Strengths

- Multiple campuses (Chicago, Rockford, Peoria, Quad Cities, Urbana-Champaign, and Springfield) and numerous healthcare disciplines involved with interprofessional education (IPE) and interprofessional collaborative practice (ICP)
- Long-standing expertise of our IPE team
- Strong focus and commitment to inclusion, diversity, equity, and accessibility (IDEA)
- Strong external partnerships with other health systems and community organizations
- Strong support from OVCHA for CAIPPER to have comprehensive focus
- Range of resources at UIC to support educational innovation and excellence
- Engaged healthcare student body that buys into the importance of interprofessional education and collaborative practice
- Congruence of the foundational principles of IPE with the UIC mission and the missions of the individual colleges and UI Health
- UIC is a R1 University, and federally designated minority-serving institution.
- The proximity of the health science colleges and the extensive healthcare delivery system in Chicago
- Clinical faculty on all campuses who bring expertise in multiple areas and contribute to community engagement
- Established and strong IPE/ICP presence and relationships at scale. Over ten years of experience on advancing IPE at UIC
- Strong potential to build on existing and growing clinical and community services throughout Northern Illinois

Weaknesses

- Limited infrastructure and funding to support the wide range of activities and long-term goals under CAIPPER
- Full range of IPE learning experiences (not just Foundations course) need to be fully integrated into all health professions curricula in a sustainable way
- Lack of a process for codifying IPE learning experiences
- Effort required for communication and cooperation across the number and range of educational programs
- Lack of coordinated scheduling for IPE learning experiences
- Lack of tuition funding following students in IPE learning experiences
- Limited connection between CAIPPER and implementation of the strategic plan for UI Hospital and Clinics
- The complexity of the University of Illinois as an institution and of funding of activities that involve multiple units.
- The educational environment is complex because students are enrolled in a wide range of professional programs at six different campuses that are very different in student body and environment, and these students participate in programs that are delivered in classroom, clinical, and online settings
- A vibrant and sustainable IPE program will require multicampus administrative coordination of efforts to achieve faculty participation from all the health sciences colleges on all campuses and from organizational development staff at UI Health
- Current mechanism for inventorying IPE is not functional and the new mechanism is under development resulting in current lack of an inventory of IPE activities
- Lack of understanding of what level of ICP is happening at UI Health and no mechanism for inventorying.

**Opportunities**

- High quality IPE curriculum will attract students and faculty to UIC
- Student interest in activities like Clarion, Institute for Healthcare Improvement Chapter, co-curricular activities should be recognized by programs and linked to curricula.
- Growing relationships and networks among the different campuses and health academic programs
- Enhance support for meeting IPE-related accreditation requirements and improve efficiency
- Leveraging technology such as simulation, telehealth and virtual environment for learning
- Incorporate IPE into healthcare workforce clinical training using simulation
- Use COVID disrupted healthcare education and take advantages of virtual platform and hybrid approaches to reach learners and patients
- Use evidence that IPE and ICP promote wellbeing to address faculty and student burnout
- Engage retirees to benefit from their expertise
- Build on existing efforts toward mission critical issues such as systemic racism, health inequity and training a health workforce for the future
• Workforce training models which incorporate team training and collaborative practice
• Strong potential to build IPE and ICP into existing and growing clinical and community services (Mile Square, Gage Park, etc.).
• Build relationships with clinical partners on all campuses to use ICP to improve quality and safety and to support health workforce wellbeing
• UIC has the potential to have impact across the state
• Funds for IPE program development and for research into effective training at both pre licensure and post-licensure levels are available through both public and private sources.
• UIC can develop an IPE curriculum that uses innovative educational technology and resources, including the use of simulation to train the thousands of currently licensed health care professionals in Illinois who have not received training in teamwork and collaboration as part of their pre-licensure training

Threats
• Student and faculty burnout
• Shortage of faculty in different colleges
• Virtual platform and isolation
• Limited resources and facilities
• People leaving healthcare careers and moving into different professions
• Rigid inflexible curriculum and unwillingness to adapt
• Addressing centuries-old professional identity and biases
• Collaboration in practice requires challenging the hierarchy, stereotypes, and power differential that currently exist between health professions. Models for collaboration that address these challenges are currently being developed and studied, but are not yet established
• Health care payment systems are rapidly changing to encourage collaboration, but the funding models for health care education are driven by very different forces. The long-term impact of health care payment reform on health care education funding is not yet clear
• The frailty of funding for health care education cannot be ignored. There is widespread concern over the cost of higher education in general and specific concerns about how reductions in Medicare and Medicaid payments will affect the ability of hospitals and other care settings to provide vital clinical training.
• Differences between resources/size and culture between UICs campuses and the varying number of HPE programs at each means a “one size fits all” is not likely and we need to prevent inequities.