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Health Educators, Foundations Announce Competencies and Action Strategies for Interprofessional Education

Washington, D.C., May 10, 2011—Two new reports released today by six national health professions associations and three private foundations recommend new competencies for interprofessional education in the health professions, and action strategies to implement them in institutions across the country. By establishing these competencies, the proponents believe our nation’s health care system can be transformed to provide collaborative, high-quality, and cost-effective care to better serve every patient.

The first report, [*Core Competencies for Interprofessional Collaborative Practice*](#), was produced by an expert panel convened in 2009 by the Interprofessional Education Collaborative (IPEC), a unique partnership of six associations—the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, and the Association of Schools of Public Health. Interprofessional education, as defined by the World Health Organization, involves shared learning among students from two or more health professions.

The panel was charged with identifying individual-level core interprofessional competencies for future health professionals. It proposed four domains of core competencies needed to provide integrated, high-quality care to patients within the nation’s current, evolving health care system. It also identified 38 specific subcompetencies that describe the essential behaviors across the four domains. Overall, the panel recommends that future health professionals be able to:

- Assert values and ethics of interprofessional practice by placing the interests, dignity, and respect of patients at the center of health care delivery, and embracing the cultural diversity and differences of health care teams.
- Leverage the unique roles and responsibilities of interprofessional partners to appropriately assess and address the health care needs of patients and populations served.

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- Communicate with patients, families, communities, and other health professionals in support of a team approach to preventing disease and disability, maintaining health, and treating disease.
- Perform effectively in various team roles to deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.

The second report, [*Team-Based Competencies, Building a Shared Foundation for Education and Clinical Practice*](#), was the result of a conference, sponsored by the Health Resources and Services Administration, the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, and the ABIM Foundation in partnership with IPEC. The meeting, held in February 2011, brought together more than 80 leaders from various health professions to preview the core competencies presented by IPEC, and create action strategies that would use them to “transform health professional education and health care delivery in the United States.”

Conference participants developed the following action strategies to implement the IPEC core competencies and move to a system of educating health professionals to work collaboratively:

- 1) Communicate and disseminate the core competencies to key stakeholders—academic deans, policymakers, and health care leaders—and launch an education campaign that makes the critical link between collaborative health care teams and providing high-quality, safe, and cost-sensitive treatment.
- 2) Prepare faculty for teaching students how to work effectively as part of a team and encourage all health professions to use the competencies in their fields.
- 3) Develop metrics for interprofessional education and collaborative care to help advance team-based competencies in teaching and practice.
- 4) Forge partnerships among the academic community, health care providers, and government agencies to advance interprofessional education.

The Interprofessional Education Collaborative and the foundations believe that establishing these core competencies for health professionals will provide the valuable transformative direction needed to improve the nation’s health care system.

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What is Interprofessional Education (IPE)?

“Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength.”

Source: World Health Organization (WHO). (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization. Retrieved April 11, 2011 from http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf.

About the Interprofessional Education Collaboration (IPEC)

In 2009 six national education associations of schools of the health professions formed a collaborative to promote and encourage constituent efforts that would **advance substantive interprofessional learning experiences to help prepare future clinicians for team-based care of patients**. These organizations that represent higher education in allopathic and osteopathic medicine, dentistry, nursing, pharmacy, and public health would come to create core competencies for interprofessional collaborative practice that can guide curricula development at all health professions schools.

Although the panel focused its recommendations on the professions of medicine, nursing, pharmacy, dentistry, and public health, the IPEC hopes to engage other health professions with the release of its final report.

Participating Organizations

- American Association of Colleges of Nursing (AACN)
- American Association of Colleges of Osteopathic Medicine (AACOM)
- American Association of Colleges of Pharmacy (AAPC)
- American Dental Education Association (ADEA)
- Association of American Medical Colleges (AAMC)
- Association of Schools of Public Health (ASPH)

Foundation Supporters

- American Board of Internal Medicine Foundation
- Josiah Macy Jr. Foundation
- Robert Wood Johnson Foundation

About the Participating Organizations

American Association of Colleges of Nursing (AACN)

The American Association of Colleges of Nursing (AACN) is the national voice for university and four-year college education programs in nursing. Representing more than 660 member schools of nursing at public and private institutions nationwide, AACN's educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor's- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate nursing education, research, and practice. Website: www.aacn.nche.edu

American Association of Colleges of Osteopathic Medicine (AACOM)

The American Association of Colleges of Osteopathic Medicine (AACOM) was founded in 1898 to support and assist the nation's osteopathic medical schools, and to serve as a unifying voice for osteopathic medical education. AACOM's mission is to promote excellence in osteopathic medical education, in research, and in service, and to foster innovation and quality among osteopathic medical colleges to improve the health of the American public.

American Association of Colleges of Pharmacy (AACP)

Founded in 1900, the American Association of Colleges of Pharmacy (AACP) is a national organization representing the interests of pharmacy education and educators. Comprising 124 accredited colleges and schools of pharmacy including more than 6,190 faculty, 57,000 students enrolled in professional programs, and 5,700 individuals pursuing graduate study, AACP is committed to excellence in pharmacy education. Visit www.aacp.org to learn more about AACP and stay connected with the Association on Facebook, LinkedIn, and Twitter.

American Dental Education Association (ADEA)

The American Dental Education Association (ADEA) is the voice of dental education. Its members include all U.S. and Canadian dental schools and many allied and postdoctoral dental education programs, corporations, faculty, and students. The mission of ADEA is to lead individuals and institutions of the dental education community to address contemporary issues influencing education, research, and the delivery of oral health care for the health of the public. ADEA's activities encompass a wide range of research, advocacy, faculty development, meetings, and communications like the esteemed *Journal of Dental Education*, as well as the dental school admissions services AADSAS, PASS, and CAAPID. Visit www.adea.org to learn more.

Association of American Medical Colleges (AAMC)

The Association of American Medical Colleges (AAMC) is a not-for-profit association representing all 134 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 62 Department of Veterans Affairs medical centers; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students, and 110,000 resident physicians. Additional information about the AAMC and U.S. medical schools and teaching hospitals is available at www.aamc.org/newsroom.

Association of Schools of Public Health (ASPH)

The Association of Schools of Public Health is the only national organization representing the Council on Education for Public Health (CEPH)-accredited institutions. ASPH promotes the efforts of schools of public health to improve the health of every person through education, research, and policy. Based upon the belief that "you're only as healthy as the world you live in," ASPH works with stakeholders to develop solutions to the most pressing health concerns and provides access to the ongoing initiatives of the schools of public health.

Panel of Experts

The following participating associations convened the expert panel to produce a report on core competencies for interprofessional collaborative practice: the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, and the Association of Schools of Public Health. These six organizations formed an initial working group—the Interprofessional Education Collaborative (IPEC)—that produced a statement on interprofessional education collaboration in March 2009. This statement committed members to developing a common vision for how the respective professions could combine their unique abilities to deliver patient-centered team-based care, promote efforts to reform health care delivery and financing in line with that vision, and foster meaningful interprofessional learning experiences to support team-based care of the future.

Madeline Schmitt, R.N., Ph.D., F.A.A.N., Professor Emerita, University of Rochester, School of Nursing (Panel Chair)

Sandra C. Andrieu, M.Ed., Ph.D., Associate Dean for Academic Affairs and Professor, Louisiana State University School of Dentistry

Amy Blue, Ph.D., Assistant Provost for Education and Professor of Family Medicine, Medical University of South Carolina, College of Medicine

Thomas A. Cavalieri, D.O., F.A.C.O.I., F.A.C.P., Dean, Endowed Chair for Primary Care Research and Professor of Medicine, University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine

Jane Marie Kirschling, R.N., D.N.S., F.A.A.N., Dean and Professor, University of Kentucky, College of Nursing

Kathleen Ann Long, R.N., Ph.D., F.A.A.N., Dean and Professor, University of Florida, College of Nursing

Susan Mackintosh, D.O., M.P.H. Director of Interprofessional Education and Assistant Professor, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

Susan M. Meyer, R.Ph., Ph.D., Associate Dean for Education and Professor, University of Pittsburgh, School of Pharmacy

Daniel C. Robinson, Pharm.D., F.A.S.H.P., Dean and Professor, College of Pharmacy, Western University of Health Sciences

Leo E. Rouse, D.D.S., Dean, Howard University College of Dentistry

Andrew A. Sorensen, Ph.D., M.P.H. Chair, Institutional Self-Study Task Force, University of South Carolina School of Medicine (affiliation at time of appointment) (deceased)

Thomas R. Viggiano, M.D., M.Ed., Associate Dean for Faculty Affairs, Professor of Medical Education and Medicine, Mayo Medical School

Deanna Wathington, M.D., M.P.H., F.A.A.F.P., Associate Dean for Academic and Student Affairs, Office of Academic and Student Affairs, and Associate Professor, University of South Florida, College of Public Health



Quotes from the Interprofessional Education Collaborative and Its Foundation Partners

“The health care we want to provide for the people we serve—safe, high-quality, accessible, person-centered—must be a team effort. No single health profession can achieve this goal alone. These new competencies will build a path to a collaborative health care workforce and the improved care that we all desire.”

Carol A. Aschenbrenner, M.D.
Executive Vice President
Association of American Medical Colleges

“Facilitating interaction among health professions students is essential to establishing respect for the contribution each provider makes to quality health care. By moving to adopt models that embrace interprofessional education and practice, IPEC is working to heighten collaboration across disciplines to maximize the strengths that individual professions bring to integrated care delivery.”

Geraldine “Polly” Bednash, Ph.D., R.N., F.A.A.N.
Chief Executive Officer and Executive Director
American Association of Colleges of Nursing

“This work represents a down payment by the six organizations for the future of exciting new models of practice and education, and the winners are our patients!”

Lucinda L. Maine, Ph.D., R.Ph.
Executive Vice President and Chief Executive Officer
American Association of Colleges of Pharmacy

“Team-based health care is clearly an important part of the change we are going to have to make to improve the quality of our health care system, and the Interprofessional Education Collaborative’s efforts are a major step forward in making that change—this is an important initiative for the future of the patients we all serve.”

Stephen C. Shannon, D.O., M.P.H.
President and Chief Executive Officer
American Association of Colleges of Osteopathic Medicine

The Association of Schools of Public Health (ASPH) is pleased to collaborate in the release of the “Report of an Expert Panel on Core Competencies for Interprofessional Collaborative Practice.” This report heralds a momentous opportunity for health and wellness in this country. The health professions’ organizations involved in this initiative—representing dentists, doctors (allopathic and osteopathic), nurses, pharmacists, and public health professionals—have produced the first consensus set of

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competency guidelines for primary care providers to work more effectively in clinical teams in support of patient-centered and community/population-oriented care. We anticipate that this report will set the stage for a stronger infusion of interprofessional knowledge, skills, and abilities into health professions education with the ultimate result of improving health outcomes for all Americans.

Harrison C. Spencer, M.D., M.P.H., C.P.H.
President and Chief Executive Officer
Association of Schools of Public Health

“This report coalesces the common vision of health professions educators for the preparation of future health care providers. The competencies put forth in the report are our starting point for high-quality, accessible, patient-centered care that ensures the health of the public.”

Richard W. Valachovic, D.M.D., M.P.H.
Executive Director
American Dental Education Association

“There is a growing recognition that as health care becomes more complex, the next generation of health professionals will need to function capably in teams that make optimum use of the skills each brings to the care of patients, families, and communities. The important work of IPEC and the many other academic and health professions leaders who have committed to advance it moves us along that path by defining a foundational set of teamwork competencies that should feature prominently in education and training programs, as well as in the lifelong learning of today’s health professions workforce.”

Christine K. Cassel, M.D.
President and Chief Executive Officer
American Board of Internal Medicine and ABIM Foundation

We need to embrace new ways of delivering health care in this country and that change begins with how we educate those who provide health care. This report lays a foundation for educating providers in ways that support interprofessional collaboration, so we can more reliably deliver high-quality, patient-centered care. The Robert Wood Johnson Foundation supports these new core competencies, and urges the education and health care communities to adopt them.”

Maryjoan D. Ladden, Ph.D., R.N., F.A.A.N.
Senior Program Officer
Robert Wood Johnson Foundation

“We have good evidence that health care delivered in teams is more efficient and more effective, yet we continue to educate our health professionals in silos. To meet the public’s needs, health professions educators must teach and model collaborative practice and team-based models of care. While some health professions schools are making these changes, it’s not happening fast enough or broadly enough. By putting forward these core competencies, we hope to accelerate efforts to transform health professions education in the United States.”

George E. Thibault, M.D.
President
Josiah Macy Jr. Foundation

Carol A. Aschenbrener

Carol A. Aschenbrener, M.D., joined the Association of American Medical Colleges (AAMC) in April 2004, after 30 years as a medical school faculty member and administrator. After serving for two years as Vice President of the Division of Medical School Standards and Assessments and Liaison Committee on Medical Education (LCME) Secretary, she assumed leadership of the Division of Medical Education. In January 2007, she was appointed to the new role of Executive Vice President and Chief Strategy Officer, which focuses on the implementation of the AAMC's strategic priorities and alignment of resources to ensure internal coordination of AAMC programs, services, and operations. She has extensive executive experience including nine years in various dean's office positions at The University of Iowa College of Medicine and four years as Chancellor of the University of Nebraska Medical Center. As Chancellor, she was responsible for four health colleges, School of Allied Health, Graduate Program, University Hospital, and a cancer institute. Before joining AAMC, she spent seven years as a consultant to academic health centers, focusing on strategic planning, systems redesign, leadership development, and executive coaching. She has served on a variety of professional and civic boards and has held leadership positions in organized medicine at the state and national level, including terms as Appointed Member of the Liaison Committee on Medical Education, Accreditation Committee for Continuing Medical Education, Accreditation Committee for Graduate Medical Education and Elected Member of the Iowa Medical Society board, the American Medical Association (AMA) Council on Medical Education, Educational Commission on Foreign Medical Graduates and Elected Chair of the National Board of Medical Examiners. A graduate of the University of North Carolina at Chapel Hill School of Medicine, she completed residency training in anatomic pathology and neuropathology at The University of Iowa. Her current professional interests include competency-based learning and assessment, interprofessional education, organizational culture, leadership development, management of change, and accreditation issues.

Geraldine (Polly) Bednash

Geraldine (Polly) Bednash, Ph.D., R.N., FAAN, is the Chief Executive Officer and Executive Director of the American Association of Colleges of Nursing (AACN). Since 1989, she has led the education, research, public policy, and outreach work for the organization recognized as the voice for baccalaureate and graduate nursing education. Dr. Bednash currently serves as the Chair of the Nursing Alliance for Quality Care, as a member of the Sullivan Alliance to Transform the Health Professions, and as a member of the Quality Alliance Steering Committee. She has served on multiple boards and commissions including the board of the Friends of the National Library of Medicine, the advisory board for the National Coalition of Ethnic Minority Nursing Associations scholars development project, and on the editorial boards of several leading nursing publications. She also serves on the advisory board for the National Center for the Analysis of Health Care Data. Her publications and research presentations cover a range of critical issues in nursing education, research, clinical practice, and legislative policy.

Maryjoan D. Ladden

Maryjoan D. Ladden, Ph.D., R.N., FAAN, is a Senior Program Officer at the Robert Wood Johnson Foundation. Her work at the Foundation focuses on building a diverse and well-trained leadership and workforce in health and health care. Dr. Ladden manages most of the Foundation's nursing initiatives. She leads the Foundation's efforts in primary care and interprofessional collaboration.

Prior to joining the Foundation, she served as Chief Program Officer of the American Nurses Association (ANA), providing strategic direction, integration, and coordination for all of ANA's programs. Dr. Ladden also spent over 20 years in Boston, Mass., as a nurse practitioner, case manager, researcher, and Director of Continuing Professional Education at Harvard Pilgrim Health Care and as Assistant Professor at Harvard Medical School. Her work has focused on improving health care quality, safety, and health professional collaboration.

Speakers Bios (cont.)

Dr. Ladden was elected as a Fellow in the American Academy Nursing in 2007. She received her B.S. in Nursing from the University of Connecticut, M.S. as a nurse practitioner from the University of Rochester, and her Ph.D. from Boston College School of Nursing. She is also an alumna of the Robert Wood Johnson Foundation Executive Nurse Fellows program (2004 to 2007).

Lucinda L. Maine

Lucinda L. Maine, Ph.D., R.Ph., serves as Executive Vice President and CEO of the American Association of Colleges of Pharmacy (AACP). As the leading advocate for high-quality pharmacy education, AACP works to develop strong academic scholars and leaders, to support excellent professional doctoral and postgraduate degree programs, and to build relations with key constituency groups both inside and external to the profession of pharmacy.

Prior to assuming her current role in July 2002, Dr. Maine served as Senior Vice President for Policy, Planning, and Communications with the American Pharmacists Association (APhA). Analyzing trends in health care, assessing the implications for pharmacy practice, and advocating appropriate recognition for all pharmacists were her top priorities at APhA.

Dr. Maine is a pharmacy graduate of Auburn University and received her doctorate at the University of Minnesota. She served on the faculty at the University of Minnesota where she practiced in the field of geriatrics and was Associate Dean at the Samford University McWhorter School of Pharmacy. Her past research includes projects on aging, pharmacy manpower, and pharmacy-based immunizations.

Dr. Maine has been active in leadership roles in and out of the profession. Prior to joining the APhA staff she served as speaker of the APhA House of Delegates and as an APhA Trustee. She currently serves on the Board of Research!America.

Stephen C. Shannon

Stephen C. Shannon, D.O., M.P.H., has been President of the American Association of Colleges of Osteopathic Medi-

cine (AACOM) since January 2006. Prior to assuming this position, he served as Vice President for Health Services and Dean of the College of Osteopathic Medicine at the University of New England since 1995. He served as Chair of the AACOM Board of Deans from July 2003 to June 2005.

Dr. Shannon earned his D.O. degree in 1986 from the University of New England College of Osteopathic Medicine in Biddeford, Maine, and his M.P.H. degree in 1990 from the Harvard School of Public Health. He is board certified in preventive medicine and osteopathic family practice. He also has a long history of leadership in public health. Dr. Shannon was instrumental in the development of a Master of Public Health program within the University of New England, has served on numerous public health boards and commissions, and is a founder and past Chair of the Board of the Maine Center for Public Health.

Dr. Shannon has strong professional interests in public health and preventive medicine, health professions workforce, rural health, and medical education.

George E. Thibault

George E. Thibault, M.D., became the seventh president of the Josiah Macy Jr. Foundation in January 2008. Immediately prior to that, he served as Vice President of Clinical Affairs at Partners Healthcare System in Boston, Mass., and Director of the Academy at Harvard Medical School (HMS). He was the first Daniel D. Federman Professor of Medicine and Medical Education at HMS and is now the Federman Professor, Emeritus.

Dr. Thibault previously served as Chief Medical Officer at Brigham and Women's Hospital and as Chief of Medicine at the Harvard affiliated Brockton/West Roxbury VA Hospital. He was Associate Chief of Medicine and Director of the Internal Medical Residency Program at the Massachusetts General Hospital (MGH). At the MGH he also served as Director of the Medical ICU and the Founding Director of the Medical Practice Evaluation Unit.

For nearly four decades at HMS, Dr. Thibault played leadership roles in many aspects of undergraduate and graduate

Speakers Bios (cont.)

medical education. He played a central role in the New Pathway Curriculum reform and was a leader in the new Integrated Curriculum reform at HMS. He was the Founding Director of the Academy at HMS, which was created to recognize outstanding teachers and to promote innovations in medical education. Throughout his career he has been recognized for his roles in teaching and mentoring medical students, residents, fellows, and junior faculty. In addition to his teaching, his research has focused on the evaluation of practices and outcomes of medical intensive care and variations in the use of cardiac technologies.

Dr. Thibault is Chairman of the Board of the MGH Institute of Health Professions, and he serves on the boards of the New York Academy of Sciences, the Institute on Medicine as a Profession, and the Lebanese American University. He serves on the President's Commission on White House Fellowships and for twelve years he chaired the Special Medical Advisory Group for the U.S. Department of Veterans Affairs. He is Past President of the Harvard Medical Alumni Association and Past Chair of Alumni Relations at HMS. He is a member of the Institute of Medicine (IOM) of the National Academy of Sciences.

Dr. Thibault graduated summa cum laude from Georgetown University in 1965 and magna cum laude from Harvard Medical School in 1969. He completed his internship and residency in Medicine and fellowship in Cardiology at Massachusetts General Hospital (MGH). He also trained in cardiology at the National Heart and Lung Institute in Bethesda and at Guys Hospital in London, and served as Chief Resident in Medicine at MGH.

Dr. Thibault has been the recipient of numerous awards and honors from Georgetown (Ryan Prize in Philosophy, Alumni Prize, and Cohongaroton Speaker) and Harvard (Alpha Omega Alpha, Henry Asbury Christian Award, and Society of Fellows). He has been a visiting scholar both at the IOM and Harvard's Kennedy School of Government and Visiting Professor of Medicine at numerous medical schools in the U.S. and abroad.

Mary Wakefield

Mary Wakefield, Ph.D., R.N., was named administrator of the Health Resources and Services Administration (HRSA) by President Barack Obama on February 20, 2009. HRSA is an agency of the U.S. Department of Health and Human Services.

HRSA works to fill in the health care gaps for people who live outside the economic and medical mainstream. The agency uses its \$9.6 billion annual budget (FY 2011) to expand access to quality health care in partnership with health care providers and health professions training programs.

Dr. Wakefield joined HRSA from the University of North Dakota (UND), where she was Associate Dean for Rural Health at the School of Medicine and Health Sciences.

"As a nurse, a Ph.D., and a leading rural health care advocate, Mary Wakefield brings expertise that will be instrumental in expanding and improving services for those who are currently uninsured or underserved," President Obama said in announcing her appointment. "Under her leadership, we will be able to expand and improve the care provided and address severe provider shortages across the country."

Dr. Wakefield brings experience on Capitol Hill to her post at HRSA. In the 1990s, she served as chief of staff to two North Dakota senators: Kent Conrad (D) and Quentin Burdick (D).

She also has served as Director of the Center for Health Policy, Research and Ethics at George Mason University in Fairfax, Va., and worked on site as a consultant to the World Health Organization's Global Programme on AIDS in Geneva, Switzerland.

Dr. Wakefield is a Fellow in the American Academy of Nursing and was elected to the Institute of Medicine (IOM). She served on the IOM committee that produced the landmark reports *To Err is Human* and *Crossing the Quality Chasm*. She also co-chaired the IOM committee that produced the report *Health Professions Education* and chaired the committee that produced the report *Quality through Collaboration: Health Care in Rural America*.

Speakers Bios (cont.)

In addition, she has served on the Medicare Payment Advisory Commission, as Chair of the National Advisory Council for the Agency for Healthcare Research and Quality, as a member of President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, and as a member of the National Advisory Committee to HRSA's Office of Rural Health Policy.

Richard W. Valachovic

Richard W. Valachovic, D.M.D., M.P.H., is Executive Director of the American Dental Education Association (ADEA). In this position he serves as the chief executive officer of the only national association representing the academic dental community. Under his direction, the mission of the Association was refined as "to lead individuals and institutions of the dental education community to address contemporary issues influencing education, research, and the delivery of oral health care for the improvement of the health of the public". He has served as the Executive Director of the International Federation of Dental Education Associations (IFDEA), which represents eleven associations of dental schools and educators throughout Asia, Africa, Europe, the Middle East, North America, and Central America, and also as the President of the Federation of Associations of Schools of the Health Professions (FASHP). He is a member of the Washington Higher Education Secretariat.

Prior to his current position, Dr. Valachovic's experience focused on teaching, research, clinical practice, and administration. He was a fulltime Associate Professor at the Harvard School of Dental Medicine, and served there as Dean for Clinical Affairs, Dean for Government and Community Relations, and Director of Postdoctoral Education. He had previously been on the medical staffs of major teaching hospitals in Boston, Mass., and Farmington, Conn. Dr. Valachovic was Chief of the Dental Service at the Harvard University Health Services, and was an active investigator in the Health of the City Project in Cambridge, Mass. He was the Director of the Harvard University Group Health Plan's Employee and Student Dental Benefit Plans. His funded research has been directed at clinical decision analysis and risk assessment. He is a principal author of more than 80 original manuscripts, book chapters, and monographs. He has served on the boards of three foundations and a national museum. Dr. Valachovic received a B.S. degree from St. Lawrence University, the D.M.D. degree from the University of Connecticut, and the M.P.H. and Sc.M. (Health Policy and Management) degrees from the Harvard School of Public Health. He completed postdoctoral education and residency training in dental public health and pediatric dentistry at Harvard University and the Children's Hospital Medical Center in Boston, Mass., and is a board certified oral and maxillofacial radiologist.

Interprofessional Education (IPE) in Action

Jefferson Medical College

<http://jeffline.jefferson.edu/jcipe/hmp>

The Jefferson Health Mentors Program is a two-year longitudinal interprofessional learning experience required early in the program of study in which student teams from medicine, nursing, pharmacy, physical therapy, occupational therapy, or couples and family therapy are paired with a health mentor, usually an older adult with one or more chronic illnesses living in the community, as their teacher. The overarching learning objectives are that 1) students will understand the roles of their colleagues and be prepared to function as members of effective health care teams and 2) students will understand the point of view of individuals with chronic conditions and be prepared to provide patient- and family-centered care. From an interprofessional competency perspective, the program is clearly patient-centered with a community orientation, focuses on the understanding of the unique role of each profession in a team-based approach, and incorporates cultural competency, communication, and team-building exercises, with special emphasis given to working as part of a team.

Medical University of South Carolina

<http://academicdepartments.musc.edu/c3>

The Medical University of South Carolina has implemented a multifaceted interprofessional (IPE) education program for all learners at its academic health center. Creating Collaborative Care (C3) is composed of six colleges: dental medicine, graduate studies, health professions, medicine, nursing, and pharmacy. The program includes numerous IPE learning experiences for students that consist of coursework, health care simulation experiences, activities during clinical rotations, and an IPE fellowship. Several co-curricular programs have been sustained and expanded in the effort, and new faculty development experiences have been established.

Northeastern Ohio Medical University College of Pharmacy

www.neoucom.edu/pharmd

The Northeastern Ohio Medical University College of Pharmacy is the only doctor of pharmacy program in eastern Ohio. The College of Pharmacy focuses on in-depth collaboration with medical students and faculty. The professional program actively seeks to maximize the opportunities for pharmacy and medical students to join in educational experiences in the classroom, laboratory, and practice settings.

Northeastern Ohio offers the doctor of pharmacy degree program in partnership with members of a unique educational network comprised of The University of Akron, Kent State University, Youngstown State University, and Cleveland State University. The goals of the college are to have more than 50% overlap and interprofessional, side-by-side learning for all pharmacy and medical students to meet the increased demand of our health care system for professionals competent to deliver patient-centered, team-based care.

University of Pittsburgh

www.pharmacy.pitt.edu/programs/PharmD/About/program.html

The University of Pittsburgh is committed to the interprofessional education (IPE) of health professions students across its academic health center. Administrative leaders from each of the six health sciences schools and the Office of the Senior Vice Chancellor for Health Sciences guide the development and implementation of IPE through the Working Group on Interprofessional Education at the University of Pittsburgh. The Working Group believes educating those entrusted with the health of individuals, communities, and populations to value and respect each other's unique expertise and skills and to work together is fundamental to care that is effective, safe, of high quality, and efficient in terms of cost, resources, and time. Initiated from the start during a mandatory Interprofessional Forum and continued throughout their education, health professions students benefit from the University of Pitts-

Interprofessional Education (IPE) in Action (cont.)

burgh's advancement of IPE that translates new knowledge developed by its health professions educators into curricular content that prepares graduates to provide the type of care required by patients across the continuum of care. This includes attention to pressing social and health-related issues such as caring for the elderly.

University of Washington

<http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=4062>

The University of Washington is developing exportable educational programs to help students learn effective interprofessional communication. One focus of that training is interprofessional error disclosure. The training employs a combination of didactic presentations, role modeling demonstration of a clinical scenario using a standardized patient by an interprofessional group of faculty, and practice learning using simulation methods. Students from medicine, nursing, pharmacy, and dentistry are exposed to evidence-based information concerning the value of openness and honesty with patients and families when an error resulting in harm has occurred in their care and are instructed in the types of communication messages that patients expect to receive, including apologies. Students reflect on the scenario, including attending to the feelings

associated with this difficult conversation. Then, interprofessional groups of students practice conducting an error disclosure in a simulation case scenario to immerse them in practical learning. During that scenario they may identify how their professions may be involved in creating safer environments to avoid such an error in the future.

Western University of Health Sciences

www.westernu.edu/interprofessional-about

Western University of Health Sciences' interprofessional education (IPE) program helps students from nine health professions learn how to work as a cohesive health care team. This is a required, comprehensive program for all health professional students from the university's nine health care disciplines: medicine, optometry, dental medicine, podiatric medicine, veterinary medicine, physical therapy, physician assistant, nursing, and pharmacy. The interprofessional curriculum is threaded and integrated into the respective professional programs and includes such activities as IPE clinical scenarios with the university's standardized patients (SP) program; IPE team-based patient safety and disaster management activities; patient care experiences at the Interprofessional Diagnostic Suites in the school's new on-campus Patient Care Center; and documentation of IPE experiences at outside clinical rotations.