## Accreditation Standards Relating to IPE by Program
### Includes programs currently at USC and Mount St. Mary’s nursing program

<table>
<thead>
<tr>
<th>Program</th>
<th>Accreditation Body</th>
<th>Details</th>
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<tbody>
<tr>
<td>Dentistry</td>
<td>Commission on Dental Accreditation</td>
<td><em>Accreditation Standards for Dental Education Programs</em> adopted August 2016</td>
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<td><strong>Educational Environment</strong>&lt;br&gt;<strong>Collaboration with other Health Care Professionals (p.15)</strong>&lt;br&gt;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. Patient care by all team members will emphasize evidence-based practice, quality improvement approaches, the application of technology and emerging information, and outcomes assessment. Dental education programs are to seek and take advantage of opportunities to educate dental school graduates who will assume new roles in safeguarding, promoting, and caring for the health care needs of the public.&lt;br&gt;<strong>Standard 1-9:</strong> The dental school must show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.</td>
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<td><strong>Standard 2-19:</strong> Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.&lt;br&gt;<strong>Intent:</strong> 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.</td>
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| Dental Hygiene | Accreditation standards for dental hygiene education programs | Effective January 1, 2013.  
**Patient Care competencies, section 2-15:**<br>Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care.<br>**Intent:** The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs). Students should understand the roles of members of the health-care team and have educational experiences that involve working with other healthcare professional students and practitioners. |
| Medicine (MD) | Functions and Structure of a Medical School | *Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree*<br>Note: these standards are updated annually. Excerpts below include year in which they are in force. |
| | | **2018-2019 standards** |

Standard 3, academic and learning environments
3.2 Community of Scholars/Research Opportunities

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.

Standard 6, Competencies, curricular objectives, and curricular design
6.7 Academic Environments

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

Standard 7, Curricular content
7.8 Communication Skills

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

7.9 Interprofessional Collaborative Skills

The faculty of a medical school ensure that the core curriculum of the medical education program prepares 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.

2016-2017 standards.

B. Academic Environment

IS-12. Medical students should have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate, and professional degree programs and in clinical environments that provide opportunities for interaction with physicians in graduate medical education and continuing medical education programs.

These academic, graduate medical education, and continuing medical education programs should contribute to the learning environment of the medical education program. Periodic and formal review of these programs culminating in their accreditation by the appropriate accrediting bodies would provide evidence of their adherence to high standards of quality in education, research, and scholarship. Whenever appropriate, medical students would be able to participate in selected activities associated with these programs in order to facilitate achievement of their personal and professional goals.

IS-13. A medical education program must be conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

<table>
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<tr>
<th>Pharmacy (Pharm D)</th>
<th>Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (ACPE Standards 2016)</th>
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<tr>
<td>Standard 11</td>
<td>• Interprofessional team dynamics – All students demonstrate competence in interprofessional team dynamics, including articulating the values and ethics</td>
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that underpin interprofessional practice, engaging in effective interprofessional communication, including conflict resolution and documentation skills, and honoring interprofessional roles and responsibilities. Interprofessional team dynamics are introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings.

- Interprofessional team education – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations.

- Interprofessional team practice – All students competently participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. They participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, including face-to-face interactions that are designed to advance interprofessional team effectiveness.

**Guidance for Interprofessional Education: Standard 11**

**11a. Partnerships** – To provide students with meaningful interprofessional education and practice experiences, colleges and schools partner with external academic institutions, healthcare systems, and health profession practitioners. Colleges and schools can tailor their approach to IPE based on the insight provided by evolving research within this important area. (11.1, 3.4)

**11b. Interprofessional simulation experiences** – Colleges and schools are encouraged to develop interprofessional simulations to ensure the expectations of Key Element 11.1 are met. In addition to face-to-face interprofessional interactions, simulations can include virtual interprofessional engagement. College/school and/or university financial and physical resources needed to support these interprofessional activities should be anticipated. (11.2)

**11c. IPE dynamics** – The evolving IPE literature provides numerous examples of effective IPE strategies and assessment instruments. Colleges and schools are encouraged to periodically review the IPE literature for further developments. (11.1)

**11d. Non-pharmacist preceptors** – Interprofessional practice-based educational experiences for pharmacy students involve pharmacist-preceptors serving as integral members of the team. On occasion, such experiences are precepted by non-pharmacist members of the healthcare team. ACPE recognizes the value of these experiences, but only as a small percentage of required APPE experiential time. Non-pharmacist preceptors are well-versed in the professional competencies and
expectations of pharmacists and are supportive of the value they bring to the healthcare team. (11.3, 20.1)

**11e. Interaction with prescribers** – Key Element 11.3 states that IPE involves student pharmacist interaction with prescribers and students studying to be prescribers. This requirement is based on the fact that, to have the greatest impact on direct patient care, pharmacists and student pharmacists need to interact effectively with prescribers. Prescribers include physicians, dentists, nurse practitioners, physician assistants, veterinarians, and their respective students. The goal is to address a patient’s drug therapy problems and attempt to achieve clinical care goals established by the patient and his/her healthcare team. (11.3)

**11f. Interprofessional educational activities** – To be most effective, such activities are conducted in “real-time,” implying that pharmacy students interact with healthcare providers/students via face-to-face interactions, tele-health, or other telephonic/ videoconferencing technology. (11.2)

### Occupational Therapy


B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being.

B.4.9. Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.

B.5.19. Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public.

B.5.20. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

B.5.21. Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member’s responsibility in executing an intervention plan.

B.5.22. Refer to specialists (both internal and external to the profession) for consultation and intervention.

B.5.25. Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions.

B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.

### Physician Assistant

Accreditation Review Commission on Education for the Physician Assistant, Inc. Standards for Accreditation, fourth edition

Standard B1.08

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.

**Physical Therapy**

**Commission on Accreditation in Physical Therapy Education**

**Evaluative Criteria, PT Programs: Accreditation Handbook**

**Effective January 1, 2016.**

**6F** The didactic and clinical curriculum includes interprofessional education[^1]; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.

**6L3** involvement in interprofessional practice[^2]

*Evidence of Compliance:*

**Narrative:**
- Describe the program’s expectation for opportunities for involvement in interprofessional practice during clinical experiences.
- Provide evidence that students have opportunities for interprofessional practice.

Correlates to IPEC Competencies (VE5, RR4, RR6, RR7, RR8, RR9, CC2, CC3, CC4, CC8, TT3, TT4, TT7, TT11)

**7D7** Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.

IPEC (VE5, RR1, RR3, RR4, RR6, RR7, CC1-CC8, TT6)

**7D28** Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.

IPEC (VE5, VE6, VE7, VE9, VE10, RR1, RR2, RR5, RR8, CC3, TT3, TT4, TT7, TT10)

**7D37** Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team.

IPEC (VE1, VE5, VE7, VE10, RR2, RR5, RR6, TT3, TT7, TT9, T10, TT11)

**7D39** Participate in patient-centered interprofessional collaborative practice.

IPEC (VE1, VE2, VE3, VE4, VE7, VE9, RR9, CC2, CC3, CC8, TT2, TT3, TT4)

This document also defines interprofessional education and interprofessional practice as follows:

[^1]: Interprofessional Education: Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. (WHO, 2002)

[^2]: Interprofessional practice: “When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care” (WHO, 2010).

**Competency 1: Demonstrate Ethical and professional behavior.**

...social workers understand the profession’s history, its mission, and the roles and responsibilities of the profession. Social Workers also understand the role of other professions when engaged in inter-professional teams. ...

**Competency 6: Engage with individuals, families, groups, organizations, and communities.**

...social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. ...Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.

**Competency 7: Assess individuals, families, groups, organizations, and communities.**

Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process.

- apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;
- develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and
- select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.

**Competency 8: Intervene with individuals, families, groups, organizations, and communities.**

...social workers value the importance of inter-professional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, inter-professional, and inter-organizational collaboration.

- use inter-professional collaboration as appropriate to achieve beneficial practice outcomes;
- negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and
- facilitate effective transitions and endings that advance mutually agreed-on goals.

| Nursing- BSN program at Mount St Mary’s | Note: the data here covers only the traditional BSN program. The accelerated BSN program (enrolls individuals with a BS in another field; 12 month intensive study) has different accreditation requirements, as does the RN to BSN program. All three programs are offered at MSM Los Angeles. |

Commission on Collegiate Nursing Education, [Standards for Accreditation of Baccalaureate and Graduate Nursing Programs, Amended 2013](https://www.ccneaccreditation.org/Standards/BSN-Standards-2013.pdf).

In addition to these standards, nursing programs must adhere to relevant national professional nursing standards and guidelines. For BSN programs, that is [The Essentials](https://www.t generally/guidelines).
Standards from CCNE do not mention IPE, communication, teamwork, partnerships, etc., explicitly. However, statement 1-A says that the mission of the program must be “congruent with the parent institution” and “consistent with relevant professional nursing standards and guidelines.” An argument could be constructed that interprofessional teamwork is an expected professional competency of BS-holding nurses.

Standards from Essentials of Baccalaureate Education for Professional Nursing Practice by AACN.

Essential II: Basic organizational and systems leadership for quality care and patient safety.
Rationale: Organizational and systems leadership, quality improvement, and safety are critical to promoting high quality patient care. Leadership skills are needed that emphasize ethical and critical decision making, initiating and maintaining effective working relationships, using mutually respectful communication and collaboration within interprofessional teams, care coordination, delegation, and developing conflict resolution strategies. This practice requires creativity and effective leadership and communication skills to work productively within interprofessional teams in various healthcare settings.
Competencies for Essential II:
1. Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.
2. Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the interprofessional team.

Essential III: scholarship for evidence-based practice
Rationale: Dissemination is a critical element of scholarly practice; baccalaureate graduates are prepared to share evidence of best practices with the interprofessional team. In collaboration with other healthcare team members, graduates participate in documenting and interpreting evidence for improving patient outcomes.
Competencies:
6. Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care.

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

Rationale: Effective communication and collaboration among health professionals is imperative to providing patient centered care. All health professions are challenged to educate future clinicians to deliver patient centered care as members of an
interprofessional team, emphasizing communication, evidence-based practice, quality improvement approaches, and informatics (IOM, 2003a). Interprofessional education is defined as interactive educational activities involving two or more professions that foster collaboration to improve patient care (Freeth, Hammick, Koppel, & Reeves, 2002). Teamwork among healthcare professionals is associated with delivering high quality and safe patient care (Barnsteiner, Disch, Hall, Mayer, & Moore, 2007). Collaboration is based on the complementarities of roles and the understanding of these roles by the members of the healthcare teams. Interprofessional education enables the baccalaureate graduate to enter the workplace with baseline competencies and confidence for interactions and with communication skills that will improve practice, thus yielding better patient outcomes. Interprofessional education can occur in a variety of settings. An essential component for the establishment of collegial relationships is recognition of the unique discipline-specific practice spheres. Fundamental to effective interprofessional and intraprofessional collaboration is a definition of shared goals; clear role expectations of members; a flexible decision making process; and the establishment of open communication patterns and leadership. Thus, interprofessional education optimizes opportunities for the development of respect and trust for other members of the healthcare team.

Competencies:
1. Compare/contrast the roles and perspectives of the nursing profession with other care professionals on the healthcare team (i.e., scope of discipline, education and licensure requirements).
2. Use inter and intraprofessional communication and collaborative skills to deliver Evidence-based, patient-centered care.
3. Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working relationships.
4. Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.
5. Demonstrate appropriate teambuilding and collaborative strategies when working with interprofessional teams.
6. Advocate for high quality and safe patient care as a member of the interprofessional team.

Sample Content
- interprofessional and intraprofessional communication, collaboration, and socialization, with consideration of principles related to communication with diverse cultures
- teamwork/concepts of teambuilding/cooperative learning
- professional roles, knowledge translation, role boundaries, and diverse disciplinary perspectives
- relationship building
- navigating complex systems, system facilitation
- interdependence and resource sharing of healthcare professions
- individual accountability/shared accountability
- advocacy
- ethical codes and core values of different healthcare professions
- autonomy
- safety
- scopes of practice
- conflict management, conflict resolution strategies, and negotiation
- group dynamics
- principles of referral process for specialized services
- participatory decision making
Expectations for clinical experiences within the baccalaureate program
This section describes clinical experiences and include the bullet point: “Immersion experiences allow students to integrate previous learning and more fully develop the roles of the baccalaureate generalist nurse:...

- designer/manager/coordinator of care
  - be an active participant on the interprofessional team

In this document, the glossary includes:
Interprofessional: Working across healthcare professions to cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. The team consists of the patient, the nurse, and other healthcare providers as appropriate (IOM, 2003b).

Family Nurse Practitioner program
Commission on Collegiate Nursing Education, Standards for Accreditation of Baccalaureate and Graduate Nursing Programs, Amended 2013.
In addition to these standards, nursing programs must adhere to relevant national professional nursing standards and guidelines. For the FNP degree, schools are required to adhere to the Essentials of Master’s Education in Nursing (maintained by the American Association of Colleges of Nursing; most recent revision, 2011) and the Criteria for Evaluation of Nurse Practitioner programs, maintained by the National Task Force on Quality Nurse Practitioner Education. Released July 2016, 5th ed.

FNP degree-granting schools are also allowed to select additional practice standards. USC is in the process of gaining accreditation so there is no further information available about which additional standards the program may have adopted.

Standards from CCNE do not mention IPE, communication, teamwork, partnerships, etc., explicitly. However, statement 1-A says that the mission of the program must be “congruent with the parent institution” and “consistent with relevant professional nursing standards and guidelines.” An argument could be constructed that interprofessional teamwork is an expected professional competency of FNP nurses.

Standards from Criteria for Evaluation of Nurse Practitioner programs, NTF:
Notes from the introduction: Similarly, the NTF considered how to advance integration of interprofessional education (IPE) experiences into the NP curriculum. The NTF agreed that IPE experiences are important to preparing NP students for interprofessional practice, yet the NTF had to balance this with the challenges that still exist for incorporating IPE into the curriculum. The elaboration of Criterion IV.B.1 includes a recommendation for the inclusion of IPE.

Criterion IV.B.1: A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning experience. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.
Elaboration: ...the recommended on-site faculty/student ratio (direct supervision) is 1:2 if faculty are not seeing their own patients and 1:1 if faculty are seeing their own patients. In moving toward IPE and team-based models of care, variation in faculty/student ratios for direct supervision may exist and should be structured to
ensure safety and quality care while maintaining integrity of educational experiences. Variations in this ratio might occur with use of innovative teaching models, such as a master teacher with student clinical groups, front-loading course content followed by concentrated clinical time, use of a clinical immersion experience as the final part of the NP program, and interprofessional team-based clinical experiences.

Criterion IV.B.3: NP faculty may share the clinical teaching of students with qualified preceptors.
Elaboration: The supervision of students may be shared with other clinicians serving as clinical preceptors. Programs may use a mix of clinicians to provide direct clinical teaching to students appropriate to the range of clinical experiences required to meet the program objectives. This mix of preceptors may enhance the interprofessional experience for the student. Over the course of the program the student has a majority of clinical experiences with preceptors from the same population-focused area of practice in primary care and/or acute care, as appropriate, such as child, adult, or across the lifespan. In addition, over the course of the program the student has clinical experiences with an APRN preceptor and preferably an NP with expertise in the population-focused area of practice in primary care and/or acute care, as appropriate.

Criterion IV.B.3.a: A preceptor has authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.
Elaboration: An interdisciplinary mix of preceptors may provide the student with the best clinical experiences to meet program objectives and prepare the student for the NP role, population, and full scope of practice. Each preceptor used, to include NPs, other nurses, and individuals from other disciplines, is credentialed and licensed to practice in his/her area of practice. In addition, this area of practice is clearly relevant to meeting the objectives of the NP program/track.

AACN standards:
Preamble: This document agree with IOM’s statement: The Institute of Medicine (IOM), an interprofessional healthcare panel, described a set of core competencies that all health professionals regardless of discipline will demonstrate: 1) the provision of patient-centered care, 2) working in interprofessional teams, 3) employing evidence-based practice, 4) applying quality improvement approaches, and 5) utilizing informatics (IOM, 2003).

Essential II: organizational and systems leadership.
Rationale: “To be effective, graduates must be able to demonstrate leadership by initiating and maintaining effective working relationships using mutually respectful communication and collaboration within interprofessional teams, demonstrating skills in care coordination, delegation, and initiating conflict resolution strategies.” Demonstrated competencies tied to Essential II:
1. Apply leadership skills and decision making in the provision of culturally responsive, high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery and outcomes.
2. Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills.
Sample content for Essential II: teams and teamwork, including team leadership, building effective teams, and nurturing teams.

**Essential IV: Translating and integrating scholarship into practice.**
Competencies:
1. Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates.
4. Participate, leading when appropriate, in collaborative teams to improve care outcomes and support policy changes through knowledge generation, knowledge dissemination, and planning and evaluating knowledge implementation.

**Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes**
Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.

**Rationale**
In a redesigned health system a greater emphasis will be placed on cooperation, communication, and collaboration among all health professionals in order to integrate care in teams and ensure that care is continuous and reliable. Therefore, an expert panel at the Institute of Medicine (IOM) identified working in interdisciplinary teams as one of the five core competencies for all health professionals (IOM, 2003). Interprofessional collaboration is critical for achieving clinical prevention and health promotion goals in order to improve patient and population health outcomes (APTR, 2008; 2009). Interprofessional practice is critical for improving patient care outcomes and, therefore, a key component of health professional education and lifelong learning (American Association of Colleges of Nursing & the Association of American Medical Colleges, 2010). The IOM also recognized the need for care providers to demonstrate a greater awareness to “patient values, preferences, and cultural values,” consistent with the Healthy People 2010 goal of achieving health equity through interprofessional approaches (USHHS, 2000). In this context, knowledge of broad determinants of health will enable the master’s graduate to succeed as a patient advocate, cultural and systems broker, and to lead and coordinate interprofessional teams across care environments in order to reduce barriers, facilitate access to care, and improve health outcomes. Successfully leading these teams is achieved through skill development and demonstrating effective communication, planning, and implementation of care directly with other healthcare professionals (AACN, 2007). Improving patient and population health outcomes is contingent on both horizontal and vertical health delivery systems that integrate research and clinical expertise to provide patient-centered care. Inherently the systems must include patients’ expressed values, needs, and preferences for shared decision making and management of their care. As members and leaders of interprofessional teams, the master’s-prepared nurse will actively communicate, collaborate, and consult with other health professionals to manage and coordinate care across systems.

The master’s-degree program prepares the graduate to:
1. Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.
2. Understand other health professions’ scopes of practice to maximize contributions within the healthcare team.
3. Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.
4. Use effective communication strategies to develop, participate, and lead interprofessional teams and partnerships.
5. Mentor and coach new and experienced nurses and other members of the healthcare team.
6. Functions as an effective group leader or member based on an in-depth understanding of team dynamics and group processes.

**Sample Content**

- Scopes of practice for nursing and other professions
- Differing world views among healthcare team members
- Concepts of communication, collaboration, and coordination
- Conflict management strategies and principles of negotiation
- Organizational processes to enhance communication
- Types of teams and team roles
- Stages of team development
- Diversity of teams
- Cultural diversity
- Patient-centered care
- Change theories
- Multiple-intelligence theory
- Group dynamics
- Power structures
- Health-work environments