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## Interprofessional Education: Theoretical and Practical Considerations for Occupational Therapy Educators

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standardized patients (Keptner, 2017). In contrast, institutions such as the University of Oklahoma implement IPE activities through an integrated occupational therapy and physical therapy curriculum (Ferretti, 2015).

The American Occupational Therapy Association (AOTA) Commission on Education's (COE) position paper on IPE in occupational therapy curricula supports occupational therapy educators' efforts to incorporate IPE and recognizes the ethical implications if students are not prepared to practice collaboratively (AOTA, 2015). As IPE evolves in occupational therapy education, it is imperative that we not only incorporate opportunities to learn to collaborate but also to evaluate the long term efficacy of these various efforts on healthcare outcomes. A broad understanding of IPE conceptual frameworks and learning outcomes is beneficial to the development of effective IPE curricula. Furthermore, occupational therapy educators must explore opportunities to collaborate with a diverse

experiences and desired outcomes. The overview of existing frameworks for IPE that follows (see Table 1) will allow occupational therapy educators to reflect on how their proposed or implemented IPE program or activities align with the IOM (2015) recommendations.

Table 1

*Frameworks for IPE Curricula Development*

<b>Resource</b>	<b>Year</b>	<b>Framework</b>
Canadian Interprofessional Health Collaborative (CIHC)	2009, 2010, 2012	

outcomes (Cox & Naylor, 2013). The use of conceptual frameworks for IPE may help achieve better alignment between education and practice. Occupational therapy educators have an opportunity to help validate existing frameworks and explore their usefulness for measuring diverse IPE outcomes, given that occupational therapists collaborate with diverse professions across both health and social services settings.

While conceptual frameworks have been applied to studies of student perceptions and learning related to specific IPE experiences, there is a need to examine links between IPE experiences and downstream outcomes like client safety and satisfaction, quality of care, cost, and other population health indicators. One question considered in the IOM (2015) report is whether it is possible to identify and measure the impact of any one health profession's education on systems or population-level outcomes. Therefore, a comprehensive framework of IPE, describing interprofessional teaching and learning across foundational, graduate, and workplace education is needed to guide future research. Collaborations across a continuum of stakeholders, including researchers, policy makers, educators, and health care providers are also needed in order to evaluate the impact of IPE on health care outcomes.

### **The Interprofessional Learning Continuum (IPLC) Model**

The recent IOM report proposed a conceptual model for measuring IPE outcomes that needs to be validated and adapted for diverse education and health care settings (IOM, 2015). The Interprofessional Learning Continuum (IPLC) Model is based on theoretical concepts of point-of-care learning, the importance of both formal and informal learning, and a patient-centered approach to learning in health professions education (Josiah Macy Jr. Foundation, 2010; Nisbet, Lincoln, & Dunn, 2013). Kirpatrick's training evaluation model (1967, 1994) was also used as a foundation for defining learning outcomes in the IPLC model. Kirpatrick describes four levels of learning outcomes: reactions, knowledge/skills, behavior, and performance, which have been adapted for use in measuring outcomes of IPE (Kirpatrick, 1967, 1994; Reeves, Boet, Zierler, & Kitto, 2015). The overarching intent of the IPLC model is to create a framework that links IPE learning with patient health and systems-level outcomes.

Figure 1





framework provides a theoretical foundation

professionals work collaboratively in health care settings. Professional cultural shifts are necessary for interprofessional practice to occur, therefore early and repeated training is

essential to ensure that these shifts are integrated into their academic programs.

groups on committees, and using accreditation standards to promote the

It is clear from these literature examples that academic units need to establish

desired level of measurement for the IPE experience may be useful when accessing another excellent instrument resource and networking website known as the Nexus or National Center for Interprofessional Practice and Education (NCIPE). Launched in 2013, the NCIPE offers reviews of 26 instruments that met their established criteria. The Nexus is continuously updating its collection of IPE resources including instruments designed to assess IPE/P efficacy.

## **DISCUSSION**

The AOTA SoTL IPE community recognizes that IPE is a vital component of occupational therapy education. As occupational therapy educators and practitioners work to contribute to the body of IPE knowledge, AOTA is active at the national level through membership in the Interprofessional Education Collaborative (IPEC, 2017). The interprofessional frameworks and resources discussed in this article can benefit faculty and practitioners who are new to providing IPE, as well as those who are reflecting on their current program. The suggestions and resources were selected to help faculty who are evaluating IPE program efficacy and determining next steps. The authors encourage IPE programs to select a conceptual framework to ground program development, and also provide resources for train the trainer programs to help programs at any level of experience improve their collaboration and work toward next steps. Examples of next steps may include incorporating one course-based IPE activity, expanding an existing IPE program, measuring outcomes, conducting efficacy research to document outcomes, or disseminating findings of IPE research.

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