interprofessional learning experiences that built up to shared achievements in ways that none of us could have done alone.

Over time we shaped and embraced a common vision, shared an interprofessional identity, and functioned collectively as change agents. The existence of this book is just one of many meaningful outcomes of this synergy.

WHY INTERPROFESSIONAL EDUCATION (IPE)?

Health professionals and educators play a vital role in shaping the quality of the future healthcare workforce. Both healthcare and educational systems are complex and require educators to bridge the gap between education and practice. A shared aim among these systems is to graduate collaborative-ready healthcare professionals who can transition seamlessly from an educational setting to a highly complex, constantly changing, and evolving practice environment. Furthermore, inter-professional practice competencies are now a common accreditation requirement for nearly all health professions. Therefore, health professionals of the future must have shared values and ethics for practice, excellent communication and teaming skills, a clear understanding of the roles and competencies of colleagues, and possess a dual professional identity. We must all identify and function as valued members of an interprofessional healthcare team to ensure safe, satisfying, cost-effective care with better health outcomes.

The national and international clarion call is ringing to transform the healthcare system to meet these aims. In response, there has been significant work to transform the way students across the healthcare professions are educated and prepared to provide safe, evidence-based, patient collaborative interprofessional care. Transforming the way health professional students are educated requires the adoption of shared outcomes as well as well-designed interprofessional curricula and learning experiences that serve to prepare students to cross the bridge from education to clinical practice. To succeed in graduating collaborative ready healthcare professionals, faculty must become familiar with the history and purpose of interprofessional education and collaborative practice (IPE/IPCP). Additionally, faculty must be change agents and build their own IPE teams. These teams are needed to co-design curricula and learning experiences using practical, structured approaches, best practices, and andragogies to ensure that learners reach the interprofessional competencies and collective achievements that advance their organizations and practice.

WE DESIGNED THIS BOOK FOR YOU

When we began our journey together, little did we know the breadth, depth and complexity of the IPE literature. Working in our fast-paced, ever-evolving work environments, we struggled for the time to uncover the extent of the knowledge and best practice applications of IPE. Once IPE became a mandated accreditation standard for nearly all healthcare related disciplines, we observed

educators and practitioners wrestle with learning IPE and integrating meaningful experiences into their curriculum. We realized quickly that a practical primer on IPE would empower our colleagues as they endeavored to learn about and apply IPE into their own busy and unique settings.

Consider us your collaborators. Whether you are starting from scratch and assembling a team for the first time, building the pitch for leadership and champions, or augmenting or assessing an existing IPE/IPCP program, we wrote this book for you to use as a guide, resource, and inspiration to sustain your journey.

SOLVING REAL PROBLEMS

As educators and practitioners, we endeavored to write the book we needed when starting our own IPE journey. Our book is designed to serve as a systematic primer, a comprehensive resource, and a reliable, practical go-to for all readers as they journey through IPE. The chapters are placed in a sequential order, but individual chapters can be read as stand-alone resources. The chapter titles are problems that our team addressed and solved. For example, two historical events took place while writing this book: (1) the global COVID-19 pandemic, and (2) the national focus on shared identity and respect. In response, we added Chapter 8 to promote online IPE and expanded upon Chapter 4 to further explore interdisciplinary bias and dual professional identity in IPE.

Concepts Included in Book Chapter Discussion

- *Chapter 1*—Tells the story of IPE from a purpose and motivational perspective, and answers the questions: why IPE and why now?
- *Chapter 2*—Discusses IPE from a historical, chronological, literature-based context.
- *Chapter 3*—Describes the culture of safety in healthcare, introduces change theory and the implications for healthcare, IPE, and IPCP.
- *Chapter 4*—Explores interdisciplinary bias, prejudice, and discrimination and describes how educational programs can prepare students to acquire a dual professional identity.
- *Chapter 5*—Offers the necessary components of effective teamwork that will support building the shared mental model necessary for the success of all stakeholders.
- *Chapter 6*—Starting with the end in mind, this chapter offers eight questions to guide

the design of an IPE curriculum and leads the reader through a design process targeting the IPEC Competencies and the Quadruple Aim of Health.
- *Chapter 7*—Introduces the reader to why IPE assessment is imperative and provides a structured approach for choosing assessment tools using backward design and the Kirkpatrick Expanded Typology.
- *Chapter 8*—Explores the literature supporting the use of information technology as an interactive channel for implementing IPE and provides educators with guidelines for effective online IPE preparation and suggested software tools.
- *Chapter 9*—Lays out the accomplishments in healthcare that have occurred during the last two decades, discusses current challenges in healthcare, and recommends future methods to advance IPE/IPCP.
- *Chapter 10*—Introduces the 10 IPE toolkits; walks the reader through the toolkit format; explains each toolkit's purpose and rationale; and provides practical, easy-to-use forms and checklists to create IPE activities.

Concepts Addressed in the Book's Ready–to–Use IPE Toolkits

- *Toolkit #1:* SBAR Communication for IPE
- *Toolkit #2:* IPE Ethical Dilemma Discussion
- *Toolkit #3:* IPE for Dysphagia: Swallow Screen and Evaluation
- *Toolkit #4:* IPE for Provider Self-Compassion
- *Toolkit #5:* IPE in Senior Living Settings
- *Toolkit #6:* IPE for Palliative Care
- *Toolkit #7:* IPE in a Community Health Clinic
- *Toolkit #8:* IPE Stroke and Neuro Program
- *Toolkit #9:* IPE for Prosthetic Checkout: Amputation Evaluation and Rehabilitation
- *Toolkit #10:* IPE Student Organizations

BOOK ORGANIZATION

This text is designed to meet the individual needs of each reader. Although it can be read from beginning to end, each chapter was written as a stand-alone product and allows a reader to review only those chapters that are most urgently needed. Individual chapters also alert the reader to review other chapters if additional information on a particular topic is desired.

We also recognize that each reader is at a different stage of the IPE/IPCP learning continuum and has a different set of questions related to IPE. To that end, the book is designed to address questions across educators' needs

- Chapter 1 provides the reader with a greater understanding of why IPE.
- Chapter 3 offers a comprehensive discussion on creating change in an organization.
- Chapters 1, 2, 3, and 9 support readers in building a pitch if they are planning or expanding a program.
- Chapters 4 and 5 provide educators with guidelines on building dual professional identity and reinforcing the value of teams and teamwork.
- Chapters 6, 7, and 8 help educators who are starting new programs or augmenting existing programs to build and assess their IPE curriculum using backward design.
- Chapter 10 includes comprehensive checklists for faculty to use when building their own IPE events and activities including planning assessment.
- Toolkits 1 through 10 are predesigned IPE activities that are ready to be used, modified, and implemented across health professional and educational settings.

CHAPTER DESIGN

Each chapter is structured to maximize the reader's understanding. Chapter features include a(n): (a) motivating quotation, (b) abstract, (c) key definitions, (d) introduction, (e) discussion of relevant concepts, and (f) brief conclusion. Tables, checklists, and appendices provide a synopsis and offer additional detail. Graphs and figures are offered throughout to provide a quick understanding of key concepts.

TOOLKIT DESIGN

Each toolkit is organized in a simple to follow format, beginning with a summary table outlining the key elements of the toolkit. Explicit delineation of the *Why*, *What*, and *How* sections for each toolkit are also provided to support the reader's ability to modify and finalize the desired activity quickly.

DIVERSITY OF PERSPECTIVES

Contributors were recruited from across healthcare disciplines including medicine, nursing, pharmacy, physical therapy, and speech-language pathology. Diverse perspectives of practitioners, administrators, accreditors, granting agencies, instructional designers, faculty, and students were among the stakeholders consulted. Furthermore, the book introduces a collection of andragogies to deliver IPE across a variety of educational settings including didactic, simulation, experiential, clinical, and community-based.

OUR SHARED HOPE

As your collaborators, it is our sincere hope that this book helps to further advance IPE/IPCP at each of your programs. We hope that all stakeholders will find the chapters and toolkits inspiring, enlightening, and useful. May this work serve to contribute to the transformation of healthcare education and practice and, together, may we collectively achieve the Quadruple Aim of Health.

Drs. Noureddine, Hagge, and Ofstad

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It's not about how much we give but how much love we put into giving.

—Mother Teresa

We are amazed by the synergy resulting from our interprofessional collaboration. Thank goodness for our interprofessional colleagues and friends. We appreciate their generous support and assistance that has made this book possible, each in different ways.

*To our families for their patience, support and encouragement
throughout our growth and evolution.*

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by how much they valued their IPE experiences.*

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shared their passion and wealth of expertise.*

*To the late Dr. Don Dixon for his support of our early IPE work
and authentically sharing himself as a standardized patient.*

To those giants who came before us, whose shoulders we stand upon.

*"Let us be grateful to the people who make us happy; they are the
charming gardeners who make our souls blossom."—Marcel Proust*

About the Authors

Nassrine Noureddine, EdD, MSN, RN, serves as an associate professor at California State University Sacramento (CSUS). She has over 25 years of teaching experience in the US and overseas. She earned her BSN from the American University of Beirut, Lebanon and her MSN and Ed.D. from CSUS. Dr. Noureddine co-founded the California Interprofessional Education Research Academy (CA-IPERA). In addition, she co-founded the CSUS Interprofessional Education Center for Innovative Teaching and Learning. The IPE Center represents the first in the CSU system of 23 campuses. She is the founder/director of SAHA Health Center, a free community clinic serving the uninsured and providing IPE community experiences for students. Her area of scholarship includes curriculum development, simulation, IPE, cultural competence, educational equity, health equity and refugees' health.

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Why IPE? Why Now?

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The journey of a thousand miles begins with one step.

—Lao Tzu

ABSTRACT

This chapter introduces the reader to Interprofessional Education (IPE) and Interprofessional Collaborative Practice (IPCP). It tells the story of IPE from a purpose and motivational perspective and answers the questions: Why IPE? and Why now? The authors offer a brief history of IPE, with a more in-depth historical, chronological, literature-based overview reserved for Chapter 2. This chapter concludes by calling on readers to improve patient safety and health outcomes through IPE and IPCP.

KEY DEFINITIONS AND CONCEPTS

Interprofessional Education (IPE): "When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (World Health Organization [WHO], 2010, p. 7).

IPE—About: "Students will gain knowledge about professions, disciplines, specialties, and health workers for the purpose of collaboration to improve outcomes. Examples of this knowledge include roles and responsibilities, scopes of practice, licensure, and the stereotypes that create barriers to quality healthcare. Because of the breadth of professions contributing to these outcomes, IPE content about professions will more likely than not extend beyond those represented at a single institution" (HPAC, 2019, p. 10).

IPE—From: "For students to master interprofessional knowledge and skills and develop collaborative behaviors, IPE involves active participation and the exchange of information between learners of different professions. Therefore, IPE needs to be designed so that students are learning from students enrolled in other programs on campus and/or collaborating institutions as well as from practitioners or professionals in health systems and the community" (HPAC, 2019, p. 10).

IPE—With: "As a prerequisite for effective IPE "about" and "from" as just described, using a variety of learning modalities, students in HPAC-accredited programs need to be with students, practitioners, and professionals from other health professions at their

own and/or collaborating institutions and at health system and community partners" (HPAC, 2019, p. 10).

Interprofessional Collaborative Practice (IPCP): "When multiple health workers from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care" (WHO, 2010, p. 7).

Interprofessional Teamwork: "The levels of cooperation, coordination and collaboration characterizing the relationships between professions in delivering patient-centered care" (Interprofessional Education Collaborative [IPEC], 2016, p. 8).

Interprofessional Team-Based Care: "Care delivered by intentionally created, usually relatively small work groups in healthcare who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient or group of patients (e.g., rapid response team, palliative care team, primary care team, and operating room team)" (IPEC, 2016, p. 8).

Professional Silos: "'Professional silos' (medicine, nursing, etc) often foster relationships based on power, competition, and hierarchies, resulting in inadequate preparation for teamwork" (Margalit et al., 2009, p. 166).

INTRODUCTION

You would expect any team caring for your health or the health of your loved ones to be trained in effective communication and teamwork. You would expect each professional to understand the roles of others on the team and to share a mutual respect for patients and colleagues. You might expect this training to occur before graduation, prior to licensure and before stepping into a high-stakes healthcare environment. If you share any of these expectations, you will be surprised to learn that most health professionals practicing today were not trained in this way. The adoption of interprofessional education and collaborative practice is way overdue.

WHY IPE? WHY NOW?

It has long been recognized that training health professionals in silos is misaligned with the practice of modern care. *Professional silos* refer to the relationships among professionals based on "power, competition, and hierarchies, resulting in inadequate preparation for teamwork" (Margalit et al., 2009, p. 166). The call to change by breaking down professional silos began during the early 1960s and continues today.

All of these diverse members of the health team should be brought together during their undergraduate years, taught by the same teachers, in the same classrooms, and on the same patients. (McCreary, 1964, p. 6)

The first Institute of Medicine (IOM) report speaking to this concern was published in 1972, titled *Educating for the Health Team*. Despite these and other calls for change, educational accreditation standards were slow to change, and training of health professionals in silos continued without shared identities, goals, or understanding of teamwork and roles. For many, the first-time collaboration with another profession occurred on the job, in a live practice setting.

The need for training of the team is no less important today. Today's healthcare professionals must be prepared to work together in an increasingly diverse, fast-paced, and complicated environment. Healthcare workers are expected to communicate effectively, understand the roles and responsibilities of all team members, respond ethically, and understand teamwork to provide optimum care to patients and family members. The anticipated impact of Interprofessional Collaborative Practice (IPCP) on patient care includes improved safety, decreased mortality, and optimal health outcomes. The root cause of nearly two thirds of serious medical errors stem from failure in team collaboration, primarily linked to poor communication (The Joint Commission, 2005). According to multiple national and international agencies, IPE and IPCP are the keys to improving healthcare in the 21st century (Frenk et al., 2010; HPAC, 2019; HRSA, 2014, 2019; IOM, 2003, 2013, 2015; IPEC, 2016; IPEC Expert Panel, 2011; Pew Health Professions Commission & O'Neil, 1998; WHO, 2010).

A significant step in implementing IPCP is the integration of IPE in the training programs for health and health-related disciplines. IPE occurs when two or more disciplines come together and learn about, from, and with one another (WHO, 2010). Yet, students and faculty in healthcare academic training pro-

grams remain isolated from one another. Academic departments and programs persistently exist in silos. Though IPE faculty should work on developing dual professional and interprofessional identities in their students, the focus is still primarily on uniprofessional education and identity (HPAC, 2019; Khalili et al., 2014).

In response to these national and international agencies call to improve healthcare outcomes, there is a movement to implement IPE in university-based programs and professional development training. Further, the accreditation landscape supporting IPE is robust and rapidly evolving. Most health professional education accreditors and academic associations now emphasize IPE and expect schools and colleges to develop interprofessional curriculum and assess learning of interprofessional communication, ethical practice, roles, and teamwork to ensure collaborative, practice-ready graduates (HPAC, 2019; IPEC, 2011; IPEC Expert Panel, 2016).

National and international leaders and stakeholders in healthcare education and practice largely have advanced IPE and IPCP *top-down*, through changes to accreditation, research funding, and best-practice guidance. This diverse cadre includes healthcare and industry leaders from the World Health Organization (WHO), the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine (previously known as the Institute of Medicine, or IOM), The Joint Commission, nongovernmental agencies (e.g., Pew Health Professions Commission), multidisciplinary healthcare professional organizations (e.g., American Speech-Language-Hearing Association), and healthcare accreditation agencies (e.g., Council on Academic Accreditation). There is consensus regarding the need for change in healthcare and education to meet the Institute for Healthcare Improvement's Triple Aim, which calls for (a) improving the patient's experience of care, including both quality and satisfaction; (b) improving the health of populations; and (c) reducing the cost of healthcare (Berwick et al., 2008), as well as to align with international and national policies. Nevertheless, disagreement remains over how to implement IPE and IPCP to accomplish this desired change. For a deeper dive into the history motivating modern calls for IPE and IPCP, please refer to Chapter 2.

Creating change toward IPE and IPCP is an adaptive problem. In many ways, health professions and educators are still learning how to implement robust training and assessment that leads to improved collaborative practice, which in turn creates positive results for patients and health systems. There are many barriers to implementation, including gaining administrative buy-in, finding partners, securing funding, creating policy, offering interprofessional continuing education workshops and conferences, building cur-

riculum, recruiting supportive champions, increasing the number of IPE trained educators, dismantling interdisciplinary bias and prejudice, adapting to social distancing mandates due to a pandemic, managing the logistics of bridging across two or more programmatic silos, and many more. Change starts with creating a big idea for IPE that everyone can get behind and integrate into their mission, vision, values, and strategic plans. Equally important, change starts with each of us telling our own stories—how IPE and IPCP empowered a student to be an effective collaborator, transformed a student, changed the outcome for a patient, opened new areas of scholarship and resources, deepened the trust in our colleagues, or changed the culture at our institution. Each of these stories we tell at our home institutions requires an understanding of our shared history, culture, organizational structure, communities, environments, resources, and leadership styles. More methods for systematically approaching these change processes are detailed in Chapter 3.

HOW THIS BOOK WILL BE HELPFUL

This book is designed to benefit academic and healthcare administrators, educators, practitioners, and learners. It provides all stakeholders with in-depth and comprehensive information on IPE/IPCP as well as tools for success with advocacy, scholarship, education, and practice. In addition, a list of current resources on IPE/IPCP is included in Chapter 5 as an appendix. Table 1–1 summarizes the content of the book by chapter and how it can be used by all stakeholders to (a) build the pitch if they are planning to create a new program or promote their own (Chapters 1, 2, 3, & 9); (b) help educators build a dual professional identity and teamwork in existing curriculum (Chapters 4 & 5); and (c) help educators (clinical or academic) who are starting new programs or augmenting their existing programs in building their IPE curriculum and assessing these programs, including academic professional education, clinical or professional development, and continuing education workshops, events, and conferences (Chapters 6, 7, & 8). The book also provides checklists for faculty to build their own IPE events and activities (see Chapter 10) as well as predesigned IPE toolkits that are ready to use and implement (see Toolkits 1–10).

Clearly, the journey to becoming *interprofessional* has been long and, at times, arduous. It has, however, finally transitioned from a conceptual model to a shared canon of literature-based, best-practice recommendations that are supported by national and international policies and standards. As educators and healthcare

Table 1–1. Table of Contents With Suggested Use of Each Chapter

Book Chapter	Chapter Title	How to Use the Chapter in Your Department/Facility
Chapter 1	Why IPE? Why Now?	Build the pitch for IPE.
Chapter 2	History of Interprofessional Education	Build the pitch for IPE.
Chapter 3	Leading the Change	Build the pitch for IPE.
Chapter 4	Interdisciplinary Bias and Dual Professional Identity in IPE	Build dual professional identity and teamwork.
Chapter 5	Shared Understanding of the IPE Team	Build dual professional identity and teamwork.
Chapter 6	Getting Started With IPE Curriculum Design	Build IPE curriculum and assessment.
Chapter 7	Assessing an IPE Curriculum: An Overview	Build IPE curriculum and assessment.
Chapter 8	Creating Effective, Evidence-Based and Equitable Online IPE	Build IPE curriculum and assessment.
Chapter 9	A Call to Action for Advancing IPE	Elevator pitch or speech.
Chapter 10	Let Toolkits Be Your Quick Start to IPE Learning Experiences	Implement IPE step-by-step using the practical exemplars provided.

providers, we hope that our graduating students are equipped to lead a practice-ready collaborative workforce. We endeavor to equip our students with the tools and abilities necessary to communicate effectively on a team, to understand the roles and responsibilities of their team members, and to develop a shared sense of respect and ethical accountability.

Whether you joined this call for change in the 1960s or you are responding to the change in accreditation standards in the most recent decade, we all ultimately seek to improve the healthcare outcomes of patients and families. Current efforts to break down the silos of health professional education, establish a shared identity, and intentionally teach methods for improving care through collaboration are a starting point. If we share the vision for better health, more efficient delivery of care, and higher satisfaction for everyone involved, then change is possible. It all starts with a commitment to interprofessional education and collaborative practice.

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