Establish the Center for the Advancement of InterProfessional Practice, Education and Research (CAIPPER)

**Background**

**Office of the Vice Chancellor for Health Affairs and the Interprofessional Practice and Education Program**

The Office of the Vice Chancellor for Health Affairs (OVCHA) at UIC provides oversight of the University of Illinois Hospital & Health Sciences System (UI Health), which delivers comprehensive care, education, and research to communities locally and globally. A part of the University of Illinois Chicago (UIC), UI Health comprises a clinical enterprise that includes a 450-bed tertiary care hospital, 21 outpatient clinics, and 14 Mile Square Health Center facilities, which are Federally Qualified Health Centers. It also includes the seven UIC health science colleges: the College of Applied Health Sciences; the College of Dentistry; the School of Public Health; the Jane Addams College of Social Work; and the Colleges of Medicine, Pharmacy, and Nursing, including regional campuses and additional locations in Peoria, Quad Cities, Rockford, Springfield, and Urbana. Dedicated to the pursuit of health equity, UI Health trains health care leaders and fosters healthy communities in Illinois and beyond.

The OVCHA is responsible for working with clinical, research, and academic staff across UI Health to foster novel collaborations and programs that advance the education, clinical care, research, and community service mission of UI Health. The Interprofessional Practice and Education (IPE) Program, founded in 2015, is one of the seven units within the OVCHA. IPE occurs when two or more professions (students, residents, and health workers) learn with, about, and from each other to enable effective collaboration and improve health outcomes.¹

Key activities for IPE have included:

- Development of the Foundations of Interprofessional Collaborative Practice Course (Appendix 1)
- Implementation of more than 30 IPE learning experiences, annual faculty training, and establishment of I TEAM faculty award
- Support for student-led IPE co-curricular activities
- Active scholarship, including grant-funded educational programs, publications, and national and international presentations

**I. Reason for seeking temporary status and approval**

Interprofessional education for trainees and practicing health professionals is a key step in realizing the benefits of interprofessional collaborative practice within UI Health and in the broader community. Collaborative practice is the provision of health care services that emerge from, and rely on the knowledge and skills of, two or more health or social care providers.

The OVCHA is proposing the creation of the Center for the Advancement of Interprofessional Practice, Education and Research (CAIPPER) to:

1. Lead in the development of interprofessional education for all UIC health professions programs.

2. Develop interprofessional collaborative practice models at UI Health and with other clinical training partners.
3. Contribute to the science supporting models of interprofessional education and interprofessional collaborative practice.
4. Build and maintain an infrastructure to support and evaluate interprofessional education and interprofessional collaborative practice.

In 2007, a grassroots group of faculty from the health science colleges initiated a series of small scale interprofessional education experiences. Since that time, UIC’s IPE efforts have evolved to include the Foundations for Interprofessional Collaborative Practice (FICP) program (Appendix 1), and research and service activities that engage large numbers of faculty, staff, and students from all seven health science colleges. The timeline below highlights the considerable progress that has been made in advancing the reach of IPE efforts at UIC.

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Description</th>
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<tbody>
<tr>
<td>2009-2011</td>
<td>The first IPE immersion programs were held on the Chicago campus for 22 students from 9 programs in 2009 and 30 students from 11 programs in 2011. A faculty group, the Collaborative for Excellence in Interprofessional Education, led the planning.</td>
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<tr>
<td>2012-2014</td>
<td>In 2012, at the urging of the Provost, the decision was made to expand the IPE immersion program to include 12 health professions programs in Chicago and Rockford. 850 students participated in campuswide events in 2013 and 2014.</td>
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<tr>
<td>2015-2017</td>
<td>In 2015, the position of Special Assistant to the Provost for IPE was created. A 5-year strategic plan was completed in 2016, and the IPE Initiative moved to the OVCHA in 2016 under a Director of IPE. Annual campuswide IPE immersion events continued in Chicago, Peoria, and Rockford.</td>
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<tr>
<td>2018-2020</td>
<td>In 2018, planning for the FICP program was initiated and piloted with select programs at the Chicago campus in 2019 and 2020. The annual campuswide IPE immersion events continued.</td>
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<tr>
<td>2021</td>
<td>In 2021, the FICP program replaced the IPE program to include 1,249 students in 12 health professions programs at all six UIC campuses, solidifying consistent IPE foundations training for all UIC health professions students.</td>
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The existing UCI IPE Program has been working with health profession education programs at UIC, including all regional campuses, and with external partners in Peoria and Rockford. While much has been accomplished by the current program, the proposed Center will solidify the infrastructure and staffing model to allow UI Health to formally offer IPE educational programs; to work with clinical units to develop and test interprofessional care delivery models; and to conduct scholarly activities across educational programs and health care delivery sites. The temporary Center will serve as a central resource for evidence-based IPE that is continuously improved through analysis of processes and outcomes.

There are currently health professions programs in each of the seven health science colleges at UIC with accreditation standards requiring training in interprofessional practice and teamwork. Each of these...
programs must have a way to provide and document this training and evaluate effectiveness. The standards have become more rigorous each time an accreditation body has issued updated standards. The Center for the Advancement of InterProfessional Practice, Education and Research will work with the health science programs to ensure that programs continue to meet standards as they evolve.

II. Mission and goals for the proposed Center

**Mission Statement:** UIC’s Center for the Advancement of Interprofessional Practice, Education and Research Mission is to create transformational change in health professions education and health care service delivery by delivering evidence-based learning experiences that build collaborative competence and foster interprofessional scholarship and collaborative practice across academic programs, clinical services, and community partners, with focused attention to the pressing needs of underserved individuals and populations.

The mission of the center has at its core the commitment to health equity and social justice in addressing the needs of the underserved and those who are disadvantaged by explicit and implicit bias connected to race, ethnicity, gender, sexual orientation, and disability or the intersections of those identities. CAIPPER also commits to addressing the need for equity and justice for the healthcare workforce and for all of those engaged in health professions education and will engage with stakeholders across UIC and throughout the populations served in our educational and service activities to continuously validate activities.

**Strategic Goals**

1) Establish IPE curricula for pre-qualification learners and practicing professionals that is evidence-based, intentionally designed to flexibly meet the needs of a wide range of learners and grounded in principles of adult learning and interprofessional collaborative practice.

2) Build interprofessional collaborative practice models that achieve the Quadruple Aim².

3) Create and disseminate knowledge of the impact of interprofessional collaborative practice on health equity and improved individual and population health through research that is informed by advice from stakeholders across our communities.

4) Utilize information science and technology to fully evaluate and continuously improve all initiatives of the Center.

**Tactical Goals**

**FY22 – Continuation of current activities; establish infrastructure for expanded Center activities, while pursuing temporary Center status.**

1) Formalize roles of key faculty contributors to IPE at UI Health.

2) Utilize program evaluation data to improve content and delivery of the Foundations of Interprofessional Collaborative Practice Course.

3) Establish an Academic Policy Committee to develop criteria for coursework that leads to competence in interprofessional collaborative practice.

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4) Create structures and processes for awarding CE/CME for participation in faculty development as facilitators for Foundations of Interprofessional Collaborative Practice Course and other IPE learning experiences.
5) Work with UI Health partners to integrate interprofessional collaborative practice training into Patient Safety and Quality Improvement initiatives in the UI Health care delivery system.

Key Stakeholders/Partners – Academic Program Development, curriculum leads in each health professions program, University of Illinois Hospital & Clinics (UIH) leadership

FY23 – Implement Center activities with expansion of activities in faculty development, experiential interprofessional education, and improving teamwork in UI Health care delivery system.

1) Implement clinical experiential learning within UI Health that reaches a target of 300 learners from UIC health professions programs.
2) Establish the CAIPPER Faculty Academy and admit the first 25 faculty members.
3) Host a national symposium that showcases the key areas of focus and success of UIC IPE activities.
4) Create structures and processes to pursue external funding for IPE activities.
5) Partner with the UIC Graduate College and individual graduate programs to mentor/advise masters’ thesis and PhD dissertation work related to interprofessional practice and education.

Key Stakeholders – Clinical Education coordinators in UIH departments, UIC Faculty Affairs, UIC Advancement, Dean of Graduate College, directors of graduate study in select academic departments, Institute for Healthcare Delivery Design

FY24 – Establish financial sustainability for the Center, while continuing educational, scholarly, and clinical activities.

1) Work with campus administration, UI health care delivery administration, and health science deans to develop a shared tuition model that is based on learner participation metrics and recognizes the in-kind contributions from the colleges and UI Health care delivery system.
2) Vigorous pursuit of external funding for support of curriculum focused on health equity and on the development of clinical/community learning environments.
3) Create annual report that clearly communicates the value of the Center to UIC and key communities.

Key Stakeholders – UIC Office of Budget and Financial Analysis, HSC Deans, UIH leadership, UIC Advancement, UIC Faculty Senate

FY25 – Focus on increasing the regional and national visibility of the Center.

1) Establish criteria and process for graduation with distinction in interprofessional collaboration as a transcript comment.
2) Offer in person and virtual continuing professional development that capitalizes on UIC’s excellence in the use of educational simulation and focuses on improving health equity and reducing health disparities.
3) Support faculty and student presentations at regional and national conferences and participation in regional, national, and international associations.

Key Stakeholders – HSC College Deans, Registrar, Extended Campus

FY26 – Utilize our strengths to improve interprofessional practice and education throughout the region.
1) Improve interprofessional collaborative practice throughout the region by offering consultation services.

2) Improve interprofessional education throughout the region by offering consultation on developing clinical experiential learning at major clinical training sites for UIC.

3) Offer a certificate program in Interprofessional Collaborative Practice with specialty options.

Key Stakeholders – Experiential learning directors from UIC health professions programs, Office of Academic Programs

Support of the UIC and UI Health Mission

The mission and goals of the proposed Center align directly with the UIC strategic priorities, as well as UI Health core values.

UIC strategic priorities include:

- Student Experience and Success
- National and International Impact and Visibility
- Chicago and Community Engagement
- Entrepreneurial University

CAIPPER will have a wide range of internal and external stakeholders and the planned infrastructure will ensure systematically gathering stakeholder input and monitoring the value of all activities to UIC and the community.

The proposed Center will meet the UI Health mission to advance healthcare to improve the health of our patients and communities, promote health equity and develop the next generations of healthcare leaders. The Center will do this by integrating IPE that is informed by our evolving understanding of health equity into the curriculum across the health science colleges and focusing on leadership development for students and clinicians. In particular, the proposed Center reflects and integrates UI Health’s core values of:

Compassion: We will treat our patients and their families with kindness and compassion and strive to better understand and respond to their needs.

Accountability: We will hold ourselves accountable as an organization and as individuals to act ethically and responsibly in everything we do, to be excellent stewards of our resources, and to be transparent in our actions.

Respect: We will act with respect, openness, and honesty in our dealings with patients, families, and coworkers. We will work collaboratively to promote the wellbeing of the communities we serve and to advance patient care, education, and research.
Excellence: We will work as a team to leverage best practices and innovation in providing the highest-quality care for our patients and families. We will devote ourselves to continuously improve in everything we do.

III. Demand for the services/product of the proposed Center

Internal
There is a need to develop Interprofessional Collaborative Practice at UI Health to meet 21st century challenges, particularly with respect to health inequities and systemic racial injustice. UIC is one of the nation’s most diverse public research universities and has a long standing, foundational commitment to valuing diversity, including efforts to mitigate the negative effects of unwarranted hierarchy and detrimental power relationships in health care. The patient population served by UI Health includes those whose needs for health promotion and health care are not met. UIC currently has multiple initiatives to address diversity and health disparities, and the establishment of CAIPPER can assist in convening leaders of these initiatives to more fully address the needs of UIC’s student and patient populations. As the clinical enterprise for a leading academic health center, UI Health provides inpatient and outpatient care in its 450-bed hospital, an Outpatient Care Center, the 14-location Mile Square Health Center, and an urgent care center. UI Health is committed to excellence in patient care and to the reduction of health disparities; team-based care and collaborative practice are critical to both.  


The current UIC IPE program has participating programs across the seven health sciences colleges that train both direct-care providers (dentists, dietitians, physicians, nurses, occupational therapists, pharmacists, physical therapists, and social workers) and additional healthcare professionals (health care administration, health information management, and public health). Over 5,000 students were enrolled in the participating health professions education programs in Fall 2021 across all campuses. 8 A breakdown of student enrollment in Fall 2021 is included in the appendices.

As health care education accrediting organizations have added standards relating to interprofessional education, teamwork, and interprofessional practice, compliance with IPE accreditation standards is now at the forefront of universities’ agendas. Specifically, all accrediting bodies for health professions education programs participating in IPE at UIC now mandate that students participate in IPE or teamwork training with other members of the health care team.

Accreditation standards for health sciences colleges underscore the significance of incorporating IPE/ICP into their respective curricula and the necessity of graduating professionals who have obtained the skills needed to practice collaboratively. In February 2019, the Health Professions Accreditors Collaborative (HPAC) released a report to provide additional guidance to institutions on implementing quality IPE. Specifically, HPAC adopted shared terminology, definitions, and competencies for IPE and ICP across the 25-member accreditors of HPAC. In addition, the report, Guidance on Developing Quality Interprofessional Education for the Health Professions, offered recommendations to support the institutional development and implementation of IPE, including:

- Strategic direction and approach, through a compelling vision to “set the tone at the top” led by academic and institutional leaders (e.g., Presidents, Chancellors, Vice-Chancellors, Provosts, Councils of Deans);
- Appropriate resources to develop, implement, evaluate, and sustain IPE plans (e.g., dedicated faculty time to IPE, staff, space, and finances) at the institutional and education and/or training program levels;
- Logistical support and management (e.g., alignment of academic calendars, scheduling, classroom, and facilities planning and design, common affiliation agreements with health systems);
- Dedicated leader and/or team of leaders with sufficient protected time, responsibility, and accountability for IPE at the institutional level;
- Coordinating structure to facilitate joint IPE curricular planning and oversight involving faculty and administrative leaders from participating education and/or training programs;
- Development of financing models, including tuition-attribute for IPE in concert with individual program models;
- Identification and development of solutions for institutional policies that may hinder interprofessional collaboration; and
- Faculty development related to the planning, implementation, and assessment/evaluation of IPE activities in classroom, simulation, and clinical/experiential education settings; and Formal

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8 Enrollment numbers across the 7 health sciences colleges have been analyzed from Fall 2016 to Fall 2021. In each year, enrollment numbers exceeded 5,000 students across the colleges and campuses.
recognition of faculty effort toward successful implementation of IPE (e.g., job expectations, the promotion/tenure process).

The HPAC report highlights the priority of developing a comprehensive and coordinated interprofessional education and practice plan through leadership support, sustainable funding models, innovating programming, and faculty support.

The proposed center will have great advantage in offering comprehensive and rigorous IPE leading to excellence in interprofessional collaborative practice because of the areas of excellence throughout the UIC colleges that are not part of UI Health. Partnering with academic and administrative units across UIC will enable the development and testing of educational programs and clinical practice models that benefit from perspectives brought by the humanities, business, law, education, design, and others.

Since the initial IPE offerings at UIC in 2007, student input and feedback has been systematically gathered and included in program evaluation. In addition to feedback on educational programs, relationships have been developed and maintained with student organizations including the UIC Health Professions Student Council and the UIC chapter of the Institute for Healthcare Improvement Open School. These relationships have provided the opportunity to directly engage in dialogue about what kinds of IPE students hope to experience at UIC and what they think will be highest impact. One of the core activities of the center will be student engagement and leadership development, which will ensure continued access to student input and feedback.

**External**

The need for training the healthcare workforce in teamwork was articulated as early as 1972 by the Institute of Medicine (IOM). While the need was noted, significant action did not develop until the turn of the 20th century following the publication of a series of reports by the IOM on the quality of health care in the U.S. and the alarming rate of medical error, with poor teamwork and poor communication being identified as key drivers of errors and low levels of patient satisfaction. With significant attention

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being paid to the need for improved teamwork and interprofessional education, in 2010 the WHO called for a “collaboration ready workforce.” 13

Since then, the need for training practicing health professionals, as well as students, has received intense attention, as evidenced by funding of research on IPE and ICP, the increasing accreditation standards related to IPE, and attention to teamwork and interprofessional communication by regulatory bodies such as The Joint Commission. Yet, up until this point, implementing IPE and measuring outcomes of both pre-qualification trainees and practicing professionals has been fragmented. This Center will serve to create a unifying regional and national training program that includes consultation with health professions education programs and health care delivery systems and measures the outcomes using a standard evaluation scheme. In putting this into place, the Center will work with the NEXUS—the National Center of Interprofessional Practice and Education (HRSA funded and located at the University of Minnesota). UIChas been invited to be a founding member of the NEXUS Innovation Network, which has developed a national data set to track the development of IPE and ICP and to assess outcomes of innovations.

The need for leadership in IPE and ICP is also great. From 2017 to 2020, UIC provided leadership to the developing Interprofessional Consortium of Greater Chicago. The inaugural conference, planned for March 2020, was cancelled less than 24 hours prior to opening due to the COVID-19 pandemic. The consortium attracted over 40 greater Chicago area educational institutions to its membership. While there was great interest and significant energy among a small group of leaders, the lack of an institutional home for the consortium has led to it being dormant during the pandemic. The need for leadership in IPE and ICP has not been addressed in any meaningful way; this Center will be positioned to do so.

There is considerable debate over the best pedagogical models for training in ICP. While in situ training has been proven to be successful in changing behavior and making progress toward Quadruple Aim outcomes, other models need to be evaluated, including the use of in-person educational simulation and online synchronous and asynchronous team development. There are currently a few regional and national IPE conferences that are held annually or biannually. There are no ongoing training programs that reach a wide audience of health professionals. The proposed temporary Center is very well positioned to develop, implement, and test models of interprofessional collaborative practice training.

IV. Educational Mission

Students
Education constitutes one of the Center’s core activities, and our goal is for the OVCHA to serve as the academic home for an IPE curriculum. The educational mission of the Center is to promulgate best practices through traditional and innovative learning experiences, including developing for-credit courses and prepared curriculum materials that can be integrated both into existing for-credit coursework within programs and into co-curricular education. Curriculum materials will be designed so that these are adaptable for use in undergraduate, graduate, professional, and continuing professional education. The

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http://www.who.int/hrh/resources/framework_action/en/index.html
initial focus will be on the continuing development of curriculum materials that are integrated into existing coursework within participating programs at UIC. The current IPE curriculum which is not made up of credit-bearing courses from within the UIC course catalog are overseen and housed in the OVCHA. The Center plans to expand curriculum in phases, moving from developing and overseeing non-credit bearing curriculum materials and developing materials for use in for-credit courses, to offering new courses housed in the OVCHA that can be offered as electives to current health profession students and can be used for professional development purposes. The courses will also form a core for a certificate program in the future.

The IPE Steering Committee has proposed the following three-part educational program for students that will result in entry-level competence in ICP (Figure 1). The Foundations of Interprofessional Collaborative Practice (FICP) course content is now integrated into the curriculum for 13 health professions education programs at UIC. This course content engages over 1300 students in exploring why ICP is important, how teams develop and succeed, and why an interprofessional team is necessary to address the social determinants of health. As the name indicates, subsequent interprofessional learning experiences will be built on this foundation of team science and of health as a biopsychosocial phenomenon.

Figure 1- Steps in the UIC Interprofessional Collaborative Practice Curriculum

<table>
<thead>
<tr>
<th>Objective</th>
<th>Intended Audience</th>
<th>Content</th>
<th>Structure</th>
<th>Mode of Delivery</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to ICP with a focus on a biopsychosocial model and the social determinants of health</td>
<td>Early learners who have completed at least 1 semester of their program</td>
<td>Learning experiences with varied combinations of programs addressing relational skills and needs of specific patient populations.</td>
<td>Self-study stand-alone modules, approximately 2 hours each. 3 hour in person session with focus on understanding roles and responsibilities and shared decision making in the context of a specific patient case.</td>
<td>Online Scheduled in person/synchronous session</td>
<td>Quizzes embedded in modules to verify completion of Student Perceptions of Interprofessional Clinical Education (SPACE) Module.</td>
</tr>
<tr>
<td>Expanded ICP knowledge and skills across settings and populations</td>
<td>For students who have completed Introduction to ICP</td>
<td>All range of experiences from 2 hour short interactions to full credit bearing courses.</td>
<td>A range of experiences from 2 hour short interactions to full credit bearing courses.</td>
<td>Classroom Online Experiential.</td>
<td>Assessment will vary depending on specific learning objectives. Faculty will have menu of validated tools available to them.</td>
</tr>
<tr>
<td>Applying ICP knowledge and skills in experiential learning in the clinic.</td>
<td>Students who have completed the first two steps.</td>
<td>Student case, faculty facilitated experience.</td>
<td>Students who have completed the first two steps.</td>
<td></td>
<td>All participation in learning experiences that lead to ICP competence will be tracked through a central database (to be developed).</td>
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</table>

Structuring interprofessional education like the UIC General Education model (providing a broad exposure to interprofessional collaboration while still allowing students to focus learning on their individual interests) will be a key component of formalizing IPE at UIC. The general education model would provide a way for...
students to meet IPE requirements (based on individual program determination) by completing a required foundations course that would have a designated subject area/rubric but could also be integrated into the curriculum of existing health professions programs. Students would then select courses offered under an IPE rubric or by any of the seven health sciences colleges to meet program requirements. A transcript comment would document that those requirements had been met.

A standard, valid set of assessment instruments will be recommended for all interprofessional education experiences. The consistent use of a set of instruments will allow for longitudinal evaluation of student learning to track progress and to demonstrate that competence is being achieved by students in the program. Instruments will address student reactions to the learning experience; changes in student knowledge and skills; student ability to demonstrate competence within simulated or real learning experiences; and the impact of the interprofessional education experience on organizational or clinical outcomes.

A centralized data repository will be developed to allow for evaluation of learning experiences across time and health professions education programs.

All participation in learning experiences that lead to ICP competence will be tracked through a central database (to be developed).

**Faculty**

In recognition of the importance of graduating students who will both lead and participate in teams across the healthcare delivery system, faculty and practitioners must be prepared to teach interprofessional groups about interprofessional collaborative practice. Most faculty were taught in environments that were uniprofessional, with perspectives often limited to their own profession. As a result, there is a continuous need to develop faculty understanding of the roles and responsibilities of other health care professionals and to provide faculty with the knowledge, skills, and attitudes that will allow them to teach and model ICP in their classroom and clinical environments.

A Faculty Academy will be established to provide faculty with opportunities to develop expertise in interprofessional education, as well as to develop their scholarship in the areas of interprofessional education and practice. The appointment would remain within the home unit. Designation as a fellow in the academy would be granted to those who both meet requirements related to the completion of core training (or providing documentation of the equivalent) and participate in IPE on a regular but limited basis. Our goal is that college and campus promotion and tenure policies will recognize and reward interprofessional education, scholarship, and practice.

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Core training for fellows of the academy will include understanding of the science of team effectiveness, intergroup relations (including cultural humility and promoting diversity, inclusion, and equity within the team), interprofessionalism, interprofessional team leadership, empowering patients as members of the team, and best practice models for collaboration. A yearlong fellowship will be developed for faculty with interests and goals to become leaders and scholars in the areas of interprofessional education and interprofessional collaborative practice.

Clinicians
Most practicing clinicians, across all health professions, have had little, if any, didactic training in team science and few experiential learning in relation to best practices in interprofessional collaboration. There are teams at work at UI Health that have adopted basic evidence-based practices, such as huddles and rounding. There is robust evidence that improvement in Quadruple Aim outcomes depends on intentional team training and interprofessional team leadership development. For many professions, clinicians serve as preceptors and clinical teachers responsible for training and facilitating interprofessional learning. The Center will offer broad-based education for practicing clinicians in interprofessional collaboration as well as consultation services to improve the teamwork of specific teams.

Audience served by the proposed Center

Internal
The proposed Center will serve UIC students (undergraduate, graduate, and professional), faculty from the seven health science colleges, and clinicians from the UIH. Through its IPE curriculum, Faculty Academy, and advisory services, the proposed Center will advance IPE and ICP at UI Health.

External
The Center will build upon existing relationships with organizations in the public and private sectors engaged in IPE. Through its professional education offerings and advisory services, the proposed Center will actively pursue opportunities to serve regional organizations, such as OSF Little Company of Mary Medical Center in Evergreen Park and other local universities/health care systems that are developing team-based care. Events will serve a broad audience engaged in healthcare, bringing together thought leaders and practitioners from the broader community for the purpose of sharing case studies, best practices, and the latest research on IPE/ICP design. Events will offer CE and CME to those who attend. Additionally, scholarship and research authored by UIC faculty will reach a national and international audience by identifying best practices and assessments in the field of IPE and ICP. Lastly, UIC will both host and participate in national and international conferences for the purpose of leading efforts in implementing IPE and ICP to solve complex health care problems.

Sources/amount of present and future funding
The initial funding for the Center will come from the current unit’s funding within the operating budget of the OVCHA. The Vice Chancellor for Health Affairs will significantly increase the IPE budget for 2 years.

(FY22, FY23) to build the Center. By FY24, the Center will begin to generate its own financial resources through tuition or cost sharing by the participating health professions education programs, offering continuing professional development at UI Health, as well as regionally and nationally, and developing full cost recovery certification programs to individuals seeking advanced training, as well as to teams. With over 1,200 students participating in Center-directed interprofessional education each year, developing a cost sharing/tuition model that is agreeable to all the participating programs is a high priority. While there has already been substantial grant funding for interprofessional education at UIC, efforts to seek grant funding for interprofessional practice development and research will be expanded.

Personnel for the Center will include leadership and staff employed with the Center and a limited number of faculty with expertise to lead specific activities. Faculty members who assume substantive responsibilities within the Center may have appointments in the Center, which will be supported either through overcompensation payments, a percent time appointment, or stipends. Personnel employed fully within the Center will provide strategic project management for all Center activities. After the first two years of operation, the Center will rely primarily on self-generated revenue, but it is expected that the Center will receive some continued internal funding from the OVCHA. There are no anticipated state appropriations expected for the Center. See table below for estimated costs and sources of funds for the proposed Center over the first four years of its operation.

<table>
<thead>
<tr>
<th>Table 1: Estimated Costs and Sources of Funds for Proposed Unit</th>
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<tr>
<td><strong>Year of Operation</strong></td>
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<tr>
<td><strong>Expenditures</strong></td>
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<tr>
<td>Personnel</td>
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<tr>
<td>Faculty</td>
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<tr>
<td>Costs in $</td>
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<tr>
<td>Other Personnel FTE</td>
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<tr>
<td>Other Personnel Costs in $</td>
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<tr>
<td>Total FTE</td>
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<tr>
<td>Supplies, Services Equipment in $</td>
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<tr>
<td>Facilities in $</td>
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<tr>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td><strong>Resources</strong></td>
</tr>
<tr>
<td>Current Unit</td>
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<tr>
<td>Other Internal Sources</td>
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<tr>
<td>Federal Funds</td>
</tr>
<tr>
<td>Fees, Sales, Other Income</td>
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<tr>
<td>New State Appropriation</td>
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<tr>
<td><strong>TOTAL</strong></td>
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**Location of the Center**

The proposed temporary Center will reside at the OVCHA office located at 914 South Wood Street.
Organization and reporting authority
The proposed Center will be organized within the OVCHA. The activities of the proposed Center will be overseen by the Assistant Vice Chancellor for Interprofessional Practice and Education and supported by IPE dedicated staff. An IPE Steering Committee will provide stakeholder input regarding the Center activities. Faculty who implements the core activities of the Center—including curriculum, Faculty Academy, clinical practice and clinical learning environments, program evaluation, scholarship, and student leadership development—will have a time buyout or receive an overcompensation/stipend for their Center-related work, using a work group structure.

An academic policy committee (APC) will be appointed to develop standards for IPE learning experiences and to review and approve courses/coursework/experiential learning that will be recognized as meeting program requirements for IPE. The APC will have co-chairs from different units and members representing all health science colleges. The APC will meet a minimum of three times per year.

Assistant Vice Chancellor (Asst. VC) for Interprofessional Practice and Education – (Mary T. Keehn, PT, DPT, MHPE). The Asst. VC has overall responsibility for achieving the vision, mission, and goals of the Center, including responsibility for developing consensus among participating colleges and delivery sites to implement interprofessional education (IPE) curriculum and interprofessional practice (ICP) models at UI Health, and for overseeing the financial stability and sustainably of IPE and ICP through multiple funding sources. Over the past five years, the Asst. VC has worked with the UIC IPE Pre-qualification Curriculum Committee to implement a campuswide foundational course for early learners that has been fully integrated into the curricula for the seven health science colleges, making UIC one of the few comprehensive health professions education institutions in the U.S. to have achieved this goal. This effort has included faculty development, advanced instructional design, ongoing program evaluation, and
continuous improvement of the Foundations curriculum. In addition to these efforts, the Asst. VC has supported the re-establishment of the UIC Institute for Health Improvements Open School Chapter and participation in CLARION, the national interprofessional case competition. The Asst. VC has had many roles at UIC over a 40-year tenure. As a physical therapist by training, she has held faculty positions in physical therapy and occupational therapy and is currently the Lead of the Interprofessional Collaborative Practice in HIV Prevention and Care Program. The Asst. VC held the position of Director of Rehabilitation Services at UIH, and a faculty position in the Department of Physical Therapy in the College of Applied Health Sciences from 1987 through 2010. She has provided consultation services to universities in curriculum development in physical therapy education and interprofessional education. A history of service to the Commission on Accreditation in Physical Therapy Education and the Federation of State Boards of Physical Therapy has provided a deep understanding of the accreditation of health professions education and of the regulation of health professions practice. The Asst. VC’s well-established relationships within UIC and in the interprofessional community through involvement with external groups, such as the Big 10 IPE working group, is an asset in achieving the goals of the Center.

**Senior Strategic Project Coordinator** - (Ami Shah, MSW). The Senior Strategic Project Coordinator has been with the IPE program for three years and has made significant contributions to the development of the foundations program and student engagement. One example of a successful effort that relied heavily on the Senior Strategic Project Coordinator was the assessment of the educational readiness of Doctor of Nursing Practice students to serve as facilitators for the Foundations program. In addition, she has developed significant skill in website construction, survey development, and data management. Her training in social work brings a valuable ability to understand the work of the IPE program and the potential for the Center to achieve Quadruple Aim outcomes.

**Business Administrative Associate** – The Business Administrative Associate provides essential support for the IPE program through organizing and supporting meetings, managing the submission of required documentation for program activities, and supporting operations in a variety of ways. The Business Administrative Associate has extensive knowledge of UIC policies and procedures, which contributes significantly to the efficient implementation of all activities.

**Additional Personnel**

**Chair of the IPE Pre-Qualification Curriculum Workgroup** – (Frank Borgers, PhD). The Chair has led the development of the foundations curriculum and will continue in this role in the new Center.

**New Staff Members (to be hired)**

**Strategic Project Coordinator**. In the first year of the Center, an additional strategic project coordinator will be hired to support Center activities. The model of having IPE staff support the work of the Center, even when the work is led by faculty and staff outside the Center, has proved to be highly effective in ensuring that progress is made and that all activities are integrated and completed. This new position will have a focus on clinically based projects in both education and practice.

**Additional Center Project Leaders**
The Center will function by formally appointing faculty with appropriate expertise to lead Center activities. These activities include: development of the Faculty Academy; the development of curriculum in specialized IPE topics (e.g., ethics in interprofessional collaborative practice, and managing the social determinants of health in complex care); development of experiential IPE learning; development of continuing professional development offerings; comprehensive program evaluation; and development of a research portfolio and broadening the opportunities for student led interprofessional service and learning.

**Internal Advisory Committee**
There is currently an IPE Steering Committee that has 27 members who serve as representatives of their college or unit and are responsible for providing leadership and guidance to the development of IPE and ICP at UIC. This includes representation from all seven of the UIC health science colleges; UIH; Office of Diversity, Equity and Engagement; and the Institute for Healthcare Delivery Design. In CAIPPER, there will continue to be a Steering Committee with reconfigured membership and an advisory role. Continued dialogue and coordination with internal stakeholders is critical to the continued success of IPE at UIC and to the success of CAIPPER.

**External Advisory Committee**
An external advisory committee will be developed that will include representatives of health care systems that have achieved recognition for utilizing interprofessional collaborative practice models and providing interprofessional clinical learning experiences, as well as active leaders in organizations that are at the leading edge of the development of interprofessional collaborative practice and interprofessional education nationally and internationally. The Assistant Vice Chancellor for Interprofessional Practice and Education and many other members of the UIC Interprofessional practice and education community are actively involved in these organizations, and these networks have been important in the progress to date. Including people who are leaders in these organizations on an external advisory committee will ensure that CAIPPER’s planning and decision making is fully informed and advised by external perspectives.

**Measurement of quality**
The high value placed on program evaluation that has been a hallmark of UICIPE activities to date will be continued to be used in the measurement of quality.

**Planned Methods of Assessment**
The Kirkpatrick Model for educational evaluation.¹⁷ is the framework used to develop evaluation and assessment plans to be used in measurement of the quality of educational programs. This model evaluates the effectiveness of educational programs at four levels—the reaction of the learners, the changes in knowledge, changes in behavior, and changes in outcomes for patients, organizations, or systems. Consistent with this model, the IPE program has developed, used, and published the IPECC-SET (Interprofessional Education Collaborative Competence Self-Efficacy Tool).¹⁸ and uses other standardized

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evaluation tools, such as the SPICE-R2, the Attitudes Toward Health Care Teams Scale, and qualitative methods such as reflection and narrative response questions. The proposed Center will use the IPECC-SET for longitudinal assessment of the development of ICP competence across health professions programs and will continue to promote the use of the instrument nationally and internationally.

**Indicators of Success in Meeting Objectives**

All Center activities will be evaluated using a logic model to structure an evaluation plan. Evaluation will include quantitative and qualitative measurements. One of the key foci of the Center will be to develop an information system that will track educational and practice activities. This will allow UIC health professions education programs to collect and report on participation of their students in interprofessional education to facilitate demonstration of compliance with accreditation standards. The NEXUS (the National Center for Interprofessional Practice and Education) has developed a robust system for reporting educational and clinical outcomes for comparison across participating institutions—participation in this data system will facilitate tracking quality outcomes and benchmarking with other institutions.

- **Curriculum metrics** — hours of didactic instruction, hours of clinical/community experiential learning, % of students enrolled in participating programs who complete IPE requirements, CE/CME units delivered, enrollment in IPE courses/coursework and certificate program
- **Faculty metrics** — headcount and FTE of faculty participating in faculty development experiences, membership in Faculty Academy
- **Scholarship** — grants applied for, grants received, grant expenditures, publications, and presentations
- **Student Leadership Development** — activity of student led organizations, participation of students in leadership development activities

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Appendices

Appendix 1 – Description of Foundations of Interprofessional Collaborative Practice
Appendix 2 - Current enrollment in programs participating in IPE
Appendix 3 - Evolution of Campuswide IPE Event from 2013-2021
Appendix 4 – Steering Committee members
Appendix 5 – Examples of IPE learning Activities
Appendix 1 – Description of Foundations of Interprofessional Collaborative Practice

The Foundations of Interprofessional Collaborative Practice (FICP) is a curriculum for all students in UIC health profession programs, including dentistry, health information management, health care administration, medicine, nursing, nutrition, occupational therapy, pharmacy, physical therapy, public health, and social work. Students from all six UIC locations (Chicago, Peoria, Quad Cities, Rockford, Springfield, and Urbana-Champaign) are included, bringing total yearly participants to over 1,250.

The FICP curriculum is an early exposure to interprofessional learning that provides a foundational understanding of what interprofessional collaboration is, why it is important, and how it contributes to the success of teams, including a strong focus on the values and ethics of interprofessional care.

Foundations of Interprofessional Collaborative Practice is structured as four components, including three asynchronous modules in Blackboard and one virtual synchronous session:

- Module 1: An Introduction to Interprofessional Collaborative Practice
- Module 2: The Roles and Responsibilities of Interprofessional Collaborative Practice Teams
- Module 3: Team Science and Values and Ethics in Interprofessional Collaborative Practice
- Synchronous Session: Interprofessional Collaborative Practice Immersion

The current practice focus for this curriculum is chronic pain management, showcasing two different delivery settings that provide chronic pain management. The first setting is the Shirley Ryan Ability Lab Pain Management Center, where learners explore the interprofessional collaborative model as practiced by one of the nation’s pioneers in interprofessional chronic pain management. The second setting is UI Health, where we explore the values and ethics of managing the chronic pain needs of vulnerable and marginalized patients and populations within an academic medical delivery setting. The three asynchronous modules are two-hours each and are completed by students within a structure and timeline decided by each degree program.

The synchronous session is three hours in length. Students work in interprofessional groups (between 10-13 students and a facilitator). Students share and discuss their worksheets from the three online modules to build an interprofessional perspective on the course module content. Students then explore the values and ethics of managing the chronic pain needs of vulnerable and marginalized patients and populations within an academic medical delivery setting. Key takeaways and questions from these group discussions are then addressed by a panel of UI Health clinical leaders.

FICP provides a solid background that enables students to succeed in the interprofessional learning experiences they participate in throughout the remainder of their programs.
Appendix 2 - Current Enrollment in Programs Participating in IPE

Over 5,000 students are enrolled in the health professions education programs in Fall 2021 across the regional campuses. A breakdown of student enrollment is summarized below.

<table>
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<tr>
<th>College/Program</th>
<th>Program</th>
<th>Campus</th>
<th>Student Enrollment</th>
</tr>
</thead>
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<td><strong>Applied Health Sciences (AHS)</strong></td>
<td>Health Info. Management (BS)</td>
<td>Chicago</td>
<td>82</td>
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<tr>
<td></td>
<td>Nutrition (BS and MS)</td>
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<td>80</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapy (MS)</td>
<td></td>
<td>96</td>
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<tr>
<td></td>
<td>Physical Therapy (DPT)</td>
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<td>Dentistry (DMD)</td>
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<td>Medicine (MD)</td>
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<td></td>
<td></td>
<td>Peoria</td>
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<td></td>
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<td>Rockford</td>
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</tr>
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<td></td>
<td></td>
<td>Urbana</td>
<td>12</td>
</tr>
<tr>
<td><strong>College of Nursing (CON)</strong></td>
<td>Nursing (RN)</td>
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</tr>
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<td></td>
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<td>29</td>
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<td>Rockford</td>
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<td><strong>Jane Addams College of Social Work (JACSW)</strong></td>
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<td><strong>School of Public Health (SPH)</strong></td>
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<td>Chicago</td>
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<tr>
<td></td>
<td></td>
<td>Healthcare Administration (MHA)</td>
<td>78</td>
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<tr>
<td><strong>ENROLLMENT TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>5,165</strong></td>
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</table>
Appendix 3 - Evolution of Campuswide IPE Event from 2013-2021

Initially, the learners in the campuswide events were in widely varying stages of their curricula. In 2019 the campuswide program, Foundations of Interprofessional Collaborative Practice (FICP) was redesigned for early learners. As of 2021 FICP includes learners in the first semesters of their respective health programs from all regional campuses.
Appendix 4 – IPE Steering Committee members – February 2022

There are currently 27 steering committee members who serve as representatives of their college or unit and are responsible for providing leadership and guidance to the development of IPE at UI Health.

- Mary Keehn, Assistant Vice Chancellor, Office of the Vice Chancellor for Health Affairs, Chair
- Frank Borgers, Work Group Chair, Clinical Assistant Professor, School of Public Health
- Blase Brown, Work Group Co-Chair, Clinical Assistant Professor, College of Dentistry
- Linda Chang, Clinical Associate Professor, College of Medicine, Rockford
- Kristen Goliak, Clinical Associate Professor, College of Pharmacy
- Valerie Gruss, Clinical Associate Professor, College of Nursing
- Memoona Hasnain, Work Group Chair, Professor, College of Medicine
- Ashley Hughes, Assistant Professor, College of Applied Health Sciences
- Susan Kilroy, Director of the Clinical Learning Resource Center, College of Nursing
- Michael Koronkowski, Director, Interprofessional Education, College of Pharmacy
- Jeanne Link, Assistant Professor and Dept. Head, University Library
- Beth Marks, Research Associate Professor, College of Applied Health Sciences
- Christopher Mitchell, Associate Professor and Director of Academic Program Development and Assessment, Jane Addams College of Social Work
- Hugh Musick, Co-Director, Institute for Healthcare Delivery Design, Office of the Vice Chancellor for Health Affairs
- Angela O’Bryant, Clinical Associate Professor, College of Medicine, Peoria
- Christine Park, Director, Simulation and Integrative Learning Institute, College of Medicine
- Philip Pattson, Associate Professor, College of Dentistry
- Elizabeth Peterson, Clinical Professor, College of Applied Health Sciences
- Gideon Ramirez, Clinical Associate Professor, College of Applied Health Sciences
- Patrick Smith, Clinical Associate Professor, College of Dentistry
- Sara Smith, Associate Professor, College of Medicine
- Kathleen Sparbel, Director, College of Nursing, Quad Cities Campus
- Charu Thakral, Associate Vice Provost for Diversity
- Janet Thorlton, Clinical Associate Professor, College of Nursing, Urbana
- Carla Tozer, Visiting Clinical Assistant Professor, College of Nursing
- Stephanie Vodopic, Physical Therapist, UI Health
- Jodi Whitlock, Associate Director, Office of Curricular Affairs, College of Medicine
Appendix 5 – Examples of IPE learning Activities (database)

The IPE learning activities at UIC are inventoried in the UIC Interprofessional Education Learning Experiences database. This database is a repository of information about the characteristics of interprofessional education learning experiences that are currently or have been offered to students in UIC health professions programs. The following activities are listed on the database.

- Simulation Experience for BS in Nursing and Dentistry
- Foundations of Interprofessional Collaborative Practice - Chicago
- Pediatric OT-PT IPE Session
- Occupational Therapy and Social Work - Community Mental Health
- Dentistry / RDN IPE Experience
- Interprofessional experience for OT and PT students: Evaluation and Treatment for people experiencing wrist and hand dysfunction
- Interprofessional Collaborative Practice in HIV Prevention and Care
- Nursing and Occupational Therapy - ICU Simulation
- How We Live: Maintaining Integrity in Personal and Work Life
- M1 Summer Externship in Family Medicine
- Legislative Education & Advocacy Development
- An Interprofessional Approach to Teaching Physical Exam Skills
- Foundations of Interprofessional Collaborative Practice
- Care Plan Development for RPHARM and RMED students
- Clinical Informatics Fellowship
- IPE Shadowing Pilot
- Synthesis III: A PBL Course for Occupational Therapy Students
- Integrated Community Behavioral Health Training
- HON 201 Honors Seminar: How We Die
- Undergraduate Course in Bioethics, Law, and Professionalism in Rehabilitation Sciences
- UIH Ethics Committee
- Graduate Course In Ethics and Health Information Technology
- Poverty Simulation
- Multistation Health and Health Care Simulations
- Interprofessional Prescription Writing Exercise
- Obstetrics and Gynecology Core Clerkship
- Mentored APN Experience to Develop Interprofessional Role Competencies for Medical and Pharmacy Students
- History and Physical Diagnosis Course
- Graduate Courses in Disability and Ethics
- Family Medicine Core Clerkship
- Internal Medicine Core Clerkship
- Medication Reconciliation in the Home Care Setting
- IP Approaches to Health Care Disparities (IAHD)
- Over the Counter (OTC) Drugs Selective
- Clinical Tutorial for M2 Students
- Occupational and Physical Therapy Collaboration
- Intensive Care Unit Simulation Lab for Occupational Therapy and Nursing
Robert Barish  
Vice Chancellor for Health Affairs  
514 South Wood Street  
Chicago, Illinois 60612

February 10, 2022

Dear Dr. Barish,

We are writing in support of the proposed temporary Center for the Advancement of Interprofessional Practice, Education, and Research (CAIPPER) within the Office of the Vice Chancellor for Health Affairs. Interprofessional education for trainees and practicing health professionals is a key step in realizing the benefits of interprofessional collaborative practice within UI Health and in the broader community. With seven health sciences colleges, UI Health can truly train our students in collaborative practice and provide health care services that emerge from and rely on the knowledge and skills of two or more health or social care providers. Likewise, Interprofessional education promotes teamwork, enhances the quality of patient care, and has been shown to improve health outcomes.

Engaging all of the health sciences colleges along with the healthcare delivery system will open up new opportunities for collaboration aimed at improving not only the healthcare we provide at UIC but also producing highly skilled graduates from each of our programs who will go out and serve our surrounding communities.

It is for these reasons that we believe each of the seven Health Science Colleges at UIC will benefit from the proposed temporary Center for the Advancement of Interprofessional Practice, Education and Research.

Sincerely,

[Signatures]

Eileen Collins  
Dean, College of Nursing  
Bo Fernhall  
Dean, College of Applied Health Sciences

Creasie Finney Hairston  
Dean, Jane Addams College of Social Work

Wayne Giles  
Dean, School of Public Health  
Mark Rosenblett  
Dean, College of Medicine

Glen Schumock  
Dean, College of Pharmacy

Clark Stanford  
Dean, College of Dentistry