

Vision for SO#8

The Outcome outlined in ASHA's Envisioned Future 2025

Because of the members' expertise, services are provided in a **culturally competent manner**, are valued, and are in high demand.



Initiatives

Focus on Academic Training

1. Develop faculty to teach cultural and linguistic content in coursework
2. Train, and calibrate CAA site visitors

Focus on Clinical Practice

1. Define language proficiency for clinical practice
2. Increase bilingualism
3. Infuse CLD content throughout Practice Portal
4. Engage clinicians in improving knowledge and skill
- 4A. Enhance/update multicultural resources



60-85%

New professionals feel adequately prepared to modify clinical approaches to accommodate client/patient/students' cultural norms

- Parent of a 4 yr. old with autism asked for a language assessment to track progress
- SLP: African American students are not given formal or standardized language assessments; only use language samples



50-60%

New professionals feel unprepared to work with trained interpreters

Asked to evaluate a non-English speaking resident for cognitive deficits at an assisted living facility. When I said I do not speak Cantonese, supervisor asked if I have a translator app.

Please clarify the following: What is ASHA's position on providing cognitive therapy to a non-English speaker?



Parent of a preschooler concerned because an SLP has determined their child has a language disorder because the child is not appropriately using pronouns



30-35%

New professionals feel unprepared to interview caregivers from diverse backgrounds



Are some topics taboo?



New professionals feel that they were not prepared to discuss beliefs about traditional and alternative medicines

50-60%



Cultural Competence

Cultural Competence IS:

- the ability to identify & apply the knowledge and skills (and information & resources) that account for someone else's needs, values, desires, perspectives and experiences when interacting with that individual

Cultural Competence IS NOT:

- knowing everything there is to know about anyone group or individual



Why is cultural competence important?

- Better outcomes
- Better quality of care
- Elimination of disparities in health care and education (especially across under-represented groups)



CSD Professionals need to be able to:

- demonstrate the skills, behaviors and attitudes that recognize and value diversity
- conduct ongoing self-assessment
- manage the dynamics of difference
- acquire and institutionalize cultural knowledge
- adapt to the diversity and culture of the communities they serve



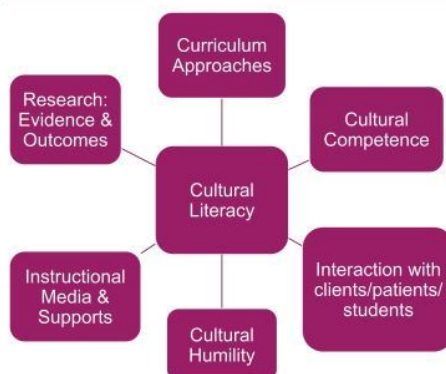


Cultural Literacy

- Faculty and administrators have to increase their cultural literacy in order to help students increase their cultural competence.
- Cultural competence provides a great opportunity for interprofessional education. There are resources and models in nursing, medicine, pharmacy, child welfare, mental health.



Requirements for Cultural Literacy



“

Do the best you can until you know better.

Then when you know better, do better.

Maya Angelou

”

Best Quotes Of The Day // BQOTD.COM

Interprofessional Education and Interprofessional Practice

Loretta Nunez, M.A., Au.D., CCC-A/SLP, ASHA Fellow, FNAP



WHAT ARE IPE AND IPP?

According to the WORLD HEALTH ORGANIZATION (WHO):



Interprofessional Education (IPE)

“...Two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”



Interprofessional Practice (IPP)

“...Multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, caregivers, and communities to deliver the highest quality of care across settings.”

Source: Framework for Action on Interprofessional Education and Collaborative Practice, WHO 2010

WHY IPE?



Prepare for real world, evolving service delivery



Prepare a “collaborative practice-ready workforce”



Deliver services as part of a continuum of care with others



Responsive to demand for accountability, outcomes, and efficiencies

IPE'S VALUE IN PROFESSIONAL CONTEXTS



Schools

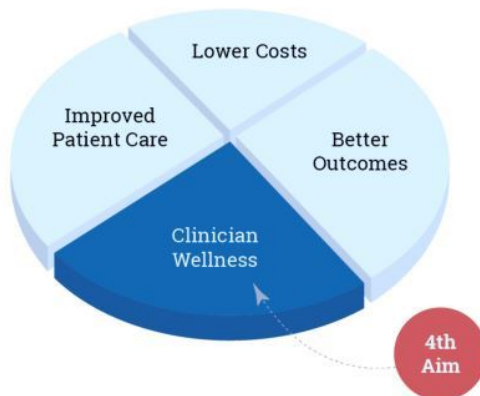
- ✓ Demand for increased accountability
- ✓ Every Student Succeeds Act (ESSA)
- ✓ Individuals with Disabilities Education Act (IDEA)
- ✓ Multi-tiered Systems of Support (MTSS), including Response to Intervention (RTI)
- ✓ State educational standards (includes Common Core State Standards)



Health Care

- ✓ IHI Quadruple Aim
- ✓ Transition from fee for service to value-based service payment models
- ✓ Demands for more affordable and more convenient care
- ✓ Focus on “population health,” not just health care
- ✓ Innovation in care delivery (e.g., telehealth, continuum of care)

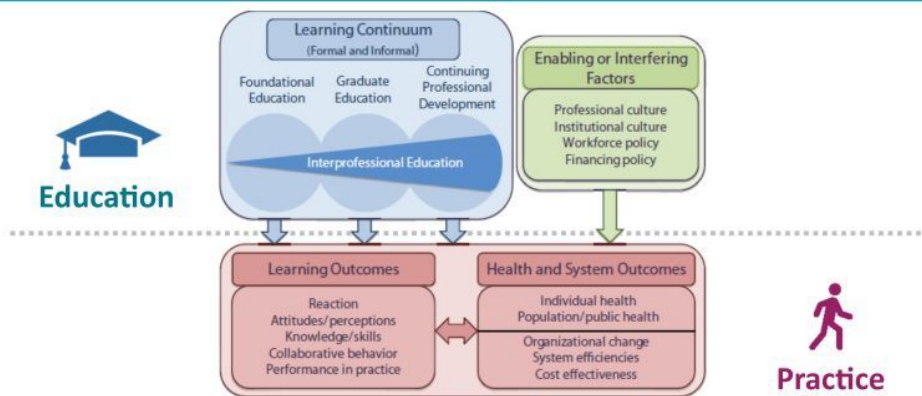
THE QUADRUPLE AIM



Source: Bodenheimer and Sinsky (2014). From Triple Aim to Quadruple Aim <http://www.annfammed.org/content/12/6/573.full>

Impelling Curricular Content to Transform Clinical Practice

IOM INTERPROFESSIONAL LEARNING CONTINUUM



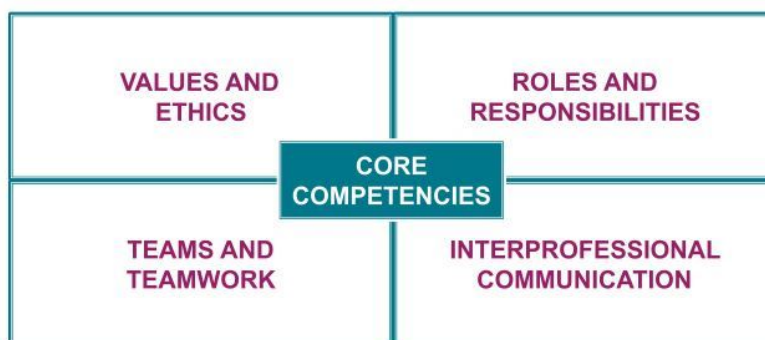
Reprinted with permission from *(Measuring the impact of interprofessional education on collaborative practice and patient outcomes)*, (2015) the National Academy of Sciences, Courtesy of the National Academies Press, Washington, D.C. IOM (Institute of Medicine).

KIRKPATRICK'S EXPANDED OUTCOMES TYPOLOGY

Level 1: Learner's Reaction	Learners' views on the learning experience and its interprofessional nature
Level 2A: Modification of Attitudes/ Perceptions	Changes in reciprocal attitudes or perceptions between participant groups; changes in attitudes or perceptions regarding the value and/or use of team approaches to caring for a specific client group
Level 2B: Acquisition of Knowledge/Skills	Including knowledge and skills linked to interprofessional collaboration
Level 3: Behavioral Change	Individuals' transfer of interprofessional learning to their practice setting and their changed professional practice
Level 4A: Change in Organizational Practice	Wider changes in the organization and delivery of care
Level 4B: Benefits to Patients, Families, and Communities	Improvements in health or well-being of patients, families, and communities

Reprinted with permission from *(Measuring the impact of interprofessional education on collaborative practice and patient outcomes)*, (2015) the National Academy of Sciences, Courtesy of the National Academies Press, Washington, D.C. IOM (Institute of Medicine).

IPEC CORE COMPETENCIES



Source: Interprofessional Education Collaborative (2016)

MECHANISMS OF TEAMWORK

Team Leadership: ability to direct or coordinate activities of other team members

Mutual Performance Monitoring: ability to apply appropriate strategies based on understanding of team workload, skills, stress

Backup Behavior: ability to anticipate other team members' needs

Adaptability: ability to adjust team strategies and course of action

Team Orientation: attitude toward considering others' input; belief in team goals

Shared Mental Models: shared understanding that team members hold

Mutual Trust: shared belief that team members will perform their roles

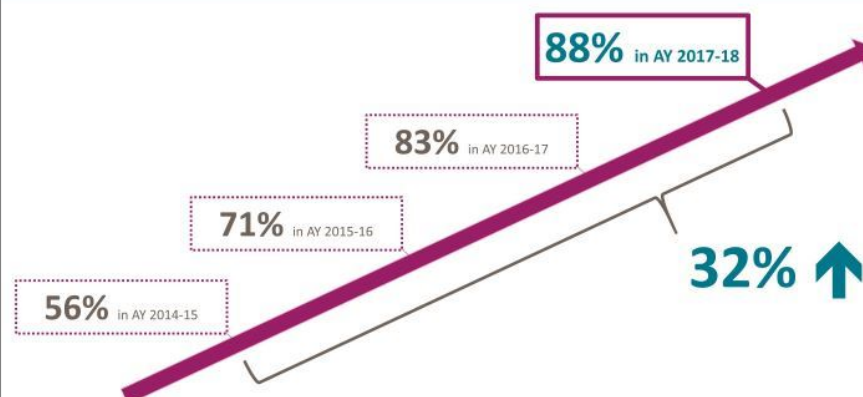
Closed-Loop Communication: exchange of information, keep others informed

Source: Salas, E., et al. (2008). Does Team Training Work? Principles for Health Care. Academic Emergency Medicine. <https://doi.org/10.1111/j.1553-2712.2008.00254.x>

COMMON COMPONENTS OF IPE CURRICULA

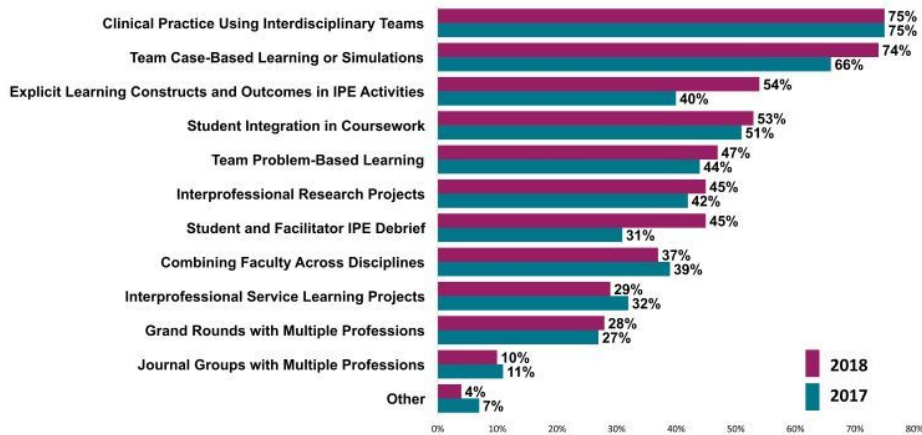


IPE IN CSD ACADEMIC PROGRAMS



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USE OF IPE/IPP APPROACHES



CHALLENGES TO IMPLEMENTING IPE

Consensus Terminology

Resources to Implement

Common Understanding

Coordinated Infrastructure

Institutional Policies

Financial Models

Leadership Buy-In

Faculty/Staff Development

Lack of Exemplars/Models

Protected Time

Formal Recognition
(annual, promotion, tenure)

EXAMPLE IPE CURRICULUM, INCLUDING SLP

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES



Colleges

- ✓ College of Health Professions
- ✓ College of Medicine
- ✓ College of Nursing
- ✓ College of Pharmacy
- ✓ College of Public Health
- ✓ Graduate School

5

Five Pillar Approach

- ✓ Curriculum
- ✓ Collaborative Practice
- ✓ Development Office
- ✓ Faculty Development
- ✓ Research/Scholarship

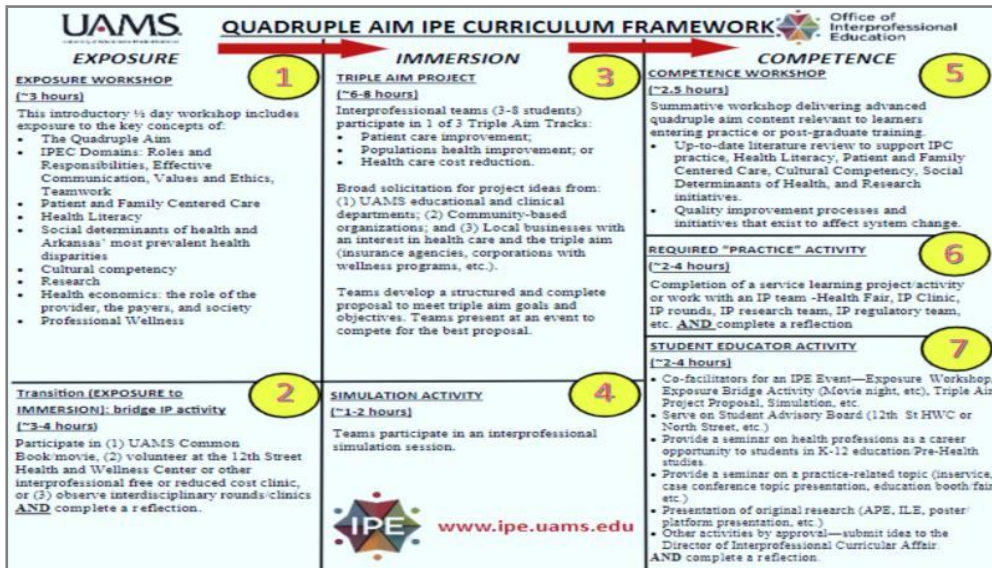


Curricular Framework

- ✓ Exposure (novice)
- ✓ Immersion (intermediate)
- ✓ Competence (advanced)

Source: University of Arkansas for Medical Sciences. <https://ipe.uams.edu/>

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RESOURCES (see handout)

Change Management Frameworks: Design Thinking; Kotter Accelerated Model of Change; IHI Psychology of Change Framework

Guidance Documents: HPAC Guidance on Developing Quality IPE for Health Professions; NCILE Achieving the Optimal Interprofessional Clinical Learning Environment

Exemplars: Nexus IPE Centers Interactive Map

Resources and Consultation: Arizona State University Center for Advancing Interprofessional Education, Practice and Research (<https://ipe.asu.edu/>); Grand Valley State University Midwest Interprofessional Practice, Education, and Research Center (MIPERC) (<https://www.gvsu.edu/miperc/>)

Professional Development: IPEC Institutes, T3 Train the Trainer workshops, IPE/IPP focused conferences, Webinars, and workshops, etc.



Teaching Enhanced Service Delivery

Lemmietta McNeilly, PhD, CCC-SLP, CAE



Learner Outcomes

As a result of this presentation, you will be able to:

1. Define practicing at the “top of the license”
2. Identify service delivery options including working with SLPAs and engaging in telepractice
3. Describe how SLPs use the ICF framework to write functional goals that impact patient outcomes



Learner Outcomes

As a result of this presentation, you will be able to:

4. Identify environmental impacts due to changes in
 - a. Reimbursement
 - b. Functional outcomes
 - c. Telepractice
5. Identify varied service delivery models
 - a. Working with assistants
 - b. Telepractice
 - c. Varied treatment dosage



STRATEGIC OBJECTIVE #4

Enhanced Service Delivery Across The Continuum of Care to Increase Value and Access to Services



STRATEGIC OBJECTIVE #4

- Prepare audiologists and speech-language pathologists to
- Work with support personnel
- Support collaborative practice
- Practice at the “top of the license”
- Promote clinical educational models of practice across the continuum of care
- To use telepractice



Health Care

TRENDS

MEDICARE TRYING TO LIMIT OVERUTILIZATION

- High documentation demands/increased denials/Department of justice investigations
- Trend toward alternative payment models rather than fee for service
- Focus on value, outcomes, performance measures

PRIVATE INSURERS WILL FOLLOW SIMILAR TRENDS


AFFORDABLE CARE ACT, IMPACT ACT, ETC

CHALLENGES IN HOSPITALS


- Staff reduction
- Outcomes reporting
- Cost savings focus



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A background image for the 'School Trends' slide showing a desk with a laptop, a white mug, and a red apple. The text 'School TRENDS' is overlaid on the left side.

- Teacher accountability
- State standards
- Medicaid/budget constraints
- SLPA's
- Collaboration
- Shortages and expanding workload
- Every Student Succeeds Act (ESSA)



CLINICAL PARADIGM CHANGES

- Move from deficits/impairments to functional effectiveness
- Move from silos to interprofessional collaborative practice
- Expand beyond traditional service models
- Include consultations with other professionals that enhance care coordination within and across settings
- Consider the impact of the social determinants of health



A background image for the 'Responding to the Clinical Paradigm Changes' slide showing a group of four people (three women and one man) gathered around a table, looking at a tablet and some papers. The text 'RESPONDING TO THE CLINICAL PARADIGM CHANGES' is overlaid on the right side.

RESPONDING TO THE CLINICAL PARADIGM CHANGES



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DEMONSTRATING VALUE —and Outcomes—

- Adhere to best practice (e.g. Practice Portal, institutional protocols and procedures, EBP)
- Participate in ASHA's National Outcomes Measurement System (NOMS)
 - new audiology registry being developed
- Functional patient goals (ICF)
- Patient-reported outcomes
- IMPACT Act – Medicare reporting
- Relating student outcomes to state standards



INNOVATIVE APPROACHES —to Pre-Professional Education—

- Interprofessional education (IPE)
- Leadership development
- Training on
 - documentation,
 - Billing, and
 - Coding
- Clinical practicum Active approaches
 - (e.g. simulation, case-based or problem-based learning)
- Advocacy education
- Varying Degree Program Options
 - combined degrees,
 - distance learning,
 - rehab degrees



INNOVATIVE APPROACHES —to Professional Education—

- Interprofessional collaborative practice (IPP)
- Professional learning communities (PLCs)
- Supervision training
 - Support Personnel
 - Graduate Students
 - CFs
 - SLPs
 - Other professionals
- Leadership development
- Specialty Certification
- SLP clinical doctoral programs
 - SLPD,
 - DCsD

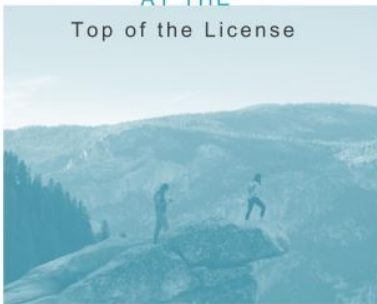


SPEECH-LANGUAGE PATHOLOGY

- Expand the Clinical Paradigm
- Re-frame the Profession
- Outcomes, Databases and Quality
- Professional Preparation
- Member Education
- Widespread Dissemination of Information



PRACTICING AT THE Top of the License



“ Audiologists and SLPs should engage in
ONLY those patient /student/client
care activities that require their
level of expertise and skill. ”

*Ad Hoc Committee on Refreshing the
Professions*



PRACTICING at the “Top of the License”

May require new ways of thinking/working by:

- Delegating responsibilities that do not require professional interpretation and judgment
- Enhancing supervision and management skills
- Demonstrating and articulating our own unique knowledge and skills (value) and how we can contribute to teams



PRACTICING

at the "Top of the License"

Practicing At The Top Of The License Includes:

- Assessment
- Skilled intervention
- Consultations with colleagues regarding functional goals and treatment options
- Delegation (supervision/mentoring)
 - Clinical fellows
 - Students
 - Support personnel (e.g., speech-language pathology/audiology assistants)
 - Technicians, family members, volunteers



PARADIGM SHIFT

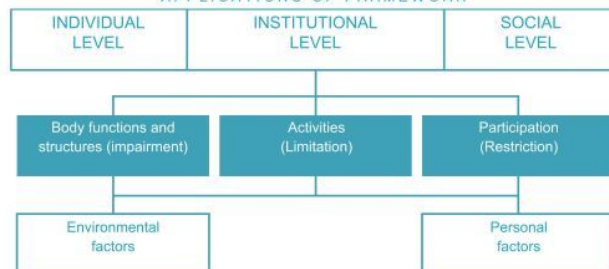
TO PERSON-CENTERED CARE

Using the ICF framework to develop individual functional goals

ICF FRAMEWORK

of Health and Disability (WHO, 2011)

APPLICATIONS OF FRAMEWORK



Bio-psycho-social-spiritual approach in the context of ethics, human rights and legal framework



ICF

- Addresses Functioning
- Is not based on etiology or "consequence of disease," but as a component of health
- The World Health Organization defines "health" as,

*the complete **physical, mental, and social functioning** of a person and **not** merely the absence of disease*

In this definition, functioning as classified in the ICF is an essential component of health.



ICF

FUNCTIONAL GOAL WRITING



Functional Goals



- Target **individually meaningful** activities or roles that a person cannot perform or avoids performing as a result of a health condition



Why Target Functional Goals?

- To **maximize outcomes**, because treatment of impairments alone may not lead to functional improvement or be meaningful to the individual
- To **optimize** the individual's **potential** to engage in meaningful activities following discharge
- To **increase engagement** with clients and their families
- To **demonstrate the value** of skilled services to payers



Swallowing

PERSON-CENTERED FOCUS ON FUNCTION:
Swallowing

AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION

What are person-centered functional goals?

- Goals identified by the client, in partnership with the clinician and family, that allow participation in meaningful activities and roles

<http://www.asha.org/uploadedFiles/ICF-Swallowing.pdf>



Swallowing

Why target person-centered functional goals?

- To maximize outcomes that lead to functional improvements that are important to the individual
- To optimize the individual's potential to participate in meaningful activities
- To facilitate a partnership that ensures the individual and family have a voice in the care received and outcomes achieved
- To demonstrate to the payers the value of skilled services

What is the ICF, and how does it help?

The International Classification of Functioning, Disability and Health (ICF)—developed by the World Health Organization (WHO)—is a framework to address functioning and disability related to a health condition within the context of the individual's activities and participation in everyday life.

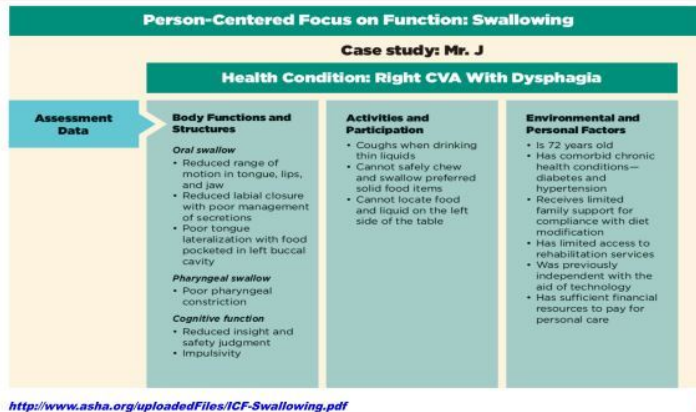
ICF: International Classification of Functioning, Disability and Health

ADDITIONAL RESOURCES: asha.org/stp/icf/ • who.int/classifications/icf/en/

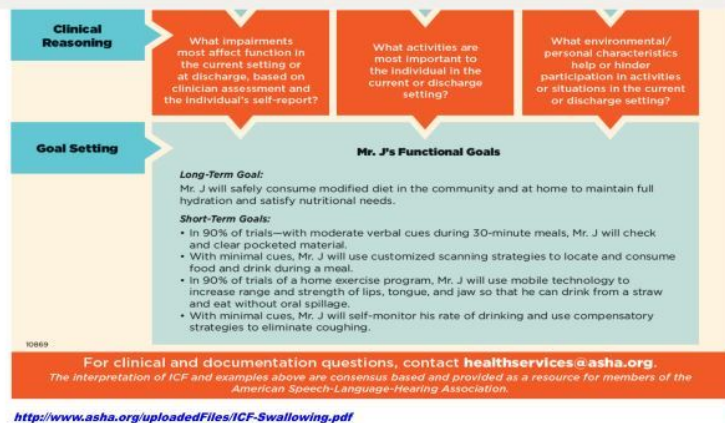
<http://www.asha.org/uploadedFiles/ICF-Swallowing.pdf>



Swallowing



Swallowing



Continuum of Service Delivery

- Using extenders
 - Rehab technicians
 - Family members
 - Community workers
 - SLPAs

Continuum of Service Delivery

- Consultations
 - Other professionals
 - Individuals and families
 - Self management



Continuum of Service Delivery

- Intensive treatment
 - More frequent sessions scheduled in blocks
- Service Delivery Models
 - Varying location, frequency, length of sessions



Summary

- Changes in health care, schools and communities are creating opportunities to educate audiologists and speech-language pathologists differently so that they are knowledgeable of
 - varied service delivery options
 - Writing functional goals using the ICF framework
- Options enhance service delivery across the continuum and demonstrate value and functional outcomes for individuals.



Summary

Environmental impacts due to changes

- a. Reimbursement
- b. Functional outcomes
- c. Telepractice

Varied service delivery models

- a. Working with assistants
- b. Telepractice
- c. Varied treatment dosage



Resources

- I can function mobile app
<http://icfmobile.org/>
- ASHA ICF Resources
<http://www.asha.org/slp/icf>



References

- Klein, McCarthy Sentara Healthcare: Making Patient Safety an Enduring Organizational Value, The Commonwealth Fund, March 2011
- "Health Care Reform and Speech-Language Pathology Practice"—The ASHA Leader
www.asha.org/Publications/leader/2010/100803/Health-Care-Reform-SLP.htm
- World Health Organization. (2001). International Classification of Functioning, Disability, and Health. Geneva: Author.



References

- **Reframing the Professions**
<http://www.asha.org/uploadedFiles/Reframing-the-Professions-Report.pdf>
- **Roles and Responsibilities for School-based SLPs**
<http://www.asha.org/policy/PI2010-00317/>
- **Ad Hoc Committee on Supervision Training Report**
<http://www.asha.org/uploadedFiles/Report-Ad-Hoc-Committee-on-Supervision.pdf>
- **Academic Affairs Board Guidelines on the Clinical Doctorate**
<http://www.asha.org/Academic/questions/Guidelines-for-the-Clinical-Doctorate-in-Speech-Language-Pathology/>



Advancing Evidence-Based Practice

Margaret Rogers, CCC-SLP, PhD



Disclosures

Financial:

- Paid employee of ASHA

Non-financial:

- As Chief Staff Officer for Science and Research, I am strongly invested in increasing the generation, publication, knowledge translation and implementation of clinical practice research among the ASHA membership.



Vision for SO#3

These outcomes were outlined in ASHA's Envisioned Future 2025

- Professional practice **informs and is informed by research, clinical expertise, and the values and preferences** of the individuals served as well as their families.
- SLPs and audiologists have **timely and ready access to, and advance the use of, current research**, technological advances, expert opinion, and client/student-centered information.
- Strong **clinical and research partnerships** contribute to the knowledge base in the discipline.
- There is **sufficient capacity** to drive, strengthen, and enhance the scientific base of the discipline.
- ASHA has a central role in **data collection and knowledge compilation and transfer to members**, consumers, and other disciplines.
- Members and affiliates recognize the importance of evidence-based practice and **actively seek evidence** that serves as the basis for clinical decision making.



What is it going to take to accomplish transformational change given that...

There is rapid growth in the scope of practice & breadth of research needs, which creates even more gaps in the research evidence that is needed to fully support evidence-based practice.

There are many research gaps regarding how well an evidence-based approach works across diverse practice settings & among clients with multiple comorbidities.

Research priority is often on discovery, and not application, so there is a paucity of replication studies and insufficient research regarding effectiveness in "real-world" settings.



SO#3 Initiatives

1. Increase the Generation of Clinical Practice Research

- Pathways, Lessons for Success, Clinical Practice Research Institute (CPRI)
- Progeny, SPARC, SRTA, ARTA, RMPTA, MARC, AARC
- Dissemination and Implementation Science Travel Award (DISTAnce)
- Grant Review and Reviewer Training (GRRT)
 - <https://www.asha.org/Research/Research-Education-Mentoring-and-Awards-Programs/>
- Many longstanding and multipronged efforts to increase the number and success of researchers have been implemented by ASHA, CAPCSD, NIDCD, VA, University programs and faculty, & many others.

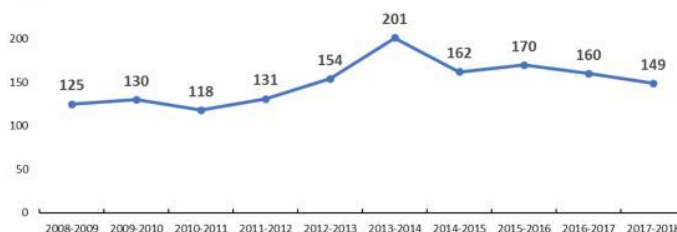


Many initiatives aiming to increase the generation of clinical research and support researchers to succeed have had positive effects

- **Pathways** – Three years after participation, 81% (34/42) of the participants had applied for research funding and **52% (22) were awarded funding.**
- **Lessons for Success** - Five years after participation, 91% (81/89) of the participants had applied for research funding and **81% (72) were awarded funding.**
- **Clinical Practice Research Institute** - Three years after participation, **69% of the scientists were awarded R01 funding from NIH.**



The Number of Research Doctoral Degrees Granted between 2008-2009 and 2017-2018
(Source: CSD Higher Education Survey)



Data have been extrapolated to 100% of existing programs stratified by the size of the program in terms of total enrollment.

SO#3 Initiatives


2. Support the Publication of Clinical Practice Research

- **Perspectives** is now a scholarly review journal whose mission is to bridge research to clinical practice
- From 2014-2018, there has been ~ **30% increase** in the number of clinical practice research articles published across AJA, AJSLP, JSLHR, & LSHSS (as identified by the authors).
- Many invited presentations, articles, tutorials, videos, and websites have been created to promote clinical practice research and enhance the quality and understanding of methods entailed in conducting clinical practice research.
 - **Clinical Research Educational Library (CREd Library)**
<https://academy.pubs.asha.org/cred/about-cred-library/>
 - **ASHAWire** - <https://pubs.asha.org/>




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A Five-Phase Model of Intervention Research

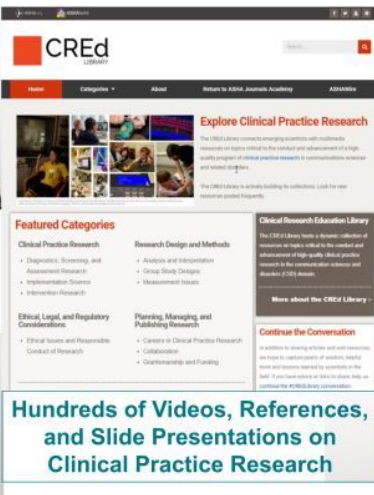


Marc Fey

Can Exercise Improve Swallowing in ALS: Behind the Science




Emily Plowman




Hundreds of Videos, References, and Slide Presentations on Clinical Practice Research

Single-Subject Experimental Design versus Case Studies



Julie Wambaugh

Translating Cochlear Implant Research into Clinical Practice



Mario Svirsky

SO#3 Initiatives

3. Promote Knowledge Translation of Clinical Practice Research

- Many knowledge translation tools and strategies have been implemented to draw greater attention to research published in the ASHA Journals. These efforts have contributed to the Journals program meeting the targeted goal set in 2015 of a **30% increase in the number of full text downloads**.
 - From 1,141,574 in 2015 to 1,669,387 in 2018
- In just one year, there was a **21% increase in the number of page views** across ASHA's **Practice Portal and Evidence Maps**.
 - From 8,012,375 in 2017 to 9,894,567 in 2018



Voice

Refine By:

Practice Area

☐ Assessment

☐ Screening

☐ Service Delivery

☒ Treatment

Disease/Disorder

☐ Acquired Brain Injury

☐ Chronic Cough

☐ Dysarthria

☐ Functional/Muscle Tension Dysphonia

☐ Muscular Dystrophy

☐ Paradoxical Vocal Fold Motion/Vocal Cord Dysfunction

☒ Parkinson's Disease

☐ Presbyphonia

☐ Spasmodic Dysphonia

☐ Thyroid Disorder/Cancer

☐ Vocal Fold Granulomas

☐ Vocal Fold Lesions

☐ Vocal Fold Nodules

Voice

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☐ Presbyphonia

☐ Spasmodic Dysphonia

☐ Thyroid Disorder/Cancer

☐ Vocal Fold Granulomas

☐ Vocal Fold Lesions

☐ Vocal Fold Nodules

Behavioral Treatments for Speech in Parkinson's Disease: Meta-Analyses and Review of the Literature

Description

This is a systematic review and meta-analysis examining the effects of behavioural speech rehabilitation approaches commonly used in individuals with hypokinetic dysarthria secondary to Parkinson's disease.

Conclusions from This Review

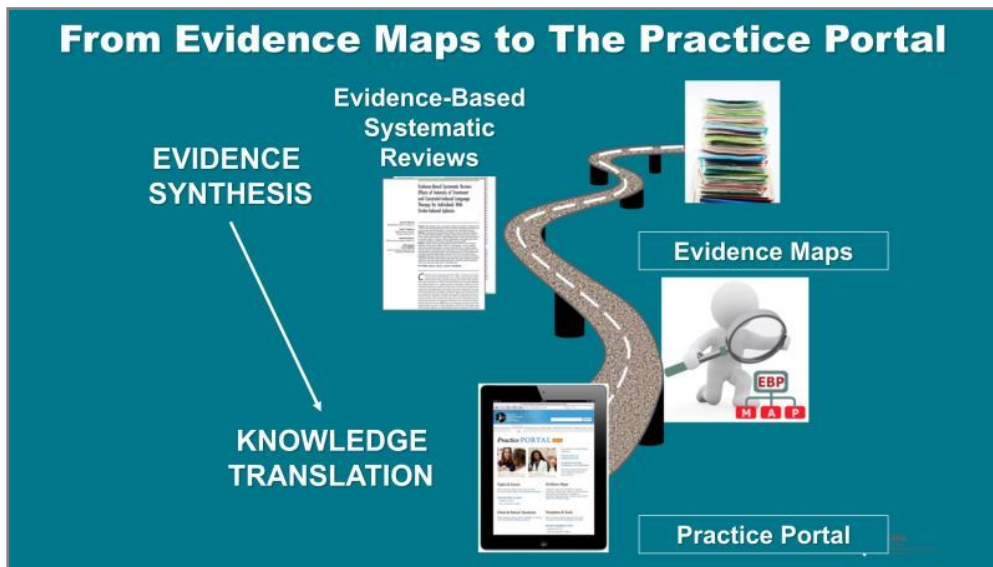
External Scientific Evidence

The meta-analysis found that respiratory control exercises led to significant improvement of sound pressure levels and pitch parameters immediately post-treatment for individuals with Parkinson's disease (p.236). However, the findings regarding the long term benefits were mixed with the ability to maintain gains.

The findings of the meta-analysis revealed that pitch and prosodic modulation treatments did not lead to significant differences in speech loudness for individuals with Parkinson's disease.

Intensive high effort speech treatments using the Lee Silverman Voice Treatment (LSVT) program or modified LSVT were the most effective in improving hypophonia in individuals with Parkinson's disease. Improvements in speech loudness were maintained post treatment. However, further research is needed to

ASHA's Evidence Maps



Resources that can Help to Teach and Promote Engagement in Evidence-Based Practice

This section displays various resources available for teaching and promoting engagement in evidence-based practice. It includes screenshots of the ASHA website, the Practice Portal, and the ASHA community resources. The resources are categorized into 'KNOWLEDGE DISSEMINATION' and 'KNOWLEDGE EXCHANGE'. The 'KNOWLEDGE DISSEMINATION' category includes the ASHA website, the Practice Portal, and the ASHA community resources. The 'KNOWLEDGE EXCHANGE' category includes the ASHA community resources. The 'KNOWLEDGE TRANSLATION' category includes the Practice Portal and the ASHA community resources.

Faculty Development Institute

- New opportunity for faculty to enhance their efforts to teach evidence-based practice and promote maintenance of this skill and mindset throughout their students' professional careers.
- ASHA's inaugural **Faculty Development Institute** will be announced soon and will take place at the ASHA National Office on **September 20 & 21, 2019**. Approximately 40 faculty will be supported to participate.
- The Institute will focus on strategies to teach and incorporate the following the four areas into the CSD curriculum:
 - Cultural Competency
 - Interprofessional Education and Collaborative Practice
 - Working at the Top of One's License
 - Evidence-Based Practice



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Thank you for your attention and we welcome your questions!

References and Resources
Impelling Curricular Content to Transform Clinical Practice: IPE/IPP
April 11, 2019, CAPCSD Conference, San Diego, CA

1. What is IPE and Why Is It Important

- **Framework for Action on Interprofessional Education and Collaborative Practice, WHO 2010**
https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf?sequence=1
- **Institute for Health Improvement (IHI) Triple Aim (2007)**
<http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>
- **Bodenheimer and Sinsky (2014). From Triple Aim to Quadruple Aim**
<http://www.annfammed.org/content/12/6/573.full>
- **Sikka, Morath, and Leape (2015). Quadruple Aim**
<http://qualitysafety.bmj.com/content/early/2015/06/02/bmjqs-2015-004160.short?rss=1>
- **Every Student Succeeds Act (ESSA)**
<https://www.ed.gov/essa>

2. Curricular Framework and Models

- **An Interprofessional Conceptual Model for Evaluating Outcomes: The Interprofessional Learning Continuum Model and Table 3-1, Kirkpatrick's Expanded Learning Outcomes Typology.**
In Measuring the impact of interprofessional education on collaborative practice and patient outcomes, (2015) the National Academy of Sciences, Courtesy of the National Academies Press, Washington, D.C. IOM (Institute of Medicine). Free PDF download available at
<https://www.nap.edu/catalog/21726/measuring-the-impact-of-interprofessional-education-on-collaborative-practice-and-patient-outcomes>
- **Interprofessional Education Collaborative (2016) Core competencies for interprofessional collaborative practice: 2016 update.** Washington D.C.: Interprofessional Education Collaborative
https://ipecollaborative.org/uploads/IPEC-2016-Updated-Core-Competencies-Report_final_release_.PDF
- **Mechanisms of Teamwork** from Salas, E., et al. (2008). Does Team Training Work? Principles for Health Care. Academic Emergency Medicine. <https://doi.org/10.1111/j.1553-2712.2008.00254.x>
- **IPE at University of Arkansas for Medical Sciences**
<https://ipe.uams.edu/>

3. IPE Resources, Exemplars, Consultation, and Change Management

- **National Center for Interprofessional Practice and Education: IPE Centers, Programs and Initiatives**
<https://nexusipe.org/connecting/ipe-centers>
- **Design Thinking.** The Interaction Design Foundation. <https://www.interaction-design.org/literature/article/what-is-design-thinking-and-why-is-it-so-popular>
- **Kotter Accelerated Model of Change - Eight Step Process for Leading Change.**
<https://www.kotterinc.com/8-steps-process-for-leading-change/>
- **Hilton K, Anderson A. IHI Psychology of Change Framework to Advance and Sustain Improvement.** IHI White Paper. Boston, Massachusetts: Institute for Healthcare Improvement; 2018. www.ihl.org
- **The Health Professions Accreditors Consortium (HPAC)** published on Feb. 1, 2019 a **Guidance document** developed by and endorsed by 24 specialized accreditors including the CAA. The document provides guidance to academic leaders and faculty for addressing the many challenges to implementing IPE. <https://nexusipe.org/informing/about-national-center/news/ipe-guidance>

- The **National Collaborative for Improving the Clinical Learning Environment (NCICLE)** published the proceedings of a symposium on **Achieving the Optimal Interprofessional Clinical Learning Environment** on Feb. 1, 2019. <https://nexusipe.org/informing/resource-center/achieving-optimal-interprofessional-clinical-learning-environment>
- **Arizona State University Center for Advancing Interprofessional Education, Practice and Research** - <https://ipe.asu.edu/>
- **Grand Valley State University MIDWEST INTERPROFESSIONAL PRACTICE, EDUCATION, AND RESEARCH CENTER (MIPERC)** - <https://www.gvsu.edu/miperc/>

4. ASHA resources

- **IPE/IPP resources**
www.asha.org/ipe-ipp
- **ASHA's 2019 Stipend Program for IPEC's Interprofessional Faculty Development Institutes**
<https://www.asha.org/Practice/IPE-IPP-Stipend-Program/>
- **Interprofessional Education and Interprofessional Practice in Communication Sciences and Disorders: An Introduction and Case-Based Examples of Implementation in Education and Health Care Settings** <https://www.asha.org/uploadedFiles/IPE-IPP-Reader-eBook.pdf>
- **Federal and Private Funding Sources for Researchers**
<https://www.asha.org/research/grants-funding/Funding-for-Researchers/>

5. IPE Journals

- **Journal of Interprofessional Care** – <http://www.tandfonline.com/loi/ijic20>
- **Journal of Interprofessional Education and Practice** - <http://www.jieponline.com/>
- **Journal of Research in Interprofessional Practice and Education** - <http://www.jripe.org/index.php/journal>
- **Health and Interprofessional Practice** - <http://commons.pacificu.edu/hip/>

6. IPE Conferences

- **All Together Better Health (ATBH)** (biennial global conference) - <http://www.atbh.org/events.html>
- **Nexus Summit** (annual conference held in Minneapolis, MN) - <https://nexusipe.org/nexussummit/2017>
- **Collaborating Across Borders (CAB)** (biennial U.S. and Canadian hosted conference) - <https://aihc-us.org/collaborating-across-borders>
- **Midwest Interprofessional Practice, Education and Research Center Conference** - <https://www.gvsu.edu/miperc/2018-miperc-conference-40.htm>
- **More here:** <https://nexusipe.org/engaging/conferences-events>