

**TEXAS A&M HEALTH OFFICE OF
INTERPROFESSIONAL EDUCATION & RESEARCH**

FIVE-YEAR STRATEGIC PLAN

Strategic Planning Consulting Services
October 2022

SMITHGROUP



**NATIONAL CENTER for
INTERPROFESSIONAL
PRACTICE and EDUCATION**

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PREFACE

CURRENT ENVIRONMENT FOR INTERPROFESSIONAL PRACTICE AND EDUCATION

This is an ideal time for TAMU Health and the Office of Interprofessional Education and Research (IPER) to re-imagine interprofessional practice and education at TAMU Health. As noted in VISION360, TAMU has gone through a period of significant transition, exacerbated by the COVID pandemic. TAMU Health has emerged with a clear vision and strategy to “become a premier health science center in Texas and the nation.” Central to the TAMU Health vision are themes of diminishing health disparities and addressing the health needs of the state of Texas, responding to the interconnected challenges of addressing human health and global planetary health, and leveraging TAMU’s research strength to advance healthcare. Strategies to achieve this vision emphasize partnerships and advancing interprofessional practice and education across and beyond TAMU Health to meet the needs of the entire TAMU community, the state of Texas and the nation. This has created a window of opportunity for a new Strategic Vision and Plan for interprofessional practice, education and research that will prepare TAMU Health graduates to meet the future needs of Texas while simultaneously addressing health priorities important for the state of Texas today.

TAMU and TAMU Health have undergone significant organizational reconfigurations, senior leadership changes, and transitions recently. The expectations for producing greater numbers of health professionals to address severe workforce shortages in Texas are putting a strain on the institution. Lack of a large integrated health system and geographically dispersed programs have been identified as barriers to pushing interprofessional education into practice. Reframing how TAMU Health faculty and staff commonly view these challenges creates new opportunities for interprofessional collaboration at the institutional level. Creating an interprofessional culture at TAMU Health provides the potential to solve a number of issues that are currently being borne independently by the schools. There is a heightened readiness to reframe interprofessional education to interprofessional practice and education as a strategy to address many strategy priorities.

OPPORTUNITY FOR REIMAGINING INTERPROFESSIONAL PRACTICE, EDUCATION AND RESEARCH TO ACHIEVE VISION360

VISION360 offers a roadmap for improving the health of the state of Texas. The need to build upon interprofessional care delivery, research and education articulated in VISION360 has created an opportunity to re-imagine interprofessional learning from a new lens, that of the Nexus of interprofessional practice and education. From this perspective, TAMU Health will start from the needs of individuals and communities and develop programs that lead to measurable outcomes for learners, institutions (TAMU Health, clinical partners), and the individuals and communities served, and individuals and communities served. This vision will support the needs of the schools and their learners, address the health workforce needs of Texas, and provide fertile opportunities for funded research.

In order to drive VISION360, the TAMU Health community must broaden the current traditional approach to interprofessional education focused on students towards a new model of interprofessional practice and education that is driven by the needs of individuals, communities, and populations. New and revitalized strategic partnerships with health systems offer unique opportunities for cutting-edge interprofessional practice and education including new interprofessional, collaborative clinical and community-based practice models. The opportunity is to shift the mental model from creating activities for students to working across TAMU, practice and community partners to identify and address the health needs of Texas. Students will be engaged in delivering care at the same time as learning interprofessional competencies in practice. This approach provides rich opportunities for research that improve the collective understanding of how best to design and support teams to meet **Quintuple Aim**¹ outcomes.

The potential is to intentionally design learning opportunities that drive meaningful value for the health of Texans, create opportunities for translational research, and ultimately secure TAMU's place as a leader in interprofessional practice and education nationally and internationally.

¹ Nundy S, Cooper LA, Mate KS. (2022). The Quintuple Aim for Health Care Improvement: A new Imperative to Advance Health Equity. JAMA; 327(6), 521-522.



STRUCTURE/APPROACH TO STRATEGIC INITIATIVES



This transformative approach to system-wide interprofessional practice and education at TAMU with its strategic partners is positioned within the content of several critical success factors. The following strategic initiatives are organized according to Five Critical Success Factors^{2,3} for interprofessional practice and education as elucidated in the work of the National Center for Interprofessional Practice and Education. Based on engagement with over 100 programs, these factors include Senior Leaders setting the tone; a clear Compelling Vision for IPE; IPE Champions with expertise on the ground; creating a Culture of Health, starting from the needs of the population and then designing curriculum that promotes student learning while simultaneously providing value to the people served; and Showcasing and Resourcing of IPE.

The strategic initiatives are presented in an intentional prioritized and chronological order, as earlier initiatives

will lay the groundwork for the direction and success of future initiatives. Senior leaders create the Compelling Vision and define the structure for interprofessional practice and education at TAMU Health. IPE Champions carry forward this mission, working collaboratively across TAMU and engaging strategic partners to create a Culture of Health to support sustainable, iterative improvement in learning and health outcomes while creating new knowledge. Senior Leaders and IPE Champions partner to Showcase and Resource IPE to build on success and create national recognition for TAMU Health's IPE accomplishments.

² Cerra, F. B., & Brandt, B. F. (2015). The growing integration of health professions education. In S.A. Wartman (Ed.), *The transformation of academic health centers* (pp. 81-90). Academic Press. <https://doi.org/10.1016/B978-0-12-800762-4.00009-8>

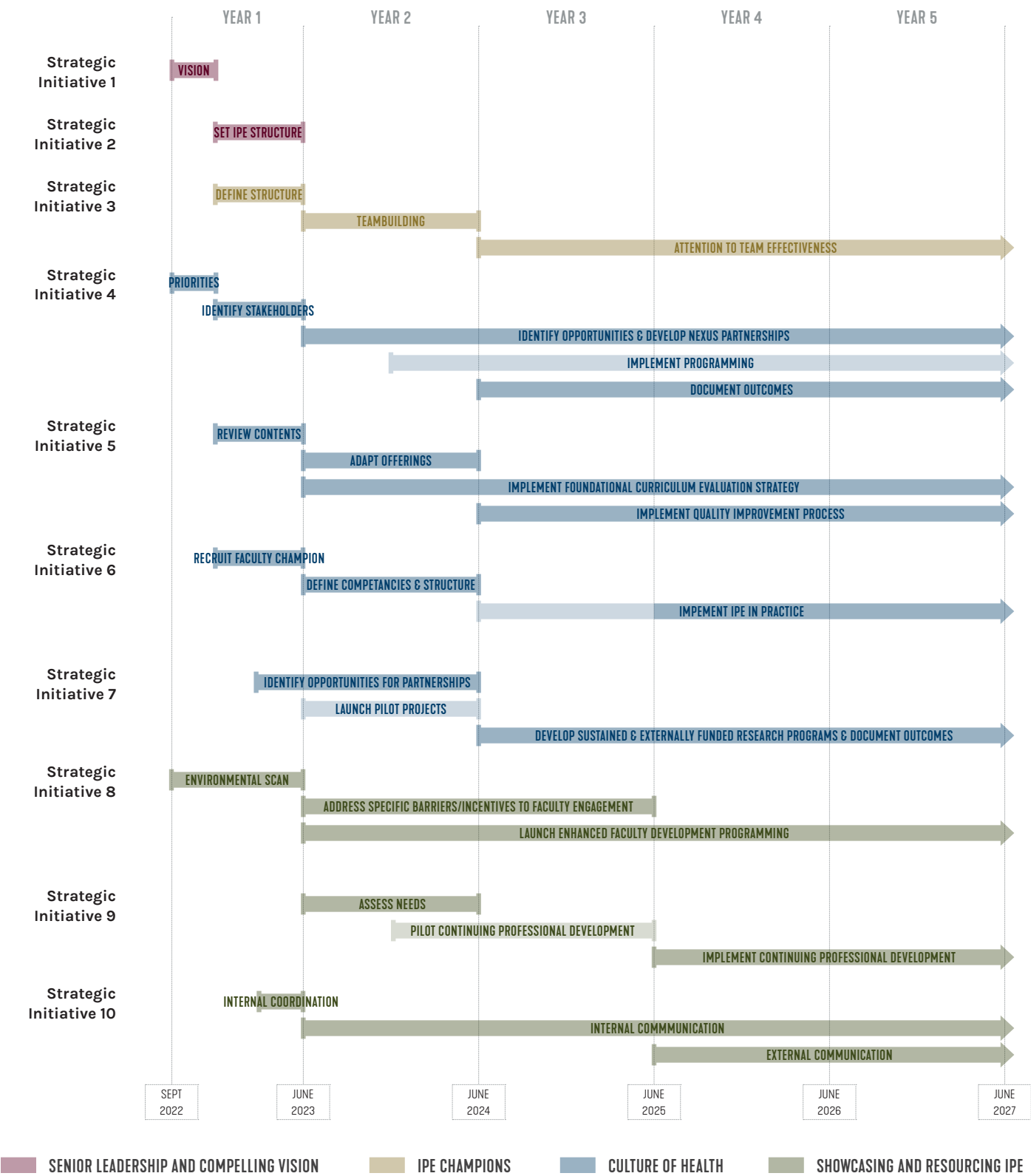
³ Cerra, F. B., Pacala, J., Brandt, B. F., & Lutfiyya, M. N. (2015). The application of informatics in delineating the proof of concept for creating knowledge of the value added by interprofessional practice and education. *Healthcare*, 3(4): 1158-1173. <https://doi.org/10.3390/healthcare3041158>



GROUP 1			
ACTION ITEM	LEAD	PARTNERS	PERFORMANCE MEASURES
Student Engagement	RONG PER	all Schools	
More 'Small Scale' Partners	Working with School District	increase community knowledge	
Measure Student Learning Outcomes	IPER	Schools - Clinical/Community Partners - Health 100PA	
Identify and Address SDG	SPAT	Schools - Community Partners - IPER	
Scale Health Hub Concept	Thru both IPER	Schools - Health Hubs - IPER	Know What? Network
IP Framework and Long-term Goals	IPER	Schools - Community Partners - Health	Workshops + Health
Research and Innovation			

STRATEGIC INITIATIVES

TIMELINE



CRITICAL SUCCESS FACTORS: SENIOR LEADERSHIP AND COMPELLING VISION

STRATEGIC INITIATIVE 1: CREATE AN INSPIRATIONAL AND ASPIRATIONAL COMPELLING VISION FOR INTERPROFESSIONAL PRACTICE AND EDUCATION

In order for TAMU Health to achieve its potential for interprofessional practice and education, TAMU Health senior leadership and deans must lead the strategy and drive the Compelling Vision, in alignment with VISION360 and the mission of TAMU and TAMU Health. A clear, succinct Compelling Vision, articulating the new lens and focus of interprofessional practice and education at TAMU Health, is essential to create a shared vision among all stakeholders. A leadership statement from TAMU Health Senior Vice President and TAMU Health deans will set the stage for success, including providing the charge by which IPER can implement the vision. The Compelling Vision provides an opportunity to focus on outcomes that matter for the state of Texas and recognize interprofessional practice and education as a pathway to achieve results for Texas.

TIMELINE

- Year 1, months 1-3 (completed by December 2022).

RESPONSIBLE INDIVIDUAL(S)

- Senior TAMU (TAMU Chief Operating Officer and Senior Vice President, VP for Operations, Provost), and TAMU Health Leaders (Senior Vice President, Deans), community and/or practice partners as identified by senior vice president.

RECOMMENDED ACTIONS

- Formally and publicly adopt and communicate this Strategic Plan.
- Convene a meeting of senior leaders and community/practice partners to articulate the Compelling Vision for interprofessional practice and education at TAMU Health.
- Formally adopt the Compelling Vision for interprofessional practice and education at TAMU Health.

CONSIDERATIONS/RESOURCES

- Engage key stakeholders in health (practice partners, community members, governmental and nongovernmental stakeholders) to co-create the Compelling Vision to ensure relevance and synergy among those needed to fulfill the vision.
- Design a structured process for engagement of stakeholders in the development of the Compelling Vision to ensure it represents outcomes that matter most to TAMU and the state of Texas.
- Identify a health priority of concern to the state of Texas that aligns with TAMU Health (Rural & Community Health, Military Care, Disaster Response Care) priorities and could be seen by stakeholders as a pathway to fulfill the Compelling Vision.
- Consider an external facilitator to support this process as a way to ensure an unbiased, neutral approach to the design and development of the vision across diverse perspectives and ideals.

METRICS OF SUCCESS

- Creation and communication of the Compelling Vision.

STRATEGIC INITIATIVE 2: TAMU HEALTH SENIOR LEADERSHIP AND DEANS ESTABLISH THE INTERPROFESSIONAL PRACTICE AND EDUCATION STRUCTURE TO ACHIEVE THE STRATEGIC PLAN AND COMPELLING VISION

TAMU Health senior leaders and deans will define the scope of responsibilities, reporting structure, key internal and external stakeholders, and essential lines of communication to achieve the overall Strategy and Compelling Vision for interprofessional practice and education. Existing assets, including IPER, in partnership with faculty, staff, and TAMU Health resources, can be charged with operationalizing the Strategy and Vision.

TIMELINE

- **Year 1, months 3-9** (complete by June 2023).

RESPONSIBLE INDIVIDUAL(S)

- Senior TAMU Leaders (Vice Chancellor for Strategic Initiatives, Provost), TAMU Health Leaders (Senior Vice President, Deans).

RECOMMENDED ACTIONS

- Define the scope of responsibilities of IPER, e.g., development and implementation of interprofessional education activities, facilitation, and coordination of practice-based interprofessional education, evaluation of TAMU Health interprofessional education program, experiential learning administration such as clinical placement tracking, institutional affiliation agreements, immunization registry, etc. Which responsibilities critical to success in this Strategic Plan will be operationalized by IPER and which will be assigned to other TAMU Health units for implementation?
- Identify and engage key internal and external clinical, practice and community partners in the development of mutually beneficial Nexus partnerships.
- Consider rebranding or renaming IPER to highlight and communicate the new focus, scope and structure of interprofessional practice and education at TAMU Health.
- Establish a leadership and support structure for IPER designed to operationalize the Vision and Strategy (Strategic Initiative 3, below).
- Develop an internal multi-directional communication strategy that ensures regular, sustained, timely communication between and among TAMU Health leadership, Schools and Deans, IPER, and practice/ community partners.

CONSIDERATIONS/RESOURCES

- Determine the appropriate staffing model for IPER to meet the defined operational role in realizing this Strategic Plan (senior leadership, faculty, staff).
- Ensure appropriate team members (faculty, staff, providers) are meaningfully engaged and have responsibility to communicate actions and opportunities to internal stakeholders (deans, curriculum committees, faculty, etc.) to advance the strategy.
- Collaborative with key clinical and community partners to determine how they would like to be engaged in co-creation of practice-based and community-based interprofessional education and/or research initiatives.
- While this Strategic Plan is focused on the five TAMU Health schools, success will require collaboration with schools and programs across TAMU and with a variety of community, health system, and educational partners and stakeholders. Many such partnerships already exist and will continue to be important. Additional partnerships and new stakeholders may emerge over time.”

METRICS OF SUCCESS

- Statement defining the scope and charge for interprofessional practice and education at TAMU Health.
- Selection of a health priority important to the state of Texas as a focus of interprofessional practice and education efforts.
- Establishment of effective multi-directional communication strategy to support the vision and strategy for interprofessional practice and education at TAMU Health.



CRITICAL SUCCESS FACTOR: IPE CHAMPIONS

STRATEGIC INITIATIVE 3: RECONFIGURE IPER IN ORDER TO REFLECT AND ENGAGE THE BROADER TAMU HEALTH COMMUNITY TO EFFECTIVELY IMPLEMENT THE STRATEGIC PLAN AND REALIZE THE COMPELLING VISION

Representation of key stakeholders within the IPER leadership structure is an important step toward reflecting the interests of the broader TAMU Health community in the implementation of the Strategy. The IPER leadership model should be evaluated and structured to ensure it reflects and represents the key stakeholders (Schools of Dentistry, Nursing, Medicine, Pharmacy, Public Health, TAMU Health leadership, appropriate academic support units, and key clinical partners). School representatives and other key leaders must have sufficient time and support to be actively engaged in the work of IPER and must be senior enough to have a broad and deep understanding of organizational and partnership opportunities and challenges.

TIMELINE

- **Phase 1 (Year 1, months 3-9)** Define and implement new structure.
- **Phase 2 (Year 2)** Teambuilding for effectiveness.
- **Phase 3 (Years 3-5 and ongoing)** Ongoing attention to team effectiveness.

RESPONSIBLE INDIVIDUAL(S)

- Senior Vice President TAMU Health, TAMU Health Deans, with input from the Provost.

RECOMMENDED ACTIONS

- Review all existing roles, including responsibilities, reporting structures and resourcing plans to ensure alignment toward the articulated Compelling Vision and strategic plan. Ensure the team has the appropriate mix of skills and experience to support operationalizing the Vision and Strategy in partnership with stakeholders across and beyond TAMU Health.
 - Starting with the outcomes in mind, define and build the team based on roles/responsibilities, expertise, and representation needed to achieve the Vision.
 - Review reporting structures and time commitment (faculty and staff allocation) to implement the Strategy.
 - Appoint/recruit faculty, staff, and stakeholder (**including student**) representatives to fill the defined (redefined) leadership team roles.
- Design a professional development plan to support the IPER team in advancing their interprofessional practice and education expertise, as well as their own team-based skills in order to serve as role models and mentors.
- Newly appointed team should work with deans and TAMU Health senior vice president to define expectations and metrics for success.
- Monitor team effectiveness and engage in ongoing teamwork development on the IPER Leadership team.



CONSIDERATIONS/RESOURCES

- Based on National Center experience and national survey data from leading interprofessional practice and education programs at US health sciences universities comparable to TAMU Health, recommended investment in staffing **(in addition to current staffing, needed to maintain current activities and engagements)** by year 2 should include the following:
 - 1.0 FTE director.
 - 1.0 FTE program staff aligned to support foundational curriculum.
 - 1.0 FTE program staff to support learning in practice.
 - 1.0 FTE program evaluator.
 - 1.0 FTE Research assistant or research partner with interest in clinical research and/or community-based participatory research to support data collection and analysis.
 - 1.0 FTE administrative support (scheduling, communications, website, etc.).
 - 0.2 FTE minimum dedicated faculty champion from each TAMU Health school.
 - 0.2 FTE faculty liaisons for each of 1) interprofessional learning in practice Champion, 2) health priority for Texas Champion, and 3) research Champion.
- Joint faculty appointments across academic units and together with key clinical/practice or research partners may facilitate cross-unit communication and long-term success.

METRICS OF SUCCESS

- Establishment and charging of the new IPER team.
- Implementation of the communication strategy developed as part of Strategic Initiative 2.
- Tracking agreed upon annual metrics.

CRITICAL SUCCESS FACTOR: CULTURE OF HEALTH

STRATEGIC INITIATIVE 4: LINK IPE TO A HEALTH PRIORITY OF CONCERN TO THE STATE OF TEXAS

VISION360 articulates the need for interprofessional practice and education efforts to advance learning outcomes for TAMU Health students while simultaneously addressing a health priority of concern to the state of Texas. Senior Leaders should identify the first such health priority based on broader TAMU Health strategy (Strategic Initiative 2, above). The complexities of this health priority will create rich learning opportunities across a broad range of professions and situate learning within real-world experiences. Selecting a health priority of focus is a strategic, long-term commitment, but holds promise to be a signature achievement of TAMU Health. Informed by TAMU Health leaders, IPER will work with internal and external stakeholders to develop interprofessional practice-based learning that simultaneously impacts outcomes of concern within the selected health priority. The health priority should be envisioned and defined broadly, so as to encompass the scope of practice and learning needs of all TAMU Health schools and programs. Over time, opportunities will emerge to engage other professions from virtually every College and School at TAMU.

TIMELINE

- **Phase 1 (Year 1, months 1-3)** Select health priority important to the state of Texas (Strategic Initiative 1, above).
- **Phase 2 (Year 1, months 3-9)** Identify key stakeholders to engage with IPER (Strategic Initiative 3, above).
- **Phase 3 (Years 2-5 and ongoing)** Identify key opportunities and develop Nexus partnerships with two to three key partners.
- **Phase 4 (Year 2, month 6 - Year 5 and ongoing)** Implement programming that engages TAMU Health students in projects that impact the identified health priority.
- **Phase 5 (Years 3-5 and ongoing)** Document outcomes that matter and consider additional health priorities that matter for the state of Texas.

RESPONSIBLE INDIVIDUAL(S)

- IPER Leadership Team, designated faculty leader (ideally an individual with a joint appointment with TAMU Health and a key partner).

RECOMMENDED ACTIONS

- Identify the health priority important to the state of Texas (Strategic Initiative 2).
- Identify and engage key community and practice stakeholders with an interest in addressing the identified health priority (Strategic Initiative 3).
- Appoint/recruit a faculty leader with knowledge/expertise in the health priority to be a liaison in support of the Nexus partnerships.
- Identify opportunities to link the identified health priority to interprofessional practice and education initiatives across the spectrum of learning, from didactic curriculum to practice-based experiences.
- Engage in Nexus partnership development with identified key partners, with discussions focused on key

health priorities that can realistically be impacted by students, ideally in the course of existing required practice/clinical/experiential courses.

- Implement initial pilots with pre-defined metrics for early success, including feasibility for all parties
- Engage in continuous quality improvement within the Nexus partnerships, to refine and expand productive programming and test new opportunities over time.
- Continue to identify, measure and assess impact on learning, health and system outcomes that matter to all partners and communities served using standardized and validated measurement instruments and assessment tools.

CONSIDERATIONS/RESOURCES

- Engage a faculty leader with sufficient seniority, expertise, and understanding of the needs of TAMU Health and key community/practice partners to ensure the short- and long-term success of this initiative. An individual with existing respect within the community and experience in community-participatory research, community-oriented primary care initiatives, or similar expertise would be highly desirable for this role.
- Recognize that developing deep Nexus partnerships and successful programming that engages students as assets to improving community health outcomes is a long-term undertaking that will require significant investment over time as well as a willingness to experiment with the approach, assess outcomes, and continuously refine programming.
- Ensure sufficient staff support for the coordination of programs as they roll out to students will be important to successfully nurture a positive relationship with community partners/sites.
- Consider and discuss the rich opportunities for community-engaged research with Nexus partners early in the collaboration to ensure an approach that lends itself to document the impact of academic-clinical and academic-community partnerships on improving health and documenting outcomes that matter to Texas and the nation.
- Explore existing systems to support outcomes analysis like the National Center Interprofessional Information Exchange and NexusIPE™ Core Data Set to begin to document learning, health and systems outcomes that matter.
- Identify one or two additional clinical/practice community partners ready to engage in this level of partnership with TAMU Health academic programs. The new TAMU Health Health Hubs may be excellent opportunities to develop a Nexus partnership.

METRICS OF SUCCESS

- Number and sustainability of Nexus partnerships.
- Number of students engaged; individuals and communities served.
- Impact on learning outcomes (i.e., attainment of interprofessional competencies, short- and long-term career choices, assessment by first employers after graduation).
- Impact on relevant process outcomes (i.e., referrals to social services, control of diabetes, etc. as relevant).
- Impact on health outcomes (i.e., quality of life, symptom-free days, days lost from school/work, etc. as relevant).

STRATEGIC INITIATIVE 5: RIGHT SIZE THE FOUNDATIONAL IPE CURRICULUM

Every TAMU Health student should participate in foundational interprofessional curriculum, where core principles of interprofessional collaborative practice are taught. This curriculum needs to be flexible and aligned with that of the individual schools. The goal of this foundational work is to prepare students for more advanced learning, most importantly in practice and community-based settings. Foundational IPE prepares students with language, knowledge, skills, and attitudes to be prepared to recognize effective interprofessional collaborative practice when they see it, and also to know when it is missing. This curriculum should be developed by starting from the identified health priorities of Texas, then working backward to interprofessional learning in practice, and only then develop the detailed scope and delivery of introductory curriculum. **IPER currently leads a variety of foundational activities.** Many, such as the Disaster preparedness Curriculum is one excellent example of existing foundational activities that can be reinforced and amplified through school-based and IPER curriculum that prepares students for practice-based interprofessional learning in practice during Operation Border Health and Preparedness (formerly Operation Lone Star). IPER should work with the Colleges to identify which current activities are meeting health and learning objectives, and continue to serve as the coordinator for those identified as achieving foundational needs for identified cohorts of TAMU Health students.

TIMELINE

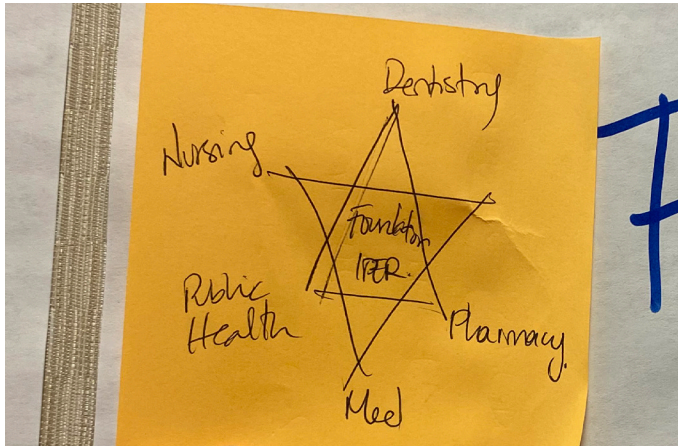
- **Phase 1 (Year 1, months 1-9)** Review existing interprofessional education content and identify redundancies and gaps.
- **Phase 2 (Year 2)** Adapt offerings based on Year 1 review.
- **Phase 3 (Years 2-3):** Implement Foundational Curriculum evaluation strategy.
- **Phase 4 (Years 3-5 and ongoing)** Implement continuous quality improvement process for foundational curriculum.

RESPONSIBLE INDIVIDUAL(S)

- IPER leadership team in collaboration with TAMU Health Schools and Deans.

RECOMMENDED ACTIONS

- Review existing offerings across IPER and TAMU Health Schools to ensure that every TAMU Health student is exposed to foundational interprofessional content at the appropriate time in their curriculum.
- Modify student exposures to meet core foundational requirements for all TAMU Health students while limiting redundancies.
- Develop and implement a core foundational curriculum assessment strategy that moves beyond numbers served and satisfaction to measure attainment of foundational knowledge, skills, attitudes, and competencies.
- Implement ongoing continuous improvement of foundational curriculum with a goal of supporting student preparation for interprofessional learning in practice and student engagement in programming that impacts the health priority important for the state of Texas.



CONSIDERATIONS/RESOURCES

- Much of the current work of IPER involves implementing and/or facilitating activities that support foundational interprofessional learning for TAMU Health students; many existing activities are well received and likely provide a strong basis for an ongoing foundational curriculum.
- The existing activities should be reviewed with the goal of foundational curriculum in mind, i.e., to provide a foundational level understanding of core interprofessional practice competencies to prepare students for interprofessional learning in practice. Each student/program requires sufficient exposure to meet this goal, while minimizing redundancies and logistic challenges across programs and locations.
- It may not be necessary for every professional program to be engaged in every activity for effective foundational experiences.
- Distance learning technologies may be leveraged to support students at distance campuses.
- Faculty facilitators do need sufficient preparation to understand the core interprofessional competencies being taught and in facilitating interprofessional learning.
- While it may be possible to minimize logistic challenges, it should be recognized that sufficient support resources and communication across and among Schools and IPER is needed to ensure every student, program and School has a well-organized, effective, and impactful interprofessional learning experience that meets their needs.

METRICS OF SUCCESS

- Every TAMU Health student engages in an effective, impactful foundational interprofessional learning experience.
- Evaluation metrics, including attainment of select IPE competencies, compliance with faculty/accreditor expectations and/or are demonstrating improvement.

STRATEGIC INITIATIVE 6: DESIGN INTERPROFESSIONAL LEARNING IN PRACTICE

Currently, IPER does not coordinate interprofessional learning in practice that touches all programs and learners. While practice-based interprofessional learning experiences, some likely excellent, may exist within individual programs, this is an area for growth in order for TAMU Health to enhance the capacity of health professionals to work together in teams to care for those they serve and have a positive impact on the health of Texans. The concept of “community as curriculum” should be explored, whereby students are oriented to approach practice placements as opportunities to understand and address local needs in the context of interprofessional teams while simultaneously achieving profession-specific competencies and learning objectives. Understanding the current local practice environment is essential. Strategic partnerships currently being revitalized or developed by senior TAMU Health leaders offer opportunities to engage in new teaching models with a goal of preparing the workforce needed now and in the future.

Focusing on the needs of Texans allows learners to reflect on the reality of how current practice teams care for individuals and communities and the impact of more or less effective interprofessional teamwork on health outcomes. At the same time, students can apply Interprofessional Education Collaborative competencies within authentic practice settings with differentiation of the clinical and professional contributions of a public health professional, a pharmacist, a physician, a nurse, etc. to effective team function, patient/client experience and health outcomes.

TIMELINE

- **Phase 1 (Year 1, months 3-9)** Recruit/appoint faculty champion for Interprofessional Learning in Practice.
- **Phase 2 (Year 2)** Select specific IPEC competencies to focus and structure student observation and reflection in practice and define educational evaluation plan.
- **Phase 3 (Years 3-5 and ongoing)** Implement IPE in Practice - Pilot Year 3, Fully Implemented Years 4-5 and ongoing.

RESPONSIBLE INDIVIDUAL(S)

- IPER Leadership Team, faculty Champion for Interprofessional Education in Practice.

RECOMMENDED ACTIONS

- The redesigned IPER Leadership Team (Strategic Goal 3, above) will provide an enriched environment for interprofessional education experts, members from each School, and key external stakeholders to articulate common interprofessional competencies that every TAMU Health graduate should achieve in order to enter practice as an experienced interprofessional team member.
- Tools to guide student observation in practice environments and interprofessional debriefing sessions should be identified and/or developed by IPER and/or additional representatives from the Schools.
- IPER should identify strategies to meet learning objectives across many sites, including those “non-traditional” sites more commonly utilized by public health. IPER may best serve as a coordinator and convener, helping to define TAMU Health learning and assessment methods that are applied and coordinated at a more local level. This may require “outside of the box” thinking. Existing interprofessional practice sites developed by one or more schools may serve as pilots.

- Opportunities include developing models that engage active learner appreciation for the interprofessional team wherever they are, highlighting key domains (i.e., social determinants of health, the fact that mental health, oral health, and physical health are all intertwined regardless of the ability of any individual practice setting being able to address all of them, health equity and social justice, etc.). There are existing models, with structured observations and structured interprofessional debriefings, that do not need to add to the burden of practice preceptors.
- A robust educational evaluation plan should be developed that documents student attainment of interprofessional practice competencies and, ideally, tracks interprofessional behaviors into practice with select TAMU Health practice partners.
- Developing robust interprofessional learning in practice will require coordination and integration across schools and clinical partners.

CONSIDERATIONS/RESOURCES

- A faculty champion should be identified and charged with leading this effort, in collaboration with IPER.
- There are three core resource documents that have been developed to support and guide interprofessional learning across the curriculum. These resources should be reviewed and considered by the IPER Leadership Team. They include:
 - The IPEC Competencies for Interprofessional Practice⁶ define the core competencies that cross every health profession program. Many schools select one or two defined competencies from each of the four IPEC domains as their primary focus.
 - The Health Professions Accreditation Council Interprofessional Education Guidance⁷ provides guidance on expectations of and strategies to meet various health professions accrediting bodies' IPE requirements.
 - The National Collaborative for Improving the Clinical Learning Environment Pathways to Excellence⁸ and other documents⁹ provide additional resources and recommendations for promoting interprofessional practice and education that meets the needs of learners, systems and individuals served.
- This strategy does not rely on new "IPE specific" clinical sites, student-led clinics, or re-alignment of existing uniprofessional practice/ experiential placements. Rather, it relies on the fact that nearly every practice environment involves an array of professional and non-professional team members, and each environment exhibits more or less effective interprofessional collaborative practice skills. The goal is to provide students with a structure and language to name and frame interprofessional teamworking and identify the impact of better, versus less effective, teamworking on outcomes for the team and for those served (Quadruple Aim, Quintuple Aim)¹⁰.

⁶ Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. Washington, DC: Interprofessional Education Collaborative.

⁷ Health Professions Accreditors Collaborative. (2019). *Guidance on developing quality interprofessional education for the health professions*. Chicago, IL: Health Professions Accreditors Collaborative.

⁸ National Collaborative for Improving the Clinical Learning Environment. (2021). *NCICLE Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High-Quality Patient Care*. Chicago, IL: NCICLE. <https://doi.org/10.33385/NCICLE.0003>

⁹ <https://ncicle.org/resources>

¹⁰ Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: care of the patient requires care of the provider. *Annals of family medicine*, 12(6), 573–576. <https://doi.org/10.1370/afm.1713>

- Existing tools could be utilized to guide student observation and reflection design.
- Faculty facilitators will need to be well prepared to facilitate interprofessional reflection from the perspective of Quintuple Aim outcomes, including being able to recognize their own professional biases and the ability to move to an interprofessional lens.
- Distance learning technologies can be leveraged to facilitate interprofessional student debriefing sessions.

METRICS OF SUCCESS

- Every TAMU Health student will engage in at least one intentional interprofessional learning in practice observation and reflection exercise.
- Achievement of interprofessional competencies by all TAMU Health students using a standardized, validated assessment tool.
- Recognition of improved interprofessional teamwork skills among new TAMU Health graduates by key employers/TAMU Health practice partners.
- Achievement of commendation by profession specific accreditations for excellence in meeting interprofessional accreditation requirements.
- Peer reviewed presentations and publications documenting impact.
- National recognition of TAMU Health as a leader in interprofessional practice and education, as evidenced by invited papers, presentations, and leadership roles in national settings.



STRATEGIC INITIATIVE 7: ESTABLISH AN INTERPROFESSIONAL RESEARCH AND EVALUATION AGENDA

An effective interprofessional research and evaluation strategy is necessary to understand the impact and outcomes of the strategic clinical partnerships, including changes in the health of Texans over time. This TAMU Health-wide focus will provide rich opportunities for research examining the impact of team preparation, effective team function, patient engagement, academic-practice and academic-community partnerships and new/ expanded roles for individual team members on important health outcomes. The current national and state focus on transforming the healthcare system to increase value and address the health needs of historically underserved populations has highlighted the need for new research strategies and partnerships to study these important and complex problems.

It is also critical that IPER implement a robust evaluation strategy that expands beyond student self-reported views and process measures to demonstrate learning and health outcomes. This is needed to document impact of IPER programs locally and to be competitive for grants that can support the work envisioned in this report which could lead to growing national recognition of excellence over time.

TIMELINE

- **Phase 1 (Year 1, month 6 - Year 2)** Identify existing opportunities for synergy between academic and practice partners, including possible joint hires.
- **Phase 2 (Year 2)** Facilitate conversations among one to three potential academic-practice or academic-community research partnership teams; launch pilot projects.
- **Phase 3 (Years 3-5 and ongoing)** Develop sustained, externally funded research program(s) documenting outcomes from better prepared interprofessional practice teams.

RESPONSIBLE INDIVIDUAL(S)

- Vice President, TAMU Health, Deans, faculty leader for interprofessional collaborative practice research.

RECOMMENDED ACTIONS

- Senior leaders from TAMU Health and practice partners should identify strategic priority areas for research on the impact of interprofessional practice and education initiatives on Quintuple Aim outcomes and the Health of Texas.
 - Senior leaders can support IPER to identify opportunities to establish partnerships with health services, clinical, translational, social science, public health, engineering, education, and other researchers from across TAMU and community members.
 - From these partnerships, a limited number of research teams should be formed and charged with developing pilot data that will lead to sustained, externally funded, impactful research on the design, delivery, and outcomes of interprofessional practice and education efforts.
- Working with the identified partners/experts, IPER should develop a practical, approachable, and comprehensive evaluation plan using multiple methods with the goal of documenting TAMU Health students achieve core competencies for collaborative practice by graduation (see Strategic Initiatives 5 and 6 above).

CONSIDERATIONS/RESOURCES

- Consider appointment/recruitment of an independently funded researcher with appropriate expertise in clinical, translational, and/or public health research to lead interprofessional collaborative practice research efforts.
- Seek partners within the institution to support the research program. Consider existing research programs within TAMU Health and the wider TAMU community that are well positioned to engage in research on developing teams and measuring the impact of effective teamwork.
- Targeted pilot funds to support new research collaborations to prepare for external grant submissions will likely be needed to encourage engagement of both currently funded investigators and community/practice partners.
- Senior Leadership and Deans may identify strategic opportunities for joint hires with expertise and interest in advancing this agenda.
- Recruit/appoint a full time Evaluator with robust research and evaluation expertise to lead IPER program evaluation and serve as a liaison between IPER and the new interprofessional practice research efforts.

METRICS OF SUCCESS

- Research partnerships of two or more professions sustained for at least one year.
- Research grants submitted and funded.
- Research publications.
- Successful funding of targeted/high priority grant agencies or mechanisms such as DoD, PCORI, programmatic grants.
- Implementation of systematic evaluation of learning and health outcomes of IPER curriculum.
- Educational evaluation peer-reviewed presentations and publications.
- Educational grants funded.

CRITICAL SUCCESS FACTOR: SHOWCASING AND RESOURCING INTERPROFESSIONAL PRACTICE AND EDUCATION

STRATEGIC INITIATIVE 8: SUPPORT FACULTY IPE ENGAGEMENT

TAMU Health faculty stakeholders have demonstrated substantial commitment to interprofessional learning. However, given the many conflicting priorities that all faculty face, it is critical that interprofessional practice and education be supported and rewarded in meaningful ways, not all of which must be financial, such as awards, opportunities to engage in scholarship, and promotion and tenure recognition. Further, as interprofessional learning is expanded into the clinical space, faculty not familiar with interprofessional collaborative practice competencies, scope of practice of other professions, or facilitation of interprofessional student groups will need to be engaged to ensure consistent, positive, impactful student experiences. Finally, faculty engagement should include opportunities to learn with, from and about faculty and practitioners from other professions and practice partners to deepen strategic partnerships.

TIMELINE

- **Phase 1 (Year 1)** Environmental scan.
- **Phase 2 (Years 2-3)** Work with Deans to address specific barriers/incentives to faculty engagement in IPE through individual school processes.
- **Phase 3 (Years 2-5 and ongoing)** Launch enhanced faculty development programming targeted to support interprofessional learning in practice and faculty scholarship.

RESPONSIBLE INDIVIDUAL(S)

- Director of IPER and IPER Leadership Team in consultation with the Schools/Deans.

RECOMMENDED ACTIONS

- Work with TAMU Health schools to conduct an environmental scan of existing incentives and barriers to faculty participation in interprofessional education.
- Recommend re-aligned incentives based on environmental scan, such as explicit inclusion of interprofessional teaching and service in promotion and tenure guidelines across schools, workload expectations, awards and other recognitions, and incentives for including interprofessional content in existing courses, especially experiential/practice/clinical placements, and scholarship opportunities.
- Continue existing efforts to develop interprofessional practice and education champions across all schools/programs.
- Develop specific faculty development activities for facilitating interprofessional student engagement in practice and interprofessional small group debriefing sessions. Ensure that faculty across all schools are incentivized or even required to participate in faculty development and interprofessional education of learners.
- Develop opportunities to engage faculty in the scholarship of teaching and learning, including engagement in interprofessional education program and student evaluation, national presentations, and peer reviewed publications.
- Consider additional opportunities as dictated by faculty interest, such as journal clubs or writing workshops.

CONSIDERATIONS/RESOURCES

- Promotion and tenure and workload considerations are common opportunities to explicitly incentivize broad faculty engagement in interprofessional education.
- Faculty often completed their own education with little engagement in interprofessional learning, and frequently need significant faculty development and coaching to move from effective uniprofessional to interprofessional teaching styles. This support can best be provided in local context, facilitated by IPER.
- Awards and other formal recognition of interprofessional educational effectiveness can be powerful non-financial motivators for faculty.
- Scholarship opportunities are highly valued by many faculty, and will promote the goal of increased national recognition for IPE at TAMU Health, and create communities of practice that naturally lead to enhanced collaboration across Schools and programs that can lead to increased faculty satisfaction and unexpected benefits well beyond interprofessional education.

METRICS OF SUCCESS

- Number of faculty engaged in interprofessional education, particularly in practice settings.
- Number of faculty completing faculty development programs.
- Number of faculty engaged in interprofessional education scholarship.
- Numbers of interprofessional practice and education peer-reviewed publications, presentations, and grant applications.
- Student evaluation of interprofessional learning in practice.

STRATEGIC INITIATIVE 9: SUPPORT COMMUNITY/PRECEPTOR ENGAGEMENT

A prerequisite to enhanced interprofessional learning in practice is supporting preceptors in their own understanding and application of the principles and competencies for interprofessional collaborative practice. A variety of curricular resources exist in this space that can be leveraged by IPER without having to create new content. The focus is not traditional faculty development; this is practitioner support in service of clinical/practice organization goals and the priorities of their practice and populations. This type of engagement also benefits students as preceptors develop tactics to help students reframe their role in clinical learning environments to address local practice needs and apply core competencies in action.

TIMELINE

- **Phase 1 (Year 2)** Needs Assessment.
- **Phase 2 (Year 2, month 6 - Year 3)** Pilot continuing professional development for preceptors.
- **Phase 3 (Years 4-5 and ongoing)** Implement on-going continuing professional development program for preceptors.

RESPONSIBLE INDIVIDUAL(S)

- IPER, including stakeholder partners.

RECOMMENDED ACTIONS

- Conduct a needs assessment with representative community/practice preceptors to explore understanding of interprofessional practice and education, knowledge of IPEC competencies, creating interprofessional opportunities for students in practice, continuing professional development needs and realistic strategy for engaging preceptors.
- Engage champions from key practice stakeholder organizations in designing or implementing existing continuing professional development for preceptors that meets both academic/faculty development and practice needs and is feasible for preceptors to incorporate into practice.
- Design incentives (awards/recognition, continuing education credit, or incentives in partnership with practice employers/health systems) to encourage preceptor engagement.
- Implement a meaningful, ongoing evaluation of preceptor development programs to ensure continuous quality improvement and ongoing engagement.

CONSIDERATIONS/RESOURCES

- Incentives and continuing professional development content and delivery will need to be aligned with what is practical and approachable for preceptors.
- Partnership with TAMU Health or other continuing education accreditor(s) will be needed.
- Over time, continuing professional development that meets the academic/student education needs may align with teamwork development needs of health systems or other employers and create additional synergies with key TAMU Health stakeholders and partners.
- An effective preceptor development program offers an additional opportunity for scholarship to advance the field of interprofessional learning in practice.

METRICS OF SUCCESS

- Number of preceptors trained.
- Outcomes of continuing professional development program evaluation (i.e., satisfaction of participants, improved knowledge and/or application in practice of interprofessional collaborative practice competencies, improvement in student evaluations of preceptors).
- Number of preceptors and number of clinical/experiential placements.



STRATEGIC INITIATIVE 10: SHOWCASE INTERPROFESSIONAL PRACTICE AND EDUCATION

Opportunities to showcase TAMU Health's interprofessional innovations through IPER should be intentionally identified and supported, both internally and externally. Examples internally may include reporting at regular senior leadership meetings (i.e., Deans' Council or others) and internal publications to raise awareness, celebrate successes and potentially identify new TAMU collaborations. Externally, explore opportunities to showcase TAMU Health's interprofessional learning through conference presentations, publications, and among strategic clinical partnerships. It will also be important to define and track metrics for peer-reviewed presentations, publications, and external grants.

TIMELINE

- **Phase 1 (Year 1, months 6-9)** Internal coordination and collaboration.
- **Phase 2 (Years 2-5 and ongoing)** Internal communication.
- **Phase 3 (Years 3-5 and ongoing)** External communication.

RESPONSIBLE INDIVIDUAL(S)

- TAMU Health Senior Leaders, Deans, IPER Director and Leadership Team.

RECOMMENDED ACTIONS

- Implement regular multi-directional communication strategy including TAMU Health leadership, Schools/Deans, and IPE Director/Leadership Team to ensure regular engagement of all stakeholders in ongoing operations and strategic updates to ensure that IPER programs remain fully integrated with TAMU and TAMU Health strategic goals and meet ongoing curriculum and accreditation requirements for TAMU Health schools and programs (see Strategic Initiatives 1 and 3 above).
- Ensure that the IPER website is up-to-date and regularly updated with news, resources, and information important to the internal and external communities.
- Implement regular, ongoing internal communication using appropriate media to share IPE programs and successes across TAMU, TAMU Health, and key stakeholders such as newsletters, social media, or other platforms.
- Consider development of an external facing newsletter to share TAMU Health/IPER success nationally.



CONSIDERATIONS/RESOURCES

- It will be a critical responsibility of the IPER Director to hold themselves and all members of the IPER Leadership Team accountable for regular, multi-directional communication and collaboration with the many key stakeholders of TAMU Health IPE initiatives (Senior Leaders, Deans, faculty of TAMU Health schools, key community/health system partners, etc.).
- Senior leadership should identify appropriate venues (in many institutions this might be the Dean's or Provost's council) for regular participation by the IPER Director to ensure that IPE programming continues to meet current strategic goals and priorities of TAMU Health, and so that Senior Leaders and Deans are kept fully informed of the work of IPER, including successes and interfering and enabling factors impacting implementation of the IPER Strategic Plan (see Strategic Initiatives 1 and 3 above).
- IPER should take advantage of existing communication channels within and across the TAMU community.
- A member of the IPER staff should be charged with communication, including website, newsletters, and social media.
- Appropriate access to web design services and ability to update the website in real time are key strategies for both internal and external communication.

METRICS OF SUCCESS

- Attendance of IPER Director and other IPER team members at appropriate TAMU, TAMU Health, and individual school meetings designated for ensuring multi-direction engagement, collaboration, and communication.
- Numbers of media pieces produced for internal and regional stakeholders.
- Website metrics, documenting both internal and external visibility.
- Number of external newsletters published; size of distribution list.

APPENDIX 1. ABOUT US

ABOUT SMITHGROUP

Established in 1853, SmithGroup is one of the oldest and longest operating design firms in the country with 18 offices. But don't let our 'born on' date fool you. Today, SmithGroup is an awardwinning, multi-national organization that employs research, data, advanced technologies and design thinking to help clients solve their greatest challenges.

Our team of nearly 1,200 professionals are committed to excellence in strategy, design, and delivery—giving rise to new and innovative processes and methodologies that are redefining the way we work as teams. Our specialists—from architects and engineers to data analysts, design strategists and beyond—develop beautiful, sustainable, future-focused solutions for healthcare providers, research organizations, higher education and cultural institutions. Our integrated practice provides the full bandwidth of knowledge and collaborative expertise required for contemporary higher education planning and allows us the ability to deliver comprehensive, implementable solutions.

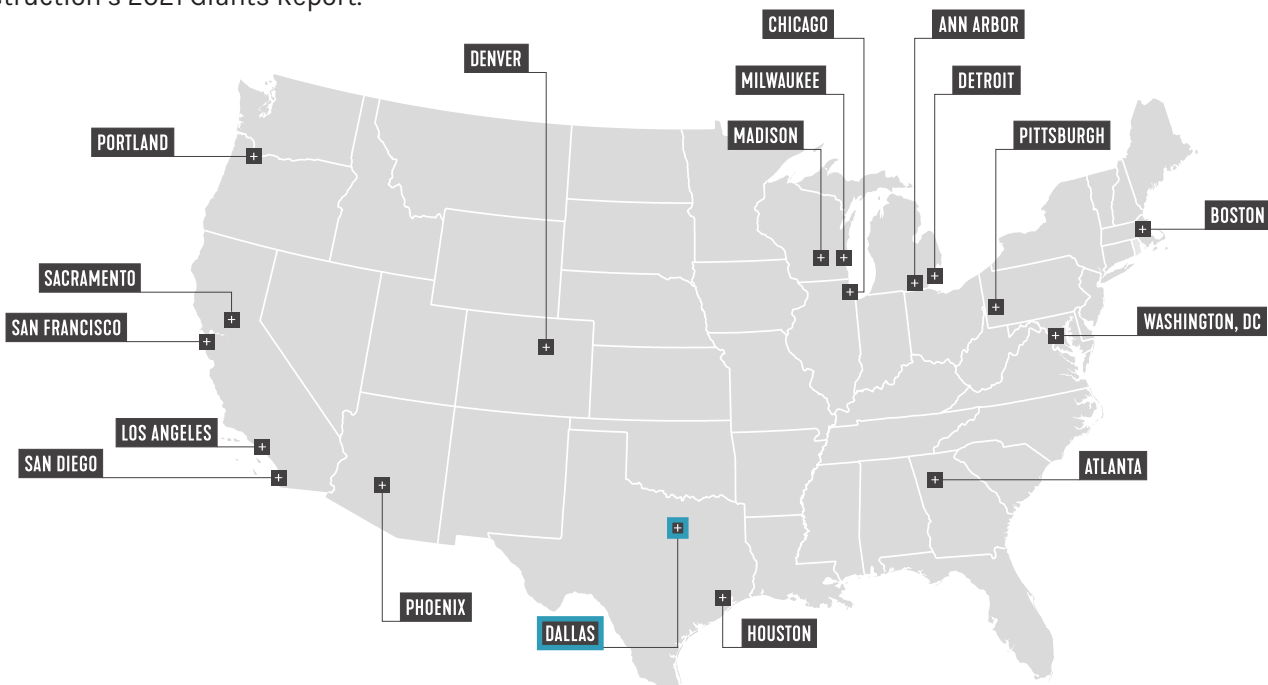
SmithGroup is the **#7 Top Integrated Design Firm in the country**—and the **#3 Top A/E firm for Higher Education Design**—as ranked by Building Design + Construction's 2021 Giants Report.

PARTNERSHIP WITH THE NATIONAL CENTER

Partnering with SmithGroup, the National Center brings a wealth of experience in strategic planning for similar institutions.

Since 2012, the National Center has focused on optimally aligning health professions education and health systems redesign to be more interprofessional and to demonstrate learning, health, patient and organizational outcomes. Their focus is on designing effective interprofessional practice and education (IPE) and measuring the impact of interprofessional collaboration on outcomes.

The National Center team is committed to their role as an unbiased neutral convener across professions, organizations, and settings. They believe diverse perspectives result in superior outcomes for those being served. They value the leadership, courage, and creativity that lead to optimally aligned health and education systems.



MORE ABOUT THE NATIONAL CENTER

Since its inception, the National Center has envisioned and committed to the Nexus by aligning interprofessional education with the health systems and communities they serve. This alignment is necessary to transform and reform practice and education together for sustainable and effective improvements in learning, organizational and health outcomes and will inform this strategic planning effort.

THE NATIONAL CENTER CONSULTANCY APPROACH

The National Center's consultancy approach is to co-create plans with their client organizations. After an initial assessment of a specific organizational situation, they recommend specific tools for the designated strategic planning group to use to co-create the plan for IPE that shifts the focus to learning, health/patient, and organizational outcomes and the IPE program to achieve them.

With a solid foundation in a practice-education partnership, transformation toward a Nexus can be accomplished through aspirational principles, including:

- Sharing a compelling vision for the future
- Partnering with individuals, families, communities and populations as full members of the health team
- Incorporating learners into the IPE team in ways that improve learning and add value to health care and the practice setting
- Creating a closed-loop model between the practice and education partnership for continuous improvement by using data to demonstrate measurable outcomes
- Encouraging situational leadership across the practice-education partnership continuum
- Committing to identifying and addressing systems-level issues together that create barriers to achieving goals (e.g., professional culture, institutional culture, workforce policy, financial policy)

- Sharing responsibilities and resources in the partnership to ensure sustainable, effective change across the Nexus

We call this approach NexusIPE™. The National Center has a comprehensive list of publications documenting its initiatives and outcomes. For a summary, visit <https://nexusipe.org/advancing/national-centerpublications>.

Founded in 2012, **Barbara F. Brandt, PhD, EdM, FNAP** and **Christine Arenson M.D** have co-directed the National Center since July 2020. The co-directorship represents the Nexus concept of integrating interprofessional education and practice at a senior systems leadership level. Together, they have served as project directors on federal and private grants focused on health workforce development and practice transformation in underserved urban and rural areas. The National Center is committed to supporting robust interprofessional education and practice transformation, beginning with foundational interprofessional education for entry level health professions students. The National Center served as the convener of the Health Professions Accreditation Council in development of **Guidance on Developing Quality Interprofessional Education for the Health Professions** (link: <https://healthprofessionsaccreditors.org/wp-content/uploads/2019/02/HPACGuidance02-01-19.pdf>). This document is intended to support health professions education programs to deliver high quality interprofessional education that will meet or exceed accreditation standards. Based upon our experience at our home institution, the University of Minnesota, and nationally, the National Center team has developed a suite of tools to shift the work in IPE to practice settings and facilitate how higher education and health systems can create effective programs together. The team has worked with senior leaders from a variety of institutions to serve as consultants in university systems IPE. Leveraging our experience working together to empower change at similar academic medical center institutions, the SmithGroup and National Center team offers a unique perspective on processes that result in transformation overcoming barriers and providing an abiding, positive impact.

SMITHGROUP EXPERIENCE FOR STRATEGIC, ACADEMIC, OR MASTER PLANNING SERVICES (LAST 10 YEARS)

Alabama A & M University	James Madison University	Rogue Community College
Alcorn State University	Johnson County Community College	Savannah State University
Arapahoe Community College	Kansas State University	Seattle Central College
Arkansas State University-Main Campus	Kent State University	Southeast Community College Area
Arkansas State University-Newport	Kent State University at Kent	Southwest Minnesota State University
Atlanta Metropolitan State College	Lake Region State College	Southwest Tennessee Community College
Augusta University	Lamar Community College	Southwest Virginia Community College
Ball State University	Lanier Technical College	Springfield Technical Community College
Barry University	Laramie County Community College	State Fair Community College
Bethune-Cookman University	Macon State College	SUNY College at Oswego
Bismarck State College	Manchester Community College	Temple University
Bluefield State College	Marquette University	The University of Tennessee-Knoxville
California State University-Chico	Marshall University	Tidewater Community College
California State University-San Bernardino	Mayville State University	Tri-County Technical College
Catholic University of America	Mercer County Community College	Universidad Autonoma de Guadalajara
Central Connecticut State University	Metropolitan Community College Area	University at Buffalo
Central Michigan University	Middlesex Community College	University of Alaska Southeast
Central Oregon Community College	Middlesex County College	University of Arkansas-Fort Smith
Central Piedmont Community College	Millikin University	University of Central Missouri
Central State University	Milwaukee School of Engineering	University of Colorado Boulder
Clackamas Community College	Minot State University	University of Colorado Denver
Cleveland State University	Missouri University of Science and Technology	University of Colorado South Denver
College of Charleston	Montana Tech of the University of Montana	University of Illinois at Urbana-Champaign
Community College of Aurora	Mountain View College	University of Kansas
Community College of Denver	Nebraska State College System	University of Memphis
Community College of Rhode Island	New Jersey City University	University of Nevada-Reno
Connecticut State University System	New Jersey Institute of Technology	University of North Carolina Wilmington
Dakota College at Bottineau	North Dakota State College of Science	University of North Dakota
Delaware State University	North Dakota State University-Main Campus	University of Southern Indiana
Delgado Community College	North Dakota University System	University of St Thomas-Saint Paul
Dickinson State University	Northeast Community College	University of Toledo
Doane College-Crete	Northeastern State University	University of Wisconsin-Madison
Emory University	Northern Arizona University	University of Wisconsin-Parkside
Fayetteville Technical Community College	Northern Michigan University	University of Wisconsin-River Falls
Florida State University	Northwest Missouri State University	University of Wisconsin-Superior
Gainesville State College	Oklahoma State University Institute of Technology	Valley City State University
Gaston College	Orangeburg Calhoun Technical College	West Chester University of Pennsylvania
Georgia Perimeter College	Pennsylvania Highlands Community College	Western State Colorado University
Georgia State University	Pima Community College	Williston State College
Henderson State University	Red Rocks Community College	Yavapai College
Ithaca College		
Ivy Tech Community College		Total Institutions = 122

CLIENT ADVISORY BOARDS

We continually strive to understand our client's perspective and what is driving their business model. To do this, SmithGroup regularly conducts client forums and immersive research programs to investigate the current issues and trends affecting higher education facilities.

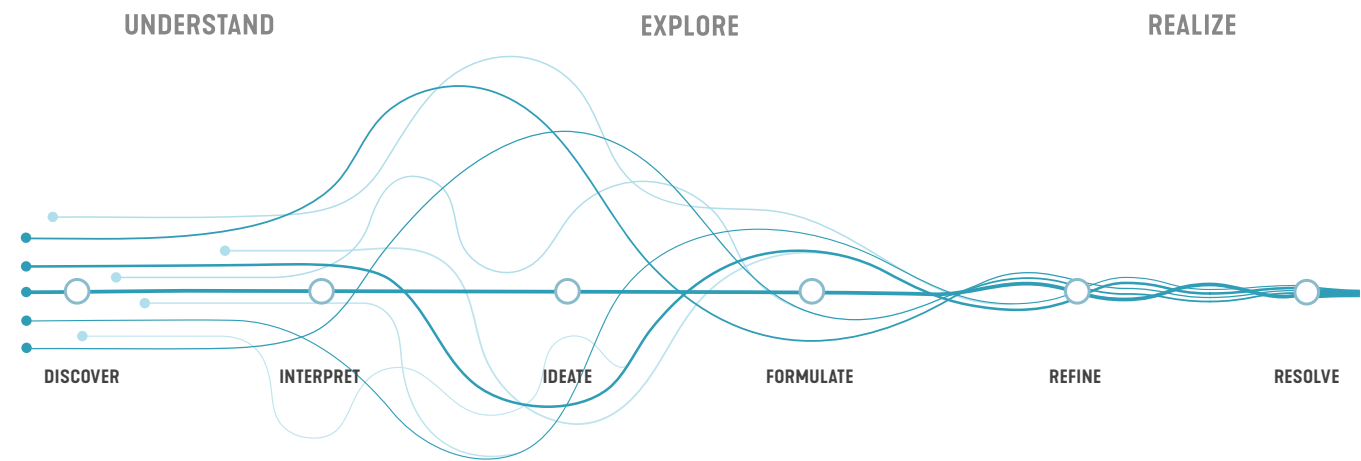


These projects—known as Client Advisory Boards (CAB) —help us to understand the instructional and research needs of our higher education clients well into the future. They also enable our planners and designers to accommodate new ways of achieving our client's goals. Offering a range of networking and research opportunities, these events have proven extremely valuable for both SmithGroup and our clients. Clients have the chance to interact with a diverse group of peers from across the nation. This interface has resulted in dynamic exchanges on best practices, issues, challenges, and trends. SmithGroup benefits from learning firsthand from colleges, universities, and healthcare institutions about the challenges and opportunities that they face ahead. Health sciences education, and specifically interprofessional education, has been a specific area of focus for SmithGroup since 2011. Since then, we have convened CAB events specifically focused on the health sciences:

- Optimizing the Clinical Learning Environment: NEXUS CLE Innovation Challenge - Minneapolis, 2019
- Leveraging Interprofessional Design Thinking to Improve Education, Healthcare outcomes and Return on Investment - Minneapolis, 2017
- Interprofessional Education: Fostering Innovation and Entrepreneurship - Phoenix, 2016
- Interprofessional Education & Collaborative Practice - Scottsdale, 2015
- Interprofessional Design Forum: Re-imagining Interprofessional Education and Healthcare Innovation - Washington DC, 2014
- Interprofessional Education - Pittsburgh, 2014
- Designing for Dental Education - ADEA Dean's Conference, Savannah, Georgia, 2013
- Interprofessional Education & Collaborative Practice - Scottsdale, 2015 Designing for Nursing Education - Washington DC, 2011 and Detroit, 2012

APPENDIX 2. DEFINITIONS

DESIGN THINKING



SmithGroup's Design Thinking is the creative arc of integrated design. This arc engages the essential threads of each design opportunity—its unique drivers, diverse points of view, and collaborative disciplines. We apply a tenacious creativity taking three active roles from start to finish:

- UNDERSTAND** discovers and interprets relevant project knowledge to expand potential.
- EXPLORE** engages that potential—with multiple ideas and forms—then narrows the focus to decide on a direction.
- REALIZE** refines and resolves that direction to fulfill potential.



INTERPROFESSIONAL PRACTICE AND EDUCATION (IPE)

For the sake of analysis of the information, we frame our thinking based upon the widely accepted World Health Organization definition of interprofessional (practice and) education, which we have adapted to include learning across the continuum:

Interprofessional education “occurs when two or more professions learn with, about, and from each other to enable effective collaboration and improve health outcomes.”¹¹

The National Center uses the term “interprofessional practice and education” to indicate that interprofessional education is inextricably linked to the transforming healthcare delivery system to achieve organizational, cost and health outcomes. A number of institutions have adopted the “new IPE” as a vision and naming of their centers. In the United States, this definition is now used by the Interprofessional Education Collaborative, a group 21 health professions education organizations. TAMU Health has many of these professions and is forward-thinking to address national standards through the proposed strategic priorities described below.

¹¹ The Centre for the Advancement of Interprofessional Education, UK, 1987; World Health Organization, Framework for Action on Interprofessional Education and Collaborative Practice, 2010.

THE NEXUS OF INTERPROFESSIONAL PRACTICE AND EDUCATION

The Nexus is designed to intentionally link the health professions education and health systems for interprofessional workforce development of future and current health professionals to simultaneously demonstrate organizational, learning and health outcomes.



APPENDIX 3. RESOURCES

INTERPROFESSIONAL EDUCATION CONSORTIUM (IPEC) CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

The IPEC core competencies have been widely adopted for US interprofessional education programs and health professions accreditation.

<https://www.ipecollaborative.org/ipec-core-competencies>

HEALTH PROFESSIONAL ACCREDITORS COLLABORATIVE (HPAC) GUIDANCE ON DEVELOPING QUALITY INTERPROFESSIONAL EDUCATION FOR THE HEALTH PROFESSIONS

Developed in collaboration with the National Center for Interprofessional Practice and Education, the HPAC IPE Guidance is an important resource for designing interprofessional education that addresses health professions accreditation standards.

<https://healthprofessionsaccreditors.org/ipe-guidance/>

NATIONAL COLLABORATIVE FOR IMPROVING THE CLINICAL LEARNING ENVIRONMENT (NCICLE)

Pathways to Excellence: Expectations for an Optimal Interprofessional Clinical Learning Environment to Achieve Safe and High-Quality Patient Care, Interprofessional Clinical Learning Environment Workshop Report, and Achieving the Optimal Interprofessional Clinical Learning Environment: Proceedings from an NCICLE Symposium

NCICLE reports synthesize interprofessional consensus on optimizing interprofessional learning and patient outcomes within the clinical learning environment.

<https://ncicle.org/interprofessional-cle>

IOM MODEL

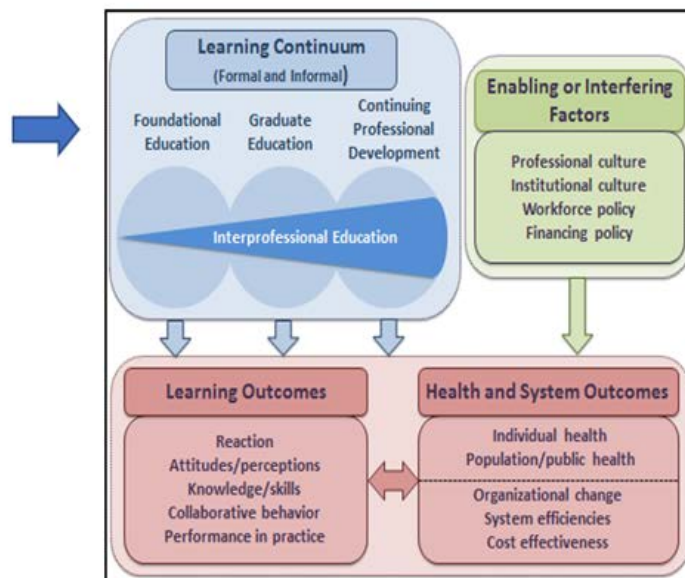
The Institute of Medicine Interprofessional Learning Continuum Model (IPLC)⁴ as adapted by the National Center for Interprofessional Practice and Education creates a framework for approaching interprofessional practice and education transformation first from the perspective of the needs of the people served. For example, this framework supported development and implementation of a nurse practitioner-led interprofessional care team in a new primary care setting serving an underserved population. Health outcomes included improvement in diabetes control and a 30% reduction in emergency room visits. Learning outcomes included expanded comfort/confidence working in collaborative teams.⁵

⁴ Institute of Medicine. (2015). *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*. Amsterdam University Press. <https://doi.org/10.17226/21726>

⁵ Harder+Company Community Research. (2019). *Accelerating Interprofessional Community-based Education and Practice Initiative - Final Evaluation Report*. National Center for Interprofessional Practice and Education: Minneapolis, Minnesota.

THEN – Design an interprofessional formal and informal IPE approach in practice/community settings.

What competencies, attitudes/values, and skillsets do all of the learner/stakeholders need?



DESIGN STARTS HERE

Given the specific practice/community situation, what do people, families, communities, populations need first? What would the outcomes be?

NATIONAL CENTER FOR INTERPROFESSIONAL PRACTICE AND EDUCATION MEASUREMENT COLLECTION

A collection of assessment and evaluation tools that can be used to assess individual learners, groups, teams, practice environments, and organizations and to evaluate the impact of interprofessional education programs and collaborative practice on Triple Aim outcomes. The Measurement Collection is currently under peer review and will be updated in coming months based on the most current literature and practice experience and reflecting Quadruple Aim outcomes.

<https://nexusipe.org/advancing/assessment-evaluation>

APPENDIX 4. TOOLS

NEXUSIPE™ LEARNING SYSTEM TOOLS

The National Center for Interprofessional Practice and Education has worked with over 70 organizations and 100 project teams to support advancement of interprofessional practice and education in the Nexus. A suite of 18 tools have been developed to support interprofessional practice and education at the institutional and project level. Two examples that may be helpful as TAMU Health and IPER implement the new strategic plan for interprofessional practice and education include:

- **Compelling Vision:** Building a new relationship between health professions education and transforming health care systems requires new ways of thinking across systems. In many National Center programs, we have observed that **Creating a Compelling Vision** to inspire people to “think big” helps them think and act differently than in the past. This aspirational goal allows the group to “start small” on focused programs that support and build toward the vision, without compromising the commitment to a larger goal. Teams without a Compelling Vision can easily lose focus of their goals which can lead to team conflict and people diverging into different directions. The vision statement will highlight how your team will be working differently to achieve your **vision of the Nexus**. In the **Nexus**, we are focused on creating unified learning systems to achieve the Quintuple Aim of Alignment of interprofessional practice and education (IPE) between health professions education programs and transforming health systems. This five step process allows senior leaders and key stakeholders to 1) Identify the context of current and future IPE; 2) Define target populations to be served; 3) Develop a Compelling Vision; 3) Define the “next steps” to accomplishing the Compelling Vision; and 5) Test the Compelling Vision with multiple stakeholders to receive feedback and refine the elevator speech. Often an external facilitator can provide significant value to this process by making sure all voices are heard within an efficient, timely process.
- **Aligning Existing Resources For the Nexus:** After developing your Compelling Vision, convening your Nexus Team and developing a shared understanding, it is critical to delineate the resources presently or potentially available to support the linkage of interprofessional education and collaborative practice in the specific environment. The tool is used a springboard to discuss how current resources could be realigned to accomplish the goal of the new IPE. Are current resources being used to promote the new interprofessional practice and education approach? Can resources be shared more efficiently? Are there new models that can be developed to reallocate resources between education and practice in order to achieve the Quintuple Aim? Using the **What? So What/Why? Now What?** Framework, this three step process guides Nexus teams to assess existing assets and resources and better align to achieve the goals of the Nexus project.

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Design a Better Future