Advancing Interprofessional Clinical Prevention and Population Health Education

Curriculum Development Guide for Health Professions Faculty

Linking the Clinical Prevention and Population Health Curriculum Framework
With the Core Competencies for Interprofessional Collaborative Practice

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APTR
ASSOCIATION FOR PREVENTION TEACHING AND RESEARCH

Healthy People Curriculum Task Force
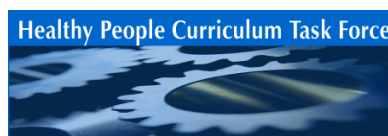
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Contents

Introduction

This curriculum guide is intended for faculty members in health professions education programs seeking to design and implement interprofessional learning activities in the area of clinical prevention and population health. The current national focus on interprofessional education and collaborative practice is conducive to the education of future health professionals in disease prevention and population health and can facilitate the achievement of the nation's health goals outlined in Healthy People 2020.

Healthy People 2020 objectives included in the Educational and Community-Based Programs (ECBP) Topic Area will advance interprofessional clinical prevention and population health education.

ECBP-12
- Increase the inclusion of core clinical prevention and population health content in M.D.-granting medical schools.

ECBP-13
- Increase the inclusion of core clinical prevention and population health content in D.O.-granting medical schools.

ECBP-14
- Increase the inclusion of core clinical prevention and population health content in undergraduate nursing

ECBP-15
- Increase the inclusion of core clinical prevention and population health content in nurse practitioner training.

ECBP-16
- Increase the inclusion of core clinical prevention and population health content in physician assistant training.

ECBP-17
- Increase the inclusion of core clinical prevention and population health content in PharmD-granting institutions.

ECBP-18
- Increase the inclusion of core clinical prevention and population health content in DDS--granting institutions.

ECBP-19
- Increase the proportion of academic institutions with health professions education programs whose prevention curricula include interprofessional educational experiences.

APTR Healthy People Curriculum Task Force

In 2002, The Association for Prevention Teaching and Research convened health professions education associations representing nursing, medicine, pharmacy, dentistry, physician assistants and allied health to form the Healthy People Curriculum Task Force to address Healthy People 2010 Objective 1.7: "To increase the proportion of schools of medicine, schools of nursing and health professional training schools whose basic curriculum for healthcare providers includes the core competencies in health promotion and disease prevention." In 2004, the Task Force published the *Clinical Prevention and Population Health Curriculum Framework* (*Curriculum Framework*) to provide a common structure and language around clinical prevention and population health across the health professions education programs. Revised in 2009, the *Curriculum Framework* outlines 19 domains within four content areas: evidence-based practice; clinical preventive services and health promotion; health systems and health policy; and population health and community aspects of practice.

Competencies and Standards for Interprofessional Education and Collaborative Practice

In early 2010, health professions education associations representing nursing, medicine, pharmacy, dentistry, and public health joined together to form the Interprofessional Education Collaborative (IPEC) and convened an expert panel to produce a report to define a common language for interprofessional education and collaborative practice. Core Competencies for Interprofessional Collaborative Practice (Core Competencies) was released in May 2011. The Core Competencies are intended to guide preparation of health professions students for integrated, high quality care within the nation's evolving health care system. The expert panel identified 38 behavioral expectations across four competency domains: Values and Ethics for Interprofessional Practice, Roles and Responsibilities, Interprofessional Communication, and Teams and Teamwork.

Rationale

The landscape of health care in the United States is changing. Increasingly, the reimbursement system and the focus of care are moving from providing care to people one at a time, to addressing the health of populations. Such a transformation will require significant changes in the educational system for health care professionals. The interprofessional team will play an important role in expanding the focus from treatment to disease prevention and health promotion.

Curricular guidance documents and accreditation standards in the health professions increasingly include expectations for interprofessional team-based competence. Selected statements from specific professions are provided as examples in Appendix A.

A number of the *Core Competencies* advanced by IPEC can be acquired if health professions students work together to address priority areas identified in Healthy People 2020 and in the *Curriculum Framework*. Offering students the opportunity to address population health issues as members of teams will equip them with an understanding of what each health professional brings to the care of patients and health of communities. Connecting the *Core Competencies* with the *Curriculum Framework* can guide educational programs as they build a robust curriculum that will prepare students for future service to populations.

When reviewing the *Core Competencies*, it is evident that much of the 2009 *Curriculum Framework* could be taught interprofessionally. The Curriculum Resource Guide that follows provides examples of how *Curriculum Framework* content elements could be linked to specific statements within the *Core*

Competencies. Users of this Guide are encouraged to explore additional combinations of curriculum content elements and interprofessional competencies that optimize the use and further development of local expertise and resources.

Curriculum Development Guide

The Healthy People Curriculum Task Force has prepared a guide to inform curriculum development focused on students' abilities to participate effectively as members of interprofessional health care teams delivering clinical prevention and population health services. Users are encouraged to adapt this guide and customize activities to an institution's specific learning environments and health professions education programs.

Integrative Learning Activities

On the following pages are several examples of integrative interprofessional learning strategies that address selected *Core Competencies* and content elements within the *Curriculum Framework*.

Learning Activity 1:
Providing Primary Care to a Family
Each student team member is assigned a specific member of a fictional family. The student analyzes specific health issues for the assigned family member (e.g., obesity, diabetes, risky behavior, low self-esteem, depression, delinquent immunizations). The team develops prevention and health promotion plans for each family member with attention to the social determinants of health.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
VE1. Place the interests of patients and populations at the center of interprofessional health delivery VE3. Embrace cultural diversity and individual differences that characterize patients, populations, and the health care team RR3. Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible CC3. Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions TT3. Engage other health professionals—appropriate to the specific care situation—in share patient-centered problem solving.	**Evidence-Based Practice** 1. Problem Description-Descriptive Epidemiology • Determinants of health and disease 2. Evidence-Based Recommendations • Assessing the quality of the evidence • Assessing the magnitude of the effect • Grading of the recommendations **Clinical Preventive Services and Health Promotion** 1. Screening • Assessment of health risks • Criteria for successful screening • Evidence-based recommendations 2. Counseling for Behavioral Change • Approaches to behavior change incorporating diverse patient perspectives • Clinician-patient communication 3. Immunization • Criteria for successful immunization • Government requirements 4. Preventive Medication • Approaches to chemoprevention • Criteria for successful chemoprevention 5. Other Preventive Interventions • Approaches to prevention • Criteria for successful preventive interventions **Population Health and Community Aspects of Practice** 2. Environmental Health • Environmental health risk assessment and risk management • Environmental disease prevention focusing on susceptible populations 3. Occupational Health • Employment-based risks and injuries • Methods for prevention and control of occupational exposures and

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
	injuries
	5. Cultural Dimensions of Practice
	• Cultural influences on individuals and communities
	• Culturally appropriate and sensitive health care
	6. Community Services
	• Methods of facilitating access to and partnerships for physical and mental health care services

Learning Activity 2:	
School-based Childhood Obesity Prevention	

Interprofessional service-learning project in which student teams teach obesity prevention and health promotion through elementary school-based activities that address nutrition and physical fitness. Team interacts with and addresses the concerns of teachers, parents, and the community about the rise in childhood obesity in the community.

IPEC Core Competencies	**Clinical Prevention and Population Health Curriculum Framework Elements**
VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services RR1: Communicate one's roles and responsibilities clearly to patients, families, and other professionals RR6: Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention CC2: Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible TT1: Describe the process of team development and the roles and practices of effective teams TT4: Integrate the knowledge and experience of other professions – appropriate to the specific care situation – to inform care decisions, while respecting patient and community values and priorities/preferences for care TT7: Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care	**Evidence-Based Practice** 1. Problem Description-Descriptive Epidemiology • Burden of disease • Determinants of health and disease 4. Implementation and Evaluation • Types of prevention • At whom to direct interventions • How to intervene • Evaluation **Clinical Preventive Services and Health Promotion** 2. Counseling for Behavioral Change • Approaches to behavior change incorporating diverse patient perspectives • Clinician-patient communication 5. Other Preventive Interventions • Approaches to prevention • Criteria for successful preventive interventions • Evidence-based recommendations **Health Systems and Health Policy** 4. Health Policy Process • Impact of policies on health care and health outcomes **Population Health and Community Aspects of Practice** 1. Communicating and Sharing Health Information with the Public • Methods of assessing community needs/strengths and options for intervention • Evaluation of health information 5. Cultural Dimensions of Practice • Cultural influences on individuals and communities 6. Community Services • Methods of facilitating access to and partnerships for physical and mental health care services

Learning Activity 3:
Responding to Sentinel Events in a Health Care Institution
Case study that requires the student team to analyze a sentinel event in a health care institution and make quality improvement recommendations.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
VE1. Place the interests of patients and populations at the center of interprofessional health delivery VE8. Manage ethical dilemmas specific to interprofessional patient/population-centered care situations RR5. Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible. CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict. CC7. Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships CC8. Communicate consistently the importance of teamwork in patient-centered and community-focused care TT5. Apply leadership practices that support collaborative practice and team effectiveness TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care TT9. Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care TT10. Use available evidence to inform effective teamwork and team-based practices	**Evidence-Based Practice** 3. Evidence-Based Recommendations • Assessing the quality of the evidence, e.g., types and quality of studies and relevance to target populations • Assessing the magnitude of the effect • Grading of the recommendations 4. Implementation and Evaluation • At whom to direct intervention • How to intervene • Evaluation **Health Systems and Health Policy** 2. Health Services Financing • Methods for financing health care institutions • Ethical frameworks for health care financing 3. Health Workforce • Methods of regulation of health professionals and health care institutions • Legal and ethical responsibilities of health care professionals, e.g., malpractice, HIPAA, confidentiality 4. Health Policy Process • Process of health policy making • Methods for participation in the policy process • Impact of policies on health care and health outcomes including impacts on vulnerable populations and eliminating health disparities

Learning Activity 4:
Interprofessional Approaches to Genomics
Debate in which students argue ethical issues related to genetic/genomic information and how they influence one's perspectives on clinical practice. Discuss similarities and differences in how each profession responds. Discuss the role of each health professional in counseling patients, families and groups regarding genetic information.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
VE4. Respect the unique cultures, values, roles and responsibilities, and expertise of other health professions VE8. Manage ethical dilemmas specific to interprofessional patient/population-centered care situations RR1. Communicate one's roles and responsibilities clearly to patients, families, and other professionals RR4. Explain the roles and responsibilities of other care providers and how the team works together to provide care CC3. Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions CC4. Listen actively and encourage ideas and opinions of other team members CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict TT4. Integrate the knowledge and experience of other professions—appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/preferences for care TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families	**Evidence-Based Practice** 1. Problem Description-Descriptive Epidemiology • Determinants of health and disease 3. Evidence-Based Recommendations • Assessing the quality of the evidence • Assessing the magnitude of the effect • Grading of the recommendations **Clinical Preventive Services and Health Promotion** 1. Screening • Assessment of health risks • Approaches to testing and screening • Criteria for successful screening • Clinician-patient communication • Evidence-based recommendations • Government requirements 2. Counseling for Behavioral Change • Criteria for successful counseling • Evidence-based recommendations

| Learning Activity 5: |
| Social Determinants of Health and Health Disparities |

Debate in which students argue strategies to address the social determinants of health with the goal of eliminating a given health disparity. Discuss the role(s) of each health profession in addressing the issue. As a group, craft an institutional or legislative policy to address the disparity.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
VE4. Respect the unique cultures, values, roles and responsibilities, and expertise of other health professions RR3. Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs RR4. Explain the roles and responsibilities of other care providers and how the team works together to provide care RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function CC3. Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care TT10. Use available evidence to inform effective teamwork and team-based practices	**Evidence-Based Practice** 1. Problem Description-Descriptive Epidemiology • Determinants of health and disease • Distribution of disease • Sources of data 2. Etiology, Benefits and Harms-Evaluating Health Research • Study designs • Estimation • Inference • Confounding and interaction • Quality and presentation of data 3. Evidence-Based Recommendations • Assessing the quality of the evidence • Assessing the magnitude of the effect • Grading of the recommendations 4. Implementation and Evaluation • How to intervene **Clinical Preventive Services and Health Promotion** 4. Preventive Medication • Clinician-patient communication 5. Other Preventive Intervention • Criteria for successful preventive interventions **Health Systems and Health Policy** 4. Health Policy Process • Process of health policy making • Methods for participation in the policy process • Impact of policies on health care and health outcomes including impacts on vulnerable populations and eliminating health disparities • Consequences of being uninsured or underinsured • Ethical frameworks for public health decision making **Population Health and Community Aspects of Practice** 6. Community Services • Evidence-based recommendations for community preventive services

Learning Activity 6:
Community-responsive Projects
Year-long co-curricular program focused on the complexities of the health care system and social issues related to health and wellness. Evening discussion sessions focus on a variety of health issues and provide an opportunity for students to work on community-responsive projects that address prevention and population health issues (e.g., informing local food bank managers about nutrition issues, improving parents' knowledge of the HPV vaccine, providing diabetes prevention information at local health fairs, addressing mental health needs of the homeless population). Student groups present reviews of their projects through oral and/or poster presentations.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements

VE4: Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions
 	
RR4: Explain the roles and responsibilities of other care providers and how the team works together to provide care
 	
RR6: Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention
 	
CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function
 	
CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible
 	
CC3: Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions
 	
TT3: Engage other health professionals – appropriate to the specific care situation – in shared patient-centered problem solving
 	
TT4: Integrate the knowledge and experience of other professions – appropriate to the specific care situation–to inform care decisions, while respecting patient and community values and priorities/preferences for care
	Evidence-Based Practice
	1. Problem Description-Descriptive Epidemiology
	  • Burden of disease
	  • Determinants of health and disease
	  • Sources of data
	3. Evidence-Based Recommendations
	  • Assessing the quality of the evidence
	  • Assessing the magnitude of the effect
	  • Grading of the recommendations
	4. Implementation and Evaluation
	  • At whom to direct intervention
	  • How to intervene
	  • Evaluation
	
	Clinical Preventive Services and Health Promotion
	1. Screening
	  • Assessment of health risks
	2. Immunization
	  • Criteria for successful immunization
	4. Preventive Medication
	  • Criteria for successful chemoprevention
	  • Evidence-based recommendation
	5. Other Preventive Intervention
	  • Criteria for successful preventive interventions
	
	Population Health and Community Aspects of Practice
	1. Communicating and Sharing Health Information with the Public
	  • Methods of assessing community needs/strengths and options for intervention
	  • Media communications
	  • Evaluation of health information
	2. Environmental Health
	  • Environmental health risk assessment and risk management
	  • Environmental disease prevention focusing on susceptible populations

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements

	3. Occupational Health
	    • Employment-based risks and injuries
	    • Methods for prevention and control of occupational exposures and injuries
	    • Exposure and prevention in health care settings
	4. Global Health Issues
	    • Effects of globalization on health
	    • Socio-economic impacts on health in developed and developing countries

Learning Activity 7:
Interprofessional, Coordinated Care for the Elderly

Student team paired with an older adult living in the community with one or more chronic illnesses. Students focus on their own professional roles and the roles of their colleagues, learn the experiences and perspectives of a patient with a chronic illness, and function as a collaborative team to provide patient-and family-centered care.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
VE1: Place the interests of patients and populations at the center of interprofessional health care delivery VE3: Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team VE4: Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions RR3: Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs RR5: Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable RR6: Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention RR7: Forge interdependent relationships with other professions to improve care and advance learning RR9: Use unique and complementary abilities of all members of the team to optimize patient care CC1: Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function CC7: Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships TT1: Describe the process of team development and the roles and practices of effective teams TT4: Integrate the knowledge and experience of other professions – appropriate to the specific care situation – to inform care decisions, while respecting patient and community values and priorities/preferences for care TT9: Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care	**Evidence-Based Practice** 1. Problem Description—Descriptive Epidemiology • Burden of disease • Course of disease • Determinants of health and disease • Distribution of disease 3. Evidence-Based Recommendations • Assessing the quality of the evidence • Assessing the magnitude of the effect • Grading of the recommendations 4. Implementation and Evaluation • Types of prevention • At whom to direct intervention • How to intervene • Evaluation **Clinical Preventive Services and Health Promotion** 2. Counseling for Behavioral Change • Approaches to behavior change incorporating diverse patient perspectives • Clinician-patient communication • Criteria for successful counseling • Evidence-based recommendations 4. Preventive Medication • Approaches to chemoprevention • Criteria for successful chemoprevention • Clinician-patient communication • Evidence-based recommendations 5. Other Preventive Interventions • Approaches to prevention • Criteria for successful preventive interventions • Clinician-patient communication • Evidence-based recommendations **Population Health and Community Aspects of Practice** 1. Communicating and Sharing Health Information with the Public • Evaluation of health information

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
	5. Cultural Dimensions of Practice • Cultural influences on clinicians' delivery of health services • Cultural influences on individuals and communities • Culturally appropriate and sensitive health care 6. Community Services • Methods of facilitating access to and partnerships for physical and mental health care services, including a broad network of community-based organizations • Evidence-based recommendations for community preventive services

Learning Activity 8:
Transition of Care

Transition-of-care scenario in which student team must identify processes and factors that facilitate or hinder the transition and impact outcomes (e.g., prevent avoidable re-admissions). The team then develops a transition plan, in which the contributions of each profession are represented, that includes patient education, interprofessional communication, evidence-based processes and good practices, use of community resources, etc.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements

VE1: Place the interests of patients and populations at the center of interprofessional health care delivery
 	
VE5: Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services
 	
RR3: Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs
 	
RR5: Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable
 	
RR9: Use unique and complementary abilities of all members of the team to optimize patient care
 	
CC2: Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible
 	
CC3: Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions
 	
CC7: Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships
 	
TT4: Integrate the knowledge and experience of other professions – appropriate to the specific care situation – to inform care decisions, while respecting patient and community values and priorities/preferences for care
 	
TT7: Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
 	
TT9: Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.
	Health Systems and Health Policy
	
	1. Organization of Clinical and Public Health Systems
	    • Clinical health services
	    • Public health responsibilities
	    • Relationships between clinical practice and public health
	
	2. Health Services Financing
	    • Clinical services coverage and reimbursement
	    • Methods for financing health care institutions
	    • Ethical frameworks for health care financing
	
	Population Health and Community Aspects of Practice
	
	6. Community Services
	    • Methods of facilitating access to and partnerships for physical and mental health care services, including a broad network of community-based organizations

Learning Activity 9:
Public Health Emergency Response

Emergency response scenario in which student teams experience a mock public health emergency (e.g., a pandemic) and recognize the roles of clinicians, public health officials, EMS, and other community entities in the identification and response to such emergencies. Students are assigned roles to better understand the responsibilities of clinicians in the identification and tracking of public health emergencies, the potential impact of public health emergencies on the clinical care delivery system, and the roles of various entities in response and recovery efforts. Students may be expected to learn risk communication skills, components of their local emergency response system, indications for altering standards of care, use of community resources, etc.

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
VE1: Place the interests of patients and populations at the center of interprofessional health care delivery VE10: Maintain competence in one's own profession appropriate to scope of practice. RR2: Recognize one's limitations in skills, knowledge, and abilities. RR5: Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable CC2: Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible CC8: Communicate consistently the importance of teamwork in patient-centered and community-focused care. TT4: Integrate the knowledge and experience of other professions – appropriate to the specific care situation – to inform care decisions, while respecting patient and community values and priorities/preferences for care TT5: Apply leadership practices that support collaborative practice and team effectiveness TT9: Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care TT11: Perform effectively on teams and in different team roles in a variety of settings.	**Evidence-Based Practice** 1. Problem Description - Descriptive Epidemiology • Burden of disease • Course of disease • Determinants of health and disease • Distribution of disease • Sources of data **Health Systems and Health Policy** 1. Organization of Clinical and Public Health Systems • Clinical health services • Public health responsibilities • Relationships between clinical practice and public health • Structure of public health systems 3. Health Workforce • Interdisciplinary health professional relationships • Legal and ethical responsibilities of health care professionals • The role of public health professionals • Interprofessional activities **Population Health and Community Aspects of Practice** 1. Communicating and Sharing Health Information with the Public • Media communications • Evaluation of health information 2. Environmental Health • Sources, media, and routes of exposure to environmental contaminants • Environmental health risk assessment and risk management • Environmental disease prevention focusing on susceptible populations 3. Occupational Health • Employment-based risks and injuries • Methods for prevention and control of occupational exposures and injuries • Exposure and prevention in health care settings 6. Community Services • Methods of facilitating access to and partnerships for physical and mental

IPEC Core Competencies	Clinical Prevention and Population Health Curriculum Framework Elements
	health care services, including a broad network of community-based organizations • Public health preparedness • Strategies for building community capacity

Appendix A:
Excerpts from Accreditation Standards

Dental Medicine

Statements below excerpted from: *Accreditation Standards for Dental Education Programs*; Accessed May 1, 2013.

p. 12.   In the Section on Collaboration with other Health Care Professionals…
Access to health care and changing demographics are driving a new vision of the health care workforce. Dental curricula can change to develop a new type of dentist, providing opportunities early in their educational experiences to engage allied colleagues and other health care professionals. Enhancing the public's access to oral health care and the connection of oral health to general health form a nexus that links oral health care providers to colleagues in other health professions. Health care professionals educated to deliver patient-centered care as members of an interdisciplinary team present a challenge for educational programs…

p. 25.   In the Section on Educational Program…
Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care. Intent**:** *Students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.*

Medicine

DO-GRANTING SCHOOLS:

The statements below are excerpted from *Accreditation of Colleges of Osteopathic Medicine: Accreditation Standards and Procedures* of the Commission on Osteopathic College Accreditation (COCA). Accessed August 2, 2013.

p. 21   Under Core Competencies…
6.4.1.3 Demonstrate interpersonal and communication skills with patients and other healthcare professionals.

p. 24   Under Clerkship Training: Guideline associated with standard 6.10…
The training environment at affiliated educational sites should also be reviewed to guarantee that they provide students, at a minimum, an appropriate number of clinical presentations, appropriate supervision, and opportunities to interact with other healthcare professionals.

MD-GRANTING SCHOOLS:

LCME Standard ED-19-A was approved by the LCME at its meeting in February 2013.The standard will become effective July 1, 2013, and will appear in the medical education database for schools with a full accreditation survey in the 2014-2015 academic year. Information below is from the Liaison Committee on Medical Education. Accessed May 1, 2013.

ED-19-A: The core curriculum of a medical education program must prepare medical students to function collaboratively on health care teams that include health professionals from other

disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

Nursing

The CCNE Standards for Accreditation Baccalaureate and Graduate Nursing Programs (Amended April 2009) require that baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)*. Statements below excerpted from: [The Essentials of Baccalaureate Education for Professional Nursing Practice](). Accessed May 1, 2013.*

p. 3.   These *Essentials* address the key stakeholders' recommendations and landmark documents such as the IOM's recommendations for the core knowledge required of all healthcare professionals. This document emphasizes such concepts as patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, and practice across the lifespan in an ever-changing and complex healthcare environment.

p. 11.   In Essential I. Liberal Education…
…Skills of inquiry, analysis, critical thinking, and communication in a variety of modes, including the written and spoken word, prepare baccalaureate graduates to involve others in the common good through use of information technologies, team work, and interprofessional problem solving.

p. 13.   In Essential II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety…
…To be effective, baccalaureate graduates must be able to practice at the microsystem level within an everchanging healthcare system. This practice requires creativity and effective leadership and communication skills to work productively within interprofessional teams in various healthcare settings.

p. 22.   In Essential VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes…
…Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.

p. 24.   In Essential VII: Clinical Prevention and Population Health…
…Baccalaureate program prepares the graduate to … collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions.

Occupational Therapy

Statements below excerpted from: [Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guidelines](). Accessed May 1, 2013.

p.27   In Section on Intervention Plan…
…Use evaluation findings to diagnose occupational performance and participation based on appropriate theoretical approaches, models of practice, frames of reference, and interdisciplinary knowledge. Develop occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others….

p. 31.   In Section on Intervention Plan…
…Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions.

Pharmacy

Statements below excerpted from: *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree*. Accessed May 1, 2013.

p. vi. ...[S]ince 2007, there have been evolving changes in the health care market place, including health care reforms at the state and federal levels. As a result, Guidelines 2.0 have additional focus on interprofessional education to better prepare pharmacy graduates to practice or deliver care in collaborative health care teams. In addition, numerous practice organizations are advocating for enhanced interprofessional training for pharmacists.

p.6. In the Section on Mission, Planning, and Evaluation …
Guideline 3.2
The college or school's values should include a stated commitment to a culture that, in general, respects and…promotes development of interprofessional learning and collaborative practice…
In general, the evaluation plan should describe the …desired outcomes of the college or school's mission and goals, including … interprofessional education…

p. 15. In the Section on Organization and Administration …
Guideline 8.2
The dean must have the authority and be responsible for ensuring …collaborative efforts to develop, implement, evaluate, and enhance interprofessional education, practice, service, and research programs...

p. 17. In the preamble to the Section on Curriculum …
The purpose … is to ensure that the … curriculum provides a thorough foundation in the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences; and prepares graduates with the competencies needed to enter and contribute to the profession of pharmacy throughout their career … As recommended by the Institute of Medicine for all health care professionals, pharmacists must be educated to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

p. 22. In the Section on Curriculum …
Professional pharmacist competencies that must be achieved by graduates through the professional degree program curriculum are the ability to:
- Provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team ...
- Manage and use resources of the health care system...
- Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.

Physical Therapy

Statements below excerpted from: *Evaluative Criteria: PT Programs.* Accessed May 1, 2013.

p. 29. In the Section on Curriculum Content…
…The physical therapist professional curriculum includes clinical education experiences for each student that encompass…[o]pportunities for involvement in interdisciplinary care…

p. 31. In the Section on Curriculum Content: Professional Practice-Communication
…expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Physician Assistant

Statements below excerpted from: *Accreditation Standards for Physician Assistant Education*. Accessed May 1, 2013.

p. 2. In the Introduction…
…The ARC-PA acknowledges ongoing changes in the delivery of health care and in the education of health professionals…Education *should* be provided in a manner that promotes interprofessional education and practice.

p. 12. In the Section on Curriculum and Instruction…
…The program curriculum prepares students to provide patient centered care and collegially work in physician-PA teams in an interprofessional team environment.

p. 13. In the Section on Curriculum and Instruction…
…The curriculum must include instruction to prepare students to work collaboratively in interprofessional patient centered teams. ANNOTATION: Such instruction includes content on the roles and responsibilities of various health care professionals, emphasizing the team approach to patient centered care beyond the traditional physician-PA team approach. It assists students in learning the principles of interprofessional practice and includes opportunities for students to apply these principles in interprofessional teams within the curriculum.

Public Health

Statements below excerpted from: *Accreditation Criteria: Schools of Public Health*. Accessed May 1, 2013.

p. 2. In Section on Characteristics of a School of Public Health…
…To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics: … The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values

p. 6. In the Section on Organization and Administration…
…The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

About the Association for Prevention Teaching and Research

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The Association for Prevention Teaching and Research (APTR) is the national professional membership organization for individuals and institutions advancing the education of physicians and other health professionals in prevention and population health. Founded in 1942, members include faculty from preventive medicine and public health departments within medical schools and health professions schools, graduate programs in public health, and various health agencies.

The APTR Council of Graduate Programs in Public Health represents CEPH-accredited and emerging graduate programs across the U.S. that grant public health degrees.

APTR advances population-based and public health education, research and service by linking and supporting members from across the academic prevention community. By advancing interprofessional education and prevention research we aim to redefine how we educate the health professions workforce. APTR develops curriculum, professional development programs, and tools for its membership of educators, researchers, residents and students.

About the APTR Healthy People Curriculum Task Force

Established in 2002, the APTR Healthy People Curriculum Task Force convenes eight clinical health professional education associations to develop curricular recommendations and implement the educational objectives of Healthy People.   The task force currently is collecting data for Healthy People 2020 objectives:

ECBP-12-18:   Increase the inclusion of core clinical prevention and population health content in health professions education.

ECBP-19:   Increase the proportion of academic institutions with health professions education programs whose prevention curricula include interprofessional educational experiences.

MEMBER OGANIZATIONS

American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Dental Education Association
Association of American Medical Colleges
Association of Schools of Allied Health Professions
National Organization of Nurse Practitioner Faculties
Physician Assistant Education Association

Resource Organizations:
Community-Campus Partnerships for Health
Association of Schools and Programs of Public Health