1. **IPP means**
   a. Initial payment plan.
   b. Interprofessional practice.
   c. Initial practice plan.
   d. Interprofessional program planning.

2. **Professionals practicing IPP**
   a. Have a multidisciplinary certification.
   b. Must be licensed in multiple professions.
   c. Provide information to a case coordinator.
   d. Participate in a non-hierarchical interdisciplinary team approach.

3. **IPP is seen as a means of**
   a. Eliminating the need for training programs in different professions.
   b. Improving the client/patient/student experience of care.
   c. Cost-savings through personnel reductions.
   d. Improving the design of health care and school facilities.

4. **In IPP teams**
   a. The physician leads with input from others.
   b. Team members rotate responsibilities for note-taking.
   c. The emphasis is on consensus-building and mutual respect.
   d. Each discipline writes a separate report.

5. **ASHA’s position is that IPP is**
   a. Part of the Envisioned Future for audiologists and SLPs.
   b. A threat to professional autonomy.
   c. A concept that is appropriate in health care but not education.
   d. Restating a team-based care concept that professionals already use.
ANSWER GUIDE

1b. IPP means Interprofessional (or collaborative) Practice.

“…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.”

_Framework for Action on Interprofessional Education and Collaborative Practice, World Health Organization, 2010_

Note: Although IPP/IPE has come from healthcare, it is applicable to all practice settings (i.e. schools, private practice etc.)

2d. Professionals practicing IPP participate in a non-hierarchical interdisciplinary team approach.

Leadership is shared among the team or leadership may be assumed by the professional whose discipline has the most active role in the client’s/patient’s/student’s care. Team members develop facilitation, reflective learning, and collaborative leadership skills to optimize team communication and client outcomes.

3b. IPP is seen as a means of improving the client/patient/student experience of care.

“Through the experience of learning with and from those in other professions, students and practitioners develop leadership qualities and respect for each other, which prepares them for work on teams and in settings where collaboration is a key to success. This success is measured by better and safer patient/student care as well as improved population health outcomes.”

_Institute of Medicine Global Forum on Health Professions Education, Interprofessional Education for Collaboration Workshop Summary, May 2013_

4c. In IPP teams the emphasis is on consensus-building and mutual respect.

The foundation of a non-hierarchical approach is mutual respect across disciplines and making decisions jointly with the client/patient/student and caregivers through consensus. Mutual respect includes providing explicit valuation of other team members and trust for one another’s commitment to a shared vision.

5a. ASHA’s position is that IPP is part of the Envisioned Future for audiologists and SLPs

ASHA’s Envisioned Future 2025 states “Professional practice is more effectively aligned with reimbursement systems that reflect a more comprehensive, person- and family-centered, and collaborative practice model that increases access to such services.”

_http://www.asha.org/About/ASHAs-Envisioned-Future/

FOR MORE INFORMATION ON IPP/IPE:

_http://www.asha.org/Practice/Interprofessional-Education-Practice/