Introduction

The competency domains developed by the Interprofessional Education Collaborative (IPEC)—values/ethics for interprofessional practice, interprofessional communication, roles/responsibilities, and teams and teamwork—have become widely accepted as the framework for interprofessional education (IPE) in the United States.

At the MGH Institute of Health Professions, we seek to prepare graduate-level nurses, occupational and physical therapists, speech-language pathologists, and physician assistants who can meet the IPEC competencies. However, we also wanted to integrate them in a model that would reflect all the essential components of contemporary health care.

Purpose

We started by introducing an overarching framework for IPE called IMPACT Practice, that provides opportunities for didactic and experiential learning focused on the IPEC domains. All students in the entry-level programs were required to take the sequence of three, one-credit courses.

To make IPE truly comprehensive, however, and to more fully represent behaviors for the full professional role, we realized that a broader perspective was needed to infuse concepts of interprofessional practice beyond team-based care and into all aspects of students’ education.

Rationale

We wanted to identify core competencies that reflect essential components of contemporary healthcare and emphasize professional responsibilities such as advocacy, leadership and systems-based practice, in addition to the competencies delineated in the IPEC domains.

We embraced a model that considered the IPEC domains as an essential inner core within a larger framework of common competencies, which in turn would overlap in various ways with competencies specific to each profession.

Identifying Core Competencies

- Using focus group methodology, faculty from all programs prioritized lists of competencies considered essential to each of our disciplines.
- These lists were refined based on reviews of literature and thematic analysis to determine classifications.
- We worked as a team at an IPEC conference to identify specific domains, which were brought to our academic leadership for confirmation.
- A taskforce, representing all programs, built upon the initial work to define six domains (see Table).

Defining Core Competency Domains

The Core Competency Taskforce was charged to develop definitions for each domain and to create a developmental model with a progression of expectations from beginning to the end of the academic program. IPEC competencies are interwoven among the six domains.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Professionalism</td>
<td>Commitment to ethical principles, respect, accountability, and altruism</td>
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<tr>
<td>Patient-centered care</td>
<td>Collaboration with healthcare team, patients and families to meet health related needs</td>
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<tr>
<td>Communication</td>
<td>Exchange of information with patients, families, and the health care team</td>
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<td>Critical thinking</td>
<td>Decision making based on open-minded analysis and deliberate thinking</td>
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<tr>
<td>Systems-based practice</td>
<td>Awareness of larger context of health care and ability to promote changes that enhance care delivery</td>
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<td>Leadership</td>
<td>Courage to influence change for the benefit of patients/clients, the health system, and the professions</td>
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Next Steps

The core competencies have been distributed to the faculty, who will work within and across schools to infuse them in each program’s curricula as they continue to identify interprofessional opportunities that can be leveraged and outcomes measured.

We will pilot the competencies and an e-portfolio to house student documentation of their achievement, which will eventually be required for graduation. In this way, we will build on the IPEC domains to create a graduate prepared for all facets of practice.