



National Academies of Practice Lexicon 3.0

Approved by the National Academies of Practice Council on November 13, 2024

Suggested Citation

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Introduction

As the National Academies of Practice (NAP) organization continues to grow in scope and application, the need for consistent and accurate use of terminology is identified as a critical component to support understanding of interprofessional collaboration. A common lexicon provides a clear understanding of the way words are used to describe aspects within or associated with the brand of NAP. Examples of how terminology can be unclear in representing the intended message are: 1) terms such as interdisciplinary, multidisciplinary, and transdisciplinary have been used interchangeably, yet can hold different meanings; and 2) terms such as patient, client, or person can refer to those receiving care in different ways among professions.^{1,2}

The NAP Lexicon is intended to be an iterative document that is reviewed and refined systematically to add clarity over time. The first lexicon was approved by NAP Council in May 2020 for purposes of providing a NAP-specific lexicon to describe the terminology used across and within the organization. In October 2022, the original lexicon was updated to Lexicon 2.0. Keeping the two-year cycle of updates, Lexicon 3.0 will be ready for distribution in fall 2024.^{1,2}

With each version of the lexicon, from the original document through Lexicon 3.0, the NAP Council creates a Task Force of key stakeholders within and beyond NAP to gather and critically analyze relevant and current information related to interprofessional education and collaborative practice (IPECP). Each section, category, term, and definition within Lexicon 3.0 were critically appraised, supported by evidence, informed by stakeholders, and applied directly to NAP's work for advancing education, scholarship, research, practice, and public policy.

Guiding Frameworks, Goals, and Actions

An important component of Lexicon 3.0's Task Force was recognizing how parts of NAP's vision, mission, values, and purpose align with, are informed by, or contribute toward several important national and global guiding frameworks, goals, and actions. These include (but are not limited to) the [Quintuple Aim](#); [Healthy People 2030](#) and its application to [Social Determinants of Health](#); the [2030 Agenda for Sustainable Development](#) and its goals; the [International Classification of Functioning, Disability, and Health](#); the seminal document, [Framework for Action on Interprofessional Education and Collaborative Practice](#); and the [Interprofessional Education Collaborative Core Competencies: Version 3](#). Hyperlinks for each of these items will take the reader to primary sources of information for independent exploration and analysis of relatedness to NAP.

Inclusivity: A Core Value

Inclusivity is one of NAP's core values, and NAP prioritizes the importance of understanding and applying the lens of justice, equity, diversity, and inclusion in IPECP. NAP members affirm the value of and pledge to promote diversity, equity, inclusion, anti-racism, belonging, access, multiculturalism awareness, and supporting activities. NAP and its members strive to create an



organizational culture and climate in which all members are valued, have a sense of belonging and connection with one another and the organization, and feel empowered to do their best work. As such, we are committed to:

- listening, educating ourselves, and doing the work to end inequality and to challenge the status quo;
- embracing justice, equity, diversity, inclusion, and access to health care;
- identifying how unintentional biases and beliefs that influence our perceptions of and interactions with specialties, race, ethnicity, national origin, gender, gender identity, sexual orientation, class, disability status, and other forms of bias and oppression (e.g., socioeconomic status, age, religious or spiritual background, culture, creed, region of residence, political beliefs) are embedded within our systems and within ourselves;
- increasing inclusion among all of our constituents and reflecting this in the leadership positions within NAP;
- increasing transparency and accountability on justice, equity, diversity, inclusion, and access within NAP;
- providing programming, scholarship, research, and resources to support cultural humility and linguistic variance competency; and
- fostering an inclusive community and leveraging diversity of thought, background, perspective, and experience through cultivating an inclusive and welcoming environment.²

To uphold these commitments, NAP established the JEDI Work Group to recommend structural and procedural elements that must be in place to facilitate consistent operationalization of justice, equity, diversity, and inclusion principles across the organization now and into the future.³

Additionally, each Academy represented in NAP provides access to its professional organization and statements related to justice, equity, diversity, and inclusion. Access to these websites may be found within the [NAP Academies webpage](#). As members of NAP and through this lens of justice, equity, diversity, and inclusion in IPECP, the Task Force for Lexicon 3.0 strived to put NAP's core value of inclusivity and related elements at the forefront of discussion and decision-making for the terms and definitions included in this document.

Important Clarifications

NAP is an alliance of Academies, Healthcare Professional Groups (HPGs), and individual professionals that represent many health professions and disciplines. Recognizing that many terms represent individuals within these health professions, this lexicon will use the term *health professional* to represent those who provide a service within the health and social care industry. This term is defined in *The People* section of this lexicon.

Additionally, NAP members engage in IPECP with professionals from many other professions, disciplines, and groups beyond those represented in the organization. These individuals include technicians, assistants, administrative personnel, and many other professionals; each of whom provides essential and valuable services as a member of an interprofessional team. As such, these



professionals are included in the intention of the term and definition of *health professional* within this lexicon and must be remembered and/or included in interprofessional events, initiatives, and activities.

Some terms within IPECP pertaining to *discipline* and *profession* are used interchangeably, but it is important to recognize that, while they are interrelated, they have two different meanings. A *discipline* is a branch of specialized, scientific bodies of knowledge and is usually studied in higher education. Many academic programs for health and social care disciplines must meet educational/accreditation standards and require certification upon graduation to perform. A *profession* is any type of work that requires advanced training, specific skills, and/or examination to perform. NAP Academies are both disciplines *and* professions in health and social care (e.g., dentists, audiologists, nurses), but the work that occurs beyond NAP relies on *interprofessional* teams within the health and social care industry to advance its mission (e.g., administrators, aides, engineers, legislators). Both *discipline* and *profession* (and related terms) are defined in *The Process* section of this lexicon. The following is a list of these terms “at a glance”:

- terms meaning *one occupational group*: unidisciplinary or uniprofessional; intradisciplinary or intraprofessional
- terms meaning *two or more occupational groups*: interdisciplinary or interprofessional; multidisciplinary or multiprofessional; cross-disciplinary; transdisciplinary or transprofessional
- terms meaning *two or more organizations*: multiagency, interagency⁴

Through the lens of NAP Academies and in support of NAP’s value of inclusivity, the following words represent the *beings* for whom health and social care services are provided.

Comprehensively, these services *promote* health, wellness, and well-being and *prevent* and *treat* disease and dysfunction for the beings who seek and/or receive them, with respect to their contexts and ecological systems in which they all exist:

- individuals, persons, humans, animals, beings
- consumers, patients, clients, residents, recipients or beneficiaries of care, service users
- advocates, carers, caregivers, families, family members, friends, representatives, guardians, surrogates, service animals
- groups, communities, populations, society, “for all”

For purposes of Lexicon 3.0, *patient/client/population* will be the 3-part term used in applicable definitions to represent these beings (and others) in an inclusive way. Additionally, to represent the beings who provide care to patients/clients (besides health professionals), the overarching term that will be used in this lexicon where appropriate will be *carers*. These terms are defined in *The People* section of this lexicon.



Using the Lexicon

Guided by NAP’s vision, mission, values, and purpose, Lexicon 3.0 is intended for use by NAP members for official NAP communication, strategic planning, committee/task force, and shared workgroup products. *Please note:* Individuals who are 1) not members of NAP or 2) are members of NAP working on projects separate from this organization, must keep this intended use in mind if using content from this lexicon when applied to their work.

This document begins with an alphabetical list of all terms within this lexicon, but it is primarily organized using concepts from the original lexicon and Lexicon 2.0: *The Work*, *The Process*, and *The People* of IPECP. New to Lexicon 3.0 is the inclusion of NAP’s *Vision* as its own section for defining key terms within the vision statement (see Figure 1). Additionally, the small NAP logo (🌱) at the bottom of each page is hyperlinked to the alphabetical list for enhanced convenience when searching for multiple words. Readers should appreciate that sections, categories, and terms in this lexicon are NOT mutually exclusive and may easily apply to other content within this lexicon, depending on use and/or context.

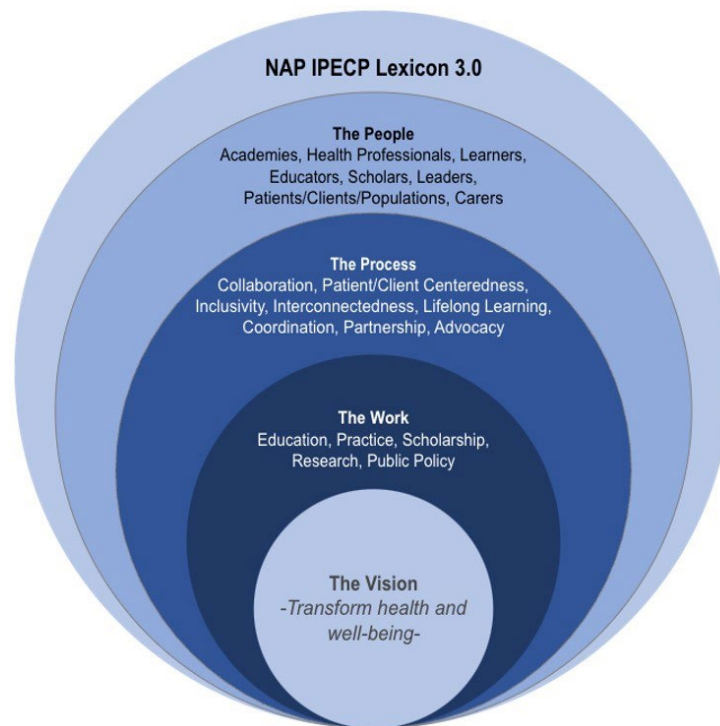


Figure 1. This model identifies the essential components of IPECP in NAP with its *Vision* being the core.



Terms in Alphabetical Order

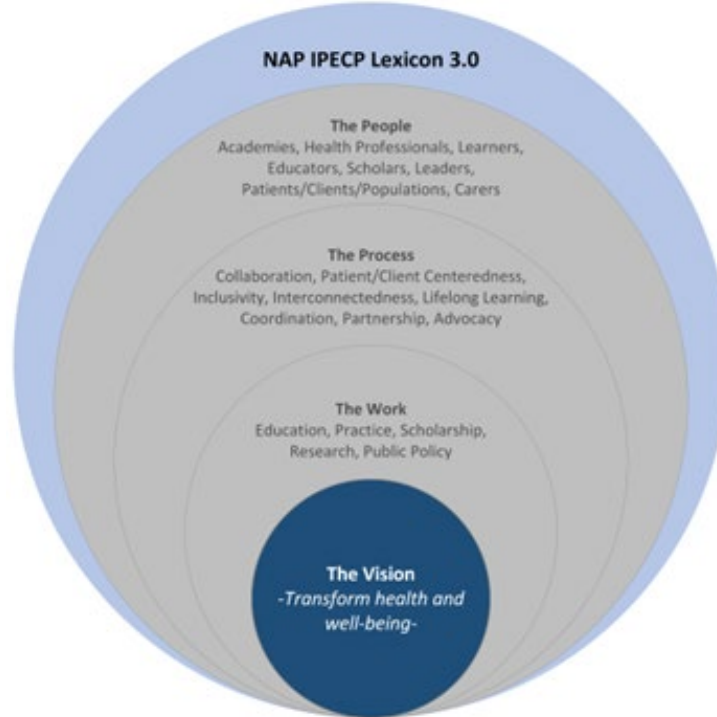
- Academies
- Accreditation
- Advocacy
- Artificial Intelligence in Interprofessional Education and Collaborative Practice
- Barriers to Effective Interprofessional Education and Collaborative Practice
- Carer
- Centeredness of Care
- Collaborative Practice-ready
- Context
- Coordination of Health Professionals
- Curricular Framework Levels for Interprofessional Education
- Discipline/Disciplinary
- Education/Practice Standards
- Educator
- Electronic Health Record
- Emergency/Disaster Preparedness and Response
- Ethics
- Evidence-based Practice
- Experiential Learning
- Facilitator
- Facilitators of Effective Interprofessional Education and Collaborative Practice
- Family-centered Care
- Health
- Health and Social Care
- Health Partnership
- Health Professional
- Holistic Health
- Informatics
- Interagency Collaboration
- Interconnectedness
- Interdisciplinary
- International/Global Health Experience
- Interprofessional
- Interprofessional Collaboration
- Interprofessional Collaborative Leadership
- Interprofessional Collaborative Practice
- Interprofessional Collaborative Practice Competencies
- Interprofessional Education
- Interprofessional Education: Teaching/Learning Methods
- Interprofessional Education and Collaborative Practice
- Interprofessional Event, Initiative, Activity
- Interprofessional Policy
- Interprofessional Socialization



- Interprofessional Shared Decision-making
- Interprofessional Team
- Interprofessional Teamwork
- Intraprofessional
- Learners
- Lifelong Learning
- Multidisciplinary
- Network
- Patient/Client
- Patient/Client-centered Care
- Person-centered Care
- Plan of Care/Plan of Treatment/Treatment Plan
- Population
- Population-centered Care
- Preceptor
- Profession
- Quality Care
- Quintuple Aim
- Relationship-centered Care
- Resiliency
- Role Release
- Scope of Practice
- Service Learning
- Simulation-enhanced IPE
- System(s)
- Team
- Team-based Care
- Team-based Learning™
- Team Member
- Team Science
- Teaming
- Telepractice
- Transdisciplinary/Transprofessional
- Uniprofessional
- Well-being



The Vision



NAP’s *vision* statement aspires for the organization to be *the* alliance of professionals collaborating to transform health and well-being. Within its vision are two keywords that provide the reasons why the *work*, the *process*, and the *people* are important to NAP (“why we do what we do”). Additionally, NAP’s vision, mission, values, and purpose align with the Quintuple Aim Framework. These words represent beacons that guide NAP and its work, process, and people for advancing education, scholarship, research, practice, and public policy.

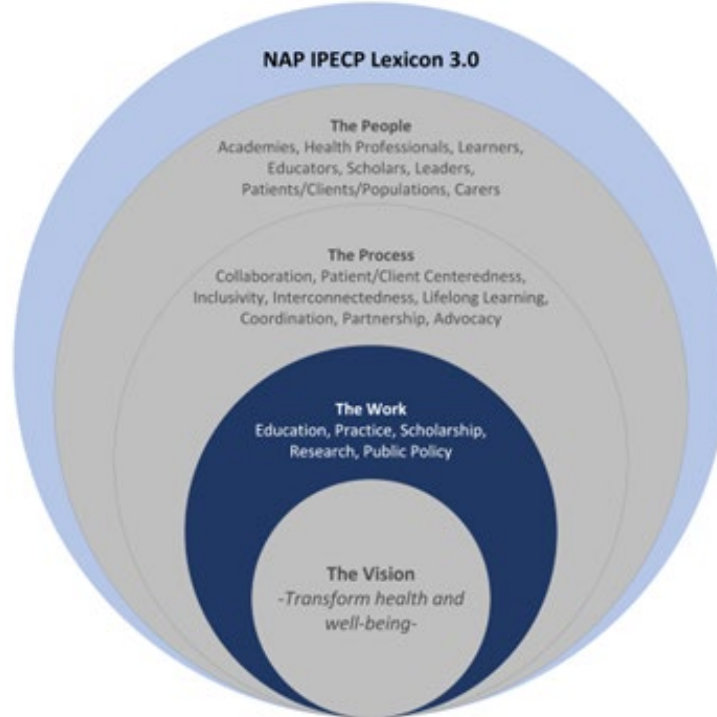
Health: Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social condition.⁵ NAP recognizes that health for animals and the environment is as important as health is to human beings and expands the definition of *health* to include health for all beings and the environments in which they live.

Quintuple Aim: Quintuple Aim is an extension of the Quadruple Aim with the inclusion of an additional dimension to the health and social care framework. The Quintuple Aim is the optimization of health system performance by enhancing patient/client experience, improving population health, reducing costs, improving the work life of health professionals, and advancing health equity.^{6,7}

Well-being: Well-being is a state of judging life positively and feeling good. This includes the presence of positive emotions and moods, the absence of interference of negative moods in overall functioning, satisfaction with life, fulfillment, and positive functioning.⁷



The Work



The *work* of IPECP as represented in Lexicon 3.0 reflects NAP’s mission and its dedicated actions. Within its mission there are five key elements, specifically advancing education, scholarship, research, practice, and public policy. These elements guide our *work* (“what we do”), continually advancing us toward NAP’s vision of transforming health and well-being.

Holistic Health: Holistic health is an approach to wellness that simultaneously addresses the physical, mental, emotional, social, and spiritual components of health. As a field of practice, holistic medicine draws from many disciplines, religions, and cultures to heal people, communities, and even the environment.⁸ One Health, EcoHealth, Planetary Health, and One Welfare are examples of global holistic health frameworks/concepts that align with NAP’s vision and mission. For further exploration, reference the following sites:

- CDC - [One Health](#)
- CDC - [Global Health](#)
- The Lancet - [Planetary Health](#)
- EcoHealth Alliance - [EcoHealth](#)
- One Welfare - [One Welfare](#)²

Evidence-based Practice: Evidence-based practice is the integration of professional/clinical expertise, patient/client values, and the best research evidence into the decision-making process for patient/client-centered care. Professional/clinical expertise refers to the health professional's cumulated experience, education, and professional/clinical skills. Patient/client values refer to the



personal and unique concerns, expectations, and values that patients/clients/populations bring to the encounter. The best evidence for evidence-based practice is usually found in professionally and/or clinically relevant research that has been conducted using sound methodology.⁹

Health and Social Care: Health and social care is the collective work that health professionals do to *promote* health, wellness, and well-being, as well as *prevent* and *treat* disease and dysfunction for the patients/clients/populations who seek and/or receive them. This care addresses the *promotion, prevention, and treatment* with respect to their contexts and ecological systems in which they all exist.¹⁰

Interprofessional Collaborative Practice: Interprofessional collaborative practice occurs when multiple health professionals from different backgrounds provide comprehensive services by working and collaborating with other health professionals, patients/clients, their carers, and communities/populations to deliver the highest quality of care across settings; this is an extension of interprofessional education into practice environments.^{11,12}

Interprofessional Education (IPE): Interprofessional education (IPE) are occasions when members or learners (e.g., students, residents, and/or health professionals) of two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes and services. IPE is a necessary step in preparing a *collaborative practice-ready* health workforce that is better prepared to respond to local health needs. (Students from only one profession learning from instructors of another profession is not interprofessional education.) See also *IPE Teaching/Learning Methods* in *The Process* section.¹¹

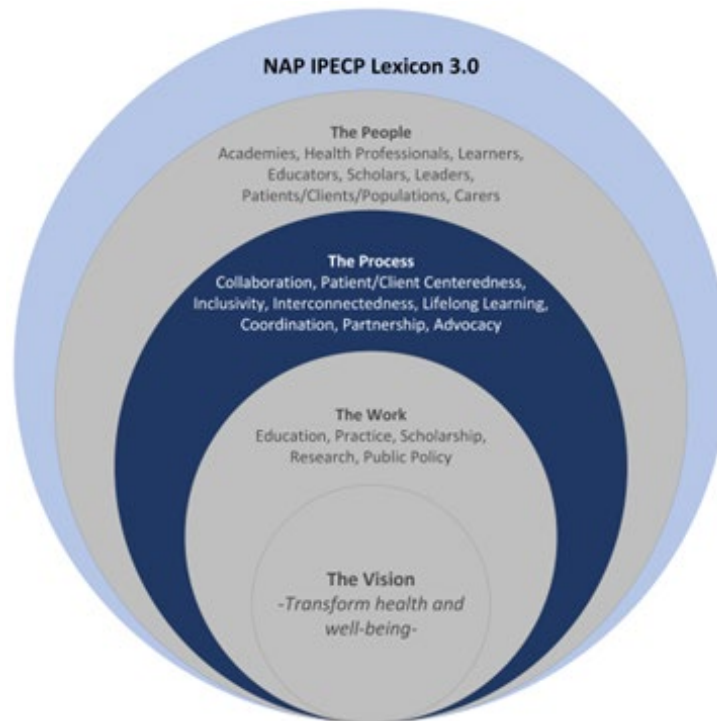
Interprofessional Education and Collaborative Practice (IPECP): Interprofessional education and collaborative practice (IPECP) is a term used to describe the total scientific field of study (i.e., scholarship/research; discipline) encompassing *interprofessional education* and *interprofessional collaborative practice*.^{11,13}

Interprofessional Policy: Interprofessional policy is a course or principle of action proposed or adopted by a government, business, or individual targeted to support the implementation of interprofessional education, collaborative practice, and/or scholarship.¹

System(s): System(s) involves advocacy efforts or other social justice actions at the local, state, and/or national agency or organizational levels for informing/changing policies, laws, or rules with the intention to improve health and well-being.¹⁴



The Process



The *process* of IPECP as represented in Lexicon 3.0 is informed by NAP’s core values and official documents. NAP’s core values are collaboration, patient/client/population-centeredness, inclusivity, and interconnectedness. Other essential elements within NAP official documents and public-facing communications that also represent the *process* include coordination of care, lifelong learning, partnerships, and advocacy. These elements represent the *processes* by which we do the *work* (“how we do what we do”) and experiences associated with the *work*; all of which advance us toward realizing NAP’s vision.

Accreditation: Accreditation is an official process conducted by organizations of authority that require educational programs to document and demonstrate compliance with education standards, policies, and procedures that support and prepare graduates for contemporary practice, including interprofessional collaborative practice. Each Academy within NAP must have accredited education programs as one of its requirements to be represented in the organization in this capacity.³

Advocacy: Advocacy is the education and information presented by interprofessional health professionals for key stakeholders/policy makers around specific issues or causes to guide what is in the best interest for individuals, communities, and society’s health and well-being through the use of available research, expertise, and collaborative relationships to bring an interprofessional voice/perspective and realize NAP’s vision, mission, and purpose.¹⁵



Artificial Intelligence in Interprofessional Education and Collaborative Practice: Artificial intelligence (AI) is technology that enables computers and machines to simulate human intelligence and problem-solving capabilities.¹⁶ Within IPECP, this disruptive technology may enhance education pedagogy and patient/client/population care in practice to improve understanding of current issues or predict future outcomes for assisting health professionals with disease diagnosis, treatment recommendations, and patient/client/population engagement. This is achieved by AI's ability to learn patterns in large multimodal datasets within and across individuals and systems. However, challenges related to data privacy, bias, and the need for human expertise must be addressed for the responsible and effective implementation of AI.^{17,18}

Barriers to Effective Interprofessional Education and Collaborative Practice: A barrier is an obstacle that blocks the way or makes progress difficult.¹⁹ When applied to IPECP, common barriers may include the following:

Specific to collaborative practice (4 levels):

- **Systems level:** Financial barriers (e.g., lack of long-term funding, inadequate reimbursement policies); lack of leadership at a national/political level; lack of support in legal constraints for the expansion of roles
- **Organizational level:** Human resources (e.g., lack of time and skilled professionals led to an increased workload); lack of professionals' training in interprofessional collaboration implementation; lack of organizational support
- **Inter-individual level:** Imbalance of power between professionals, due to hierarchies between professions/disciplines at a structural level; lack of clarity regarding functions and scopes of other professionals; fear of loss of territory/professional identity in newly defined roles; fear of depreciation of other professionals' contributions and skills; the lack of common vision and goals; poor or deficient communication between professionals
- **Individual level:** Concern about the benefits of collaboration for patients/clients²⁰

Specific to IPE:

- Lack of a range of appropriate professional health programs in schools; difficulty in designing a cross-professional/discipline curriculum; insufficient benefits of IPE; the need for further training to apply the IPE model in teaching; increased teaching load; lack of financial support; time limitations.²¹
- IPE cultural, leadership, financing, infrastructure, partnerships, faculty, curricular, and/or framework issues that prevent or interfere with effective, high-quality IPE programs.²²

Centeredness of Care: Centeredness of care is a category in this lexicon to describe times when an interprofessional team engages in collaborative practice that is centered/focused on the unique needs, challenges, and strengths of the intended recipient(s) or seeker(s) of services and includes their perspectives and concerns for shared decision-making to promote overall health and well-being.



Family-centered Care: Family-centered care (FCC) is a partnership approach to health care decision-making between the family and the health professional.²³ It may also be considered an approach to the planning, delivery, and evaluation of care that is grounded in mutually beneficial partnerships among health professionals, patients/clients, and carers that redefines the relationships in health and social care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all settings. In patient-/client- and family-centered care, those receiving care (and their carers) define their “family” (though not all who receive care would refer to their carers as family) and determine how they will participate in care and decision-making.^{24,25}

Patient/Client-centered Care: Patient/client-centered care is providing care in ways that are respectful of and responsive to individual preferences, needs, and values; ensuring that those receiving care, or their advocates, participate in decision-making.²⁴ *Note:* Picker Eight Principles of Patient-Centered Care: respect for patients’ values, preferences, and expressed needs; coordination and integration of care; information, communication, and education; physical comfort; emotional support and alleviation of fear and anxiety; involvement of family and friends; continuity and transition; and access to care.²⁵

Person-centered Care: Person-centered care focuses on individuals’ values and preferences, guiding all aspects of their health/social care, and supporting their realistic health and life goals. Person-centered care is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers. This collaboration informs decision-making to the extent that the individual desires.²⁶

Population-centered Care: Population-centered care focuses on the health outcomes of individuals and patients/clients as part of a group. These outcomes are the result of many factors, including genetics, behaviors, social and environmental impact, healthcare policies, and the distribution of inequalities across the populace.²⁷ Within NAP, population-centered care represents the humans, animals, and groups/populations in aggregate around which care is centered. This definition is inclusive of humans and animals who share a symbiotic relationship within a given environment.

Relationship-centered Care: Relationship-centered care (RCC) is a model of health and social care that focuses on the relationships between patients/clients and their carers, as well as the relationships between and with health professionals themselves and the community. RCC is based on four principles:

- The importance of the personhood of the participants
- The importance of affect and emotion in these relationships
- The idea that all health/social care relationships are reciprocal
- The moral value of forming and maintaining genuine relationships²⁸

Context: Context pertains to the environmental and personal factors that are unique to all beings. Environmental factors may include the physical, social, and attitudinal environment, such as time in which people (and animals) live and conduct their lives. Personal factors may include



demographic information such as chronological age, sexual orientation, gender identity, race and ethnicity, level of education, profession, presence of health conditions, and socioeconomic status. Context affects patients'/clients'/populations' engagement in daily tasks, access to health and social care services, and overall health and well-being. Additionally, contextual factors may also be *facilitators* of or *barriers* to effective IPECP and person-centered care.²⁹⁻³¹ Interprofessional context may refer to the communication, practice, and situation of interaction in which the team of health professionals functions.³²

Coordination of Health Professionals: The coordination of health professionals is the use of skills to provide services that are coordinated across the spectrum of care involving multiple disciplines, professions, and/or agencies/organizations often in a cooperative sequential or parallel manner. Coordination may increase the risks of safety and gaps in care if not conducted in an interprofessional, collaborative manner and if communication is not clear for unified decision-making.³³

Discipline/Disciplinary: This is a new category in this lexicon that defines these terms and related terms. A discipline or something that is disciplinary is a branch or domain of knowledge, instruction, or learning resulting in specialization and role differentiation. A discipline creates a singular unit of scientific study in academia or practice in health systems and as a designation of occupational and professional roles.^{34,35}

- **Interdisciplinary:** Involving two or more academic, scientific, or artistic disciplines.³⁶
- **Multidisciplinary:** Combining or involving several academic disciplines or professional specializations in an approach to a topic or problem.³⁷
- **Transdisciplinary/Transprofessional:** 1) The sharing of roles across disciplinary boundaries so that communication, interaction, and cooperation are maximized among team members. The transdisciplinary team is characterized by the commitment of its members to teach, learn, and work together to implement coordinated service; 2) Transdisciplinary teams embrace overlapping skills and blur traditional professional boundaries, allowing one professional to deliver certain aspects of care without eroding the skills and knowledge that each profession offers; 3) Overcoming this requires transprofessional collaboration (TPC), in which professional boundaries are blurred or disappear to allow the deliberate exchange of knowledge and skills aimed at meeting complex healthcare needs.³⁸⁻⁴⁰

Education/Practice Standard(s): Education/practice standards are standards that describe knowledge and skills that every interprofessional learner/health professional should know and be able to do at each level of education and practice. The goal of education/practice standards in health and social care is to help learners and health professionals acquire and demonstrate competence in the knowledge, skills, and attitudes they need to provide safe, efficient, and effective care as collaboration-ready health professionals.⁴¹ *Note:* It is appreciated that different health professions may use different terms in their education/practice standards to represent IPECP but have similar meanings to those that are included in this definition.



Electronic Health Record: An electronic health record (EHR) is a digital record of health information that enables streamlined sharing of updated, real-time information, may include access to tools that health professionals can use for decision-making, and can move with the patient/client. EHR is often used interchangeably with "Electronic Medical Record (EMR)" but technically the EHR is differentiated by including medical condition and history, whereas the EMR includes current information solely related to this episode. WHO-FIC Classifications in Electronic Health Info Systems describes how the family of classifications provides standardized information about diseases, functioning, and interventions and can expand utility of EHRs via mapping instruments and clinical terminologies to the classifications for different uses, such as population health data (e.g., births, deaths, diseases, etc.), clinical use (decision support, integration of care, and outcomes), administration (scheduling, resources, billing), and reporting (cost, needs, outcomes).^{42,43}

Emergency/Disaster Preparedness and Response: The field of health emergency and disaster preparedness refers to the knowledge and capacities to effectively anticipate, respond, and recover from the impacts of likely, imminent, or current hazardous human-made or natural events/conditions.⁴⁴ Emergency/disaster preparedness and response is relevant to present-day IPECP because it involves numerous medical and public health entities, including health care systems, public health departments, emergency medical services, medical laboratories, individual health professionals, and medical support services.⁴⁵ Disaster simulations are becoming common IPE events. Clear communication and coordinated responses are crucial, and IPECP helps health professionals prepare for and respond to unexpected environmental crises when they occur, while also keeping the safety and well-being of all in mind.

Ethics: Patient/client-centered care requires the interplay between personal, professional, and interprofessional ethics. Personal ethics reflect the values, morals, and principles that guide an individual's thinking and behavior. Professional ethics refer to the professional values and principles governing the behavior of professional groups or organizations and are often reflected in codes of ethics or practice. Interprofessional ethics require professionals to have an appreciation for and understanding of the perspectives and practices of other professionals. This perspective-taking is needed particularly when there are tensions and conflicts due to different personal and professional values, morals, and principles. Interprofessional ethical practice reflects how individuals from different professions interact with codes of ethics and practice.⁴⁶ Additionally, having a code of ethics is one of the criteria for a profession to be represented as an Academy in NAP.³

Facilitators of Effective Interprofessional Education and Collaborative Practice: A facilitator is something that brings about an outcome by providing indirect or unobtrusive assistance, guidance, or supervision.⁴⁷ When applied to IPECP, common facilitators may include the following:

Specific to collaborative practice:

- **Organizational level:** Reinforcement of human resources, with an equitable involvement of professionals and available time; reorganization of practice and, more specifically, team



composition with formalized partnerships and coordination rules; tools to improve care processes (e.g., care planning, referral, guidelines); organizing regular meetings and feedback, using clear communication routines or information channels; supportive institutions; having a team leader or champion to organize interprofessional collaboration.

- **Inter-individual level:** Effective, openly shared knowledge and information regarding patients/clients; moments of informal face-to-face discussions; valorization of other professionals' work and understanding of their roles, trust, and respect between professionals; shared interests, goals, and a common vision; creation of team cohesion through team building.²⁰

Specific to IPE:

- Competencies and sub-competencies described in IPEC Core Competencies, version 3.⁷
- Well-organized IPE activities with clear goals and outcomes; live problem-solving, hands-on, interprofessional teamwork; continuous feedback and critical evaluation; relationship building among learners and health professionals; cohesive, well-trained interprofessional teams of health professionals and leaders; secure, supportive institutional policies and structures.⁴⁸
- IPE cultural, leadership, financing, infrastructure, partnerships, faculty, curricular, and/or framework supports that sustain and enhance effective, high-quality IPE programs.²²

Health Partnership: Health partnership refers to the interactive, collaborative relationship between a health professional and the patient/client/population, the former advising on optimal strategies for improving or maintaining health, and the latter following the advice and taking charge of their health. This may also include forums that meet periodically throughout the year with the broad role of agreeing on the vision, priorities, and plans for programs of health action.⁴⁹

Informatics: Informatics is the science of how to use data, information, and knowledge to improve human health and the delivery of health care services. Biomedical and health informatics apply principles of computer and information science to the advancement of life sciences research, health professional education, public/population health, and patient/client care. The multidisciplinary/interprofessional and integrative field focuses on health information technologies (HIT) and involves computer, cognitive, and social sciences. The Trusted Exchange Framework and Common Agreement (“Common Agreement”) defines the baseline legal and technical requirements for secure information sharing on a nationwide scale and establishes the infrastructure model and governing approach to enable uses in different health information networks to securely share information to promote effective interprofessional communication - all under commonly agreed-to expectations and regardless of which network they happen to be in.^{50,51}

Interagency Collaboration: Interagency collaboration is the process of agencies and families joining together for interdependent problem-solving that focuses on improving services to children and families.⁵² Interagency collaboration also occurs when people from different organizations



produce something through joint effort, resources, and shared decision-making, and take responsibility for the final product or service.^{52,53}

Interconnectedness: As a NAP core value, interconnectedness fosters connections within and between Academies and among members of all groups for advancing the organization’s mission. In IPECP, interconnectedness is a quality that facilitates effective teamwork for solving complex problems and working toward common goals. This concept also includes human/animal/environment interconnectedness and its influence on IPECP in health and social care.⁵⁴

Interprofessional: This is a new category in this lexicon that describes interprofessional and other related terms. *Interprofessional* describes actions occurring between or involving two or more different professions or professionals.⁷

- **Intraprofessional:** Any activity that is undertaken by individuals within the same profession.⁵⁵
- **Uniprofessional:** An activity undertaken by one profession alone.⁵⁵

Interprofessional Collaboration: Interprofessional collaboration is a type of interprofessional work that involves different health or social care professions regularly coming together to provide patient/client-centered (and related) services. It is characterized by shared accountability and interdependence between individuals, as well as clarity of roles and goals.⁵⁵ Additionally, interprofessional collaboration is the overarching singular domain that comprises four competency areas: values/ethics, roles/responsibilities, communication, and teams/teamwork.⁷

Interprofessional Collaborative Practice Competencies: Interprofessional collaborative practice competencies is the integrated enactment of knowledge, skills, values, and attitudes that enable working together successfully across the professions and with patients/clients, carers, and communities/populations, to improve health outcomes in specific care contexts.¹³

Interprofessional Education (Teaching/Learning Methods): This is a new category in this lexicon that describes general principles, pedagogy, and management strategies that are unique to or specifically common in IPE.⁵⁶

Curricular Framework Levels for Interprofessional Education: EXPOSURE: introductory learning activities that provide learners with the opportunity to interact and learn from professionals and peers from professions/disciplines beyond their own. IMMERSION: Consists of development learning activities that provide learners with the opportunity to learn about, with, and from other professional learners in an active learning situation where they apply learning during the activity. COMPETENCE: Consists of practice-ready learning activities where learners will integrate their IPECP knowledge and skills in an authentic team-based care environment.⁵⁷

Experiential Learning: (a) Learning by doing (and not just observing); (b) experiential learning exists when a personally responsible participant cognitively, affectively, and behaviorally processes knowledge, skills, and/or attitudes in a learning situation characterized by a high level of active



involvement; (c) occurs when learners develop meaning, shift paradigms, and reflect upon own understanding; (d) experiential learning is about the application knowledge in contrast to cognitive learning, which is academic knowledge; (e) this can also refer to learning that occurs as part of a formal educational program in clinical, non-clinical, or community settings.⁵⁸⁻⁶⁰

International/Global Health Experience: International/global health experience enables health profession learners from all levels of training to provide care in emergency situations, health outreach, and prevention, as well as provide opportunities for skill development in communication skills (spoken, body language, eye contact, hand gestures); understanding different approaches to patient/client/population management and medical support; and seek to develop teamwork, functional dynamics, and understanding the impact of socioeconomic factors on health care.²

Simulation-enhanced IPE: Simulation-enhanced IPE is the process whereby learners from two or more professions practice a procedure or routine in an immersive, guided, replicated, learning environment before or while they are treating actual patients/clients. Interprofessional simulations attempt to replace or augment real-world encounters with standardized, guided experiences that evoke or replicate substantial aspects of interprofessional care in a fully interactive manner for all learners to experience the same. Interprofessional simulation experiences include goals to develop and assess learners' collaborative competencies. For more information, please see [Healthcare Simulation Dictionary](#).⁶¹

Service Learning: Service learning is a form of experiential education in which two or more professions engage in activities that address patient/client and/or community/population needs together with structured opportunities intentionally designed to promote active and reflective learning about, from, and with each other to enable collaboration and improve health outcomes.^{12,62}

Team-based Learning™ (TBL™): Team-based Learning™ is an active learning and small group instructional strategy that provides learners with opportunities to apply conceptual knowledge through a sequence of activities that include individual work, teamwork, and immediate feedback. Unlike many other group-based instructional approaches, TBL™ is designed so that every learner is held accountable for their own individual work and their contributions to the team.⁶³ Applied to IPE, TBL™ has the capacity to foster a culture of collegiality among health profession learners. Additionally, TBL™ sessions provide an opportunity for the role modeling of interprofessional teamwork, with health professionals from various health and social care backgrounds and basic scientists working as an interprofessional team to educate learners.⁶⁴ More information is available at the TBL™ Collaborative at <https://www.teambasedlearning.org>

Interprofessional Event, Initiative, Activity: Interprofessional event, initiative, activity is an experience wherein people from two or more professions or disciplines share an occurrence that happens of importance (event); an act or strategy intended to resolve a problem or improve the situation, a fresh approach to something (initiative); and/or something a group has done (activity).¹



Interprofessional Collaborative Leadership: Interprofessional collaborative leadership is working together to improve health outcomes by recognizing that all members of an interprofessional team – health professionals, patients/clients, carers, and communities – are leaders and/or learners in different situations and context within patient/client/population-centered care.⁶⁵

Interprofessional Shared Decision-making: Interprofessional shared decision-making is supportive, person-centered care where two or more providers from different health professions collaborate with the patient/client and their carers in making the best decisions to provide the highest quality of care.⁶⁶

Interprofessional Socialization: Interprofessional socialization is the process in which members from different professions come together to learn about and value each other’s perspectives and contributions while dispelling misconceptions and prejudices. They continuously work towards the formation of a dual identity: one for professional identity and one for interprofessional identity.⁶⁷

Interprofessional Teamwork: Interprofessional teamwork is a complex process in which multiple health professionals work together to provide a satisfactory experience for the patient/client/population and obtain optimal health outcomes. This process includes six elements: shared team identity, clear roles/goals, interdependence, integration, shared responsibility, and team tasks. Additional tasks include collaboration, coordination, and networking. “Teams and Teamwork” is also a core competency identified in IPEC Core Competencies, version 3.⁶⁸

Lifelong Learning: Lifelong learning allows health and social care professionals to prepare themselves for participating in the ever-changing environment of their profession, discipline, sector, and/or industry.⁶⁹ NAP is dedicated to lifelong learning and has established a committee for guiding professional development endeavors within the organization.⁷⁰

Plan of Care/Plan of Treatment/Treatment Plan: Plan of care/plan of treatment/treatment plan is a record of intended actions planned for the care of a patient/client and designed to facilitate communication among members of the interprofessional team, including the health professionals and patients/clients.⁷¹

Quality Care: Quality care is doing the right thing for the right patient/client, at the right time, in the right way to achieve the best possible results for patients/clients/populations.⁷² The concept of quality care is emphasized throughout NAP’s official communications and documents.

Resiliency: Resiliency is the ability of an individual, team, organization, community, and/or system to withstand, adapt, recover, rebound, or grow from adversity, stress, and/or trauma. A culture of effective IPECP may strengthen the resiliency of individuals and teams during such events.⁷

Role Release: Role release is the process of transferring a task or activity from a profession/discipline-specific team member to another person. The task must meet certain conditions, such as not requiring profession/discipline-specific training or licensure and being done under the direction of a professional.⁷³



Scope of Practice: Scope of practice refers to activities that a person licensed to practice as a health professional is permitted to perform, which is increasingly determined by statutes enacted by state legislatures and by rules adopted by the appropriate licensing entity.⁷⁴ Health professionals' scopes of practice sometimes overlap reflecting shared competencies.⁷⁵

Team-based Care: Team-based care is the provision of health services to patients/clients, carers, their communities, and/or populations by interprofessional team members who work collaboratively with them to accomplish shared goals within and across settings to achieve coordinated, high-quality care.⁷

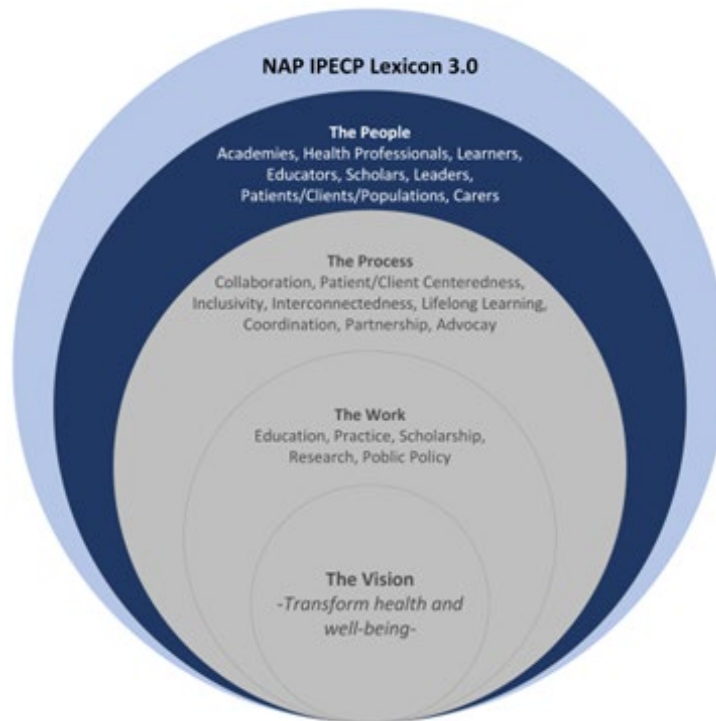
Team Science: Team science is a new interdisciplinary field that empirically examines the processes by which large and small scientific teams, research centers, and institutes organize, communicate, and conduct research. This includes understanding how teams connect and collaborate to achieve scientific breakthroughs that would not be attainable by either individual or simply additive efforts. Therefore, team science is an example of effective and impactful interprofessional collaborative *research* and is a dimension of the larger domain of interprofessional collaborative practice.^{76,77}

Teaming: Teaming is the act of fluid, dynamic collaboration and coordination of interprofessional team members who do the work and accomplish goals while realizing that the team's composition may change at any given moment due to the nature of the job and/or environment (i.e., teamwork “on the fly”). Health professionals and organizations who engage in teaming recognize the benefits of purposeful interactions in which team members quickly identify and capitalize on their various professional strengths—coordinating care that is both safe and efficient. Teaming is largely determined by the mindset and practices of teamwork, not by the design and structures of effective teams.^{78,79}

Telepractice: 1) Telepractice is the use of Internet-based services to allow health professionals to connect with individuals seeking intervention, regardless of distance; 2) Telehealth, telemedicine, and related terms generally refer to the exchange of health information from one site to another through electronic communication. The Centers for Medicare and Medicaid Services (CMS) defines telehealth as a two-way, real-time interactive communication between a patient/client and a health professional at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment.^{80,81}



The People



The *people* as represented in Lexicon 3.0 are the individuals and groups in NAP’s Academies, Healthcare Profession Groups (HPGs), individual members; essential stakeholders associated with health and social care; and the important roles and responsibilities that each fill within their contexts. Guided by NAP’s vision, these *people* operationalize the *processes* to do the *work* of IPECP.

Academies: NAP consists of multiple, individual professional sections that are called Academies. Each Academy shall represent a health or social care and/or health-related profession in the United States that:

- Demonstrates evidence of being a collaborative profession
- Has a Code of Ethics for the profession
- Has a defined minimum level of professional education
- Utilizes a recognized accreditation process to establish and maintain high educational standards for the profession
- Uses an established process of licensing, registration, or certification to ensure its colleagues are qualified and in good standing in their profession
- Professionally disseminates peer-reviewed scholarly activity
- Distinguished Practitioners, Scholars, and Policy Fellows are elected by their peers from multiple different health professions
- See also NAP Bylaws: 5.1.1³



Carer: A carer is a person or service animal who provides care and support, with or without compensation, to individuals, animals, or groups who need help due to disability, physical/mental illness, acute/chronic condition, terminal illness, and/or any other health condition that impedes or prevents their ability to safely perform daily tasks and/or essential self-care activities. Carers are essential members of an ethical patient-/client-centered interprofessional team.^{82,83}

Collaborative Practice-ready: Collaborative practice-ready refers to learners who demonstrate competence and confidence in working collaboratively within an interprofessional team.¹⁴ A collaborative practice-ready workforce is a specific way of describing health professionals who have received effective training in interprofessional education and are better prepared to respond to local health needs.¹²

Educator: An educator is someone with an extensive and specific set of abilities, skills, knowledge, training, and/or experience in a particular discipline/profession with the necessary qualifications to provide dedicated educational training to others.⁹³ Educational experiences may be formal or informal, may occur in the classroom-type setting or in the field, may be provided by trained teachers/professors or by someone knowledgeable about the content without formal training in education; all of which may be included in effective IPE.

Facilitator: A facilitator is a person (often but not always an educator) who is skillful at eliciting engagement and/or action among participating learners to achieve a goal or educational outcome. Skilled facilitators may have received formal training and may be the individuals who plan and/or develop the activities. *Note:* Other terms may include coach, mentor, etc., depending on the setting in which IPE occurs.^{84,85}

Health Professional: Health professionals provide services that maintain health through the application of the principles and procedures of evidence-based practice and caring. Health professionals include individuals trained in a specific discipline and individuals with special skill sets and knowledge from different educational backgrounds. They advise on, provide, apply, or assist with measures that promote health with the ultimate goal of meeting the health needs and expectations of individuals and animals and improving population health outcomes.^{7,86}

Interprofessional Team: An interprofessional team is a distinguishable set of two or more individuals, including health professionals, carers, and patients/clients/populations, who work collaboratively and interact dynamically, interdependently, and adaptively towards a common and valued goal/objective/mission. See also *team* in this lexicon and IPEC Core Competency: Teams & Teamwork.⁸⁷

Learner: A *learner* is a person who is trying to gain knowledge or skill in something by studying, practicing, or being taught. *Learner* is a role that applies to anyone along the spectrum of education including (but not limited to) a student in an academic program and a practicing health professional in the field. In some cases, *learner* may even apply to pets being trained to be service animals. In IPE, learners from two or more distinct roles/health professions learn about, with, and from each to improve collaboration and the quality of care.⁷



Network: A network is a type of interprofessional arrangement in which shared team identity, clarity of roles/goals, interdependence, integration, and shared responsibility are seen as less essential than coordination. In networks, tasks are also viewed as predictable, non-complex, and non-urgent. As a result, networks could be virtual in nature. *Networking* involves loosely organized groups of individuals from different health and social care professions who meet and work together on a periodic basis.⁸⁸

Patient/Client: In this lexicon, patient/client are the words used to represent the being who receives and/or seeks health and/or social services that promote health, wellness, and well-being and prevent and treat disease and dysfunction, with respect to the contexts and ecological systems in which the patient/client exists. The intention of this definition includes (but is not limited to) other terms that represent these beings—depending on profession and context—such as person, human, individual, animal, participant, consumer, resident, recipient or beneficiary of care, and service user.

Population: In this lexicon, population is the word used to represent a group of beings (human and/or animal) that have common characteristics, defined by location, race, ethnicity, age, occupation, health condition, interest in particular problems or outcomes, or other similar common bonds, with respect to their environments and contexts.⁷

Preceptor: A preceptor is an experienced health professional who provides supervision of learners and facilitates the application of theory to practice. A preceptor works with the learner for a defined period of time to assist the learner in acquiring new competencies required for safe, ethical, and quality practice. They assist the learner by creating an effective learning environment, setting expectations, providing effective feedback about their performance, and providing appropriate opportunities to meet their learning objectives. A preceptor is a type of educator. This person can also be called an agency or clinical supervisor, clinical or field instructor, or clinical or fieldwork educator.⁸⁴

Profession: A profession is an occupation or vocation based upon the mastery of a complex body of knowledge and skills that are used in service to others. Members of a profession are called *professionals* and are governed by a code of ethics and are committed to competence, integrity, altruism, and promotion of public good in their domain. In NAP, a profession must fulfill the necessary criteria to be eligible for consideration as an Academy.⁹⁰

Team: A team is two or more people who interact with one another in situations where at least some members need to rely on other team members at least some of the time. A team shares a common (or overlapping) sense of purpose or goals and is viewed as a unit by others and/or themselves. Based on the science of teamwork, drivers of effective teams include 1) *capability* (members have critical competencies); 2) *cooperation* (members possess supportive team beliefs, attitudes, trust, psychological safety, collective efficacy, and cohesion); 3) *coordination* (behaviors that maintain effectiveness, including situation awareness, back up or fill in for one another, and managing team emotions); 4) *communication* (respectful, responsive, effective giving/receiving of messages); 5) *cognition* (shared and/or complimentary understanding and awareness of key team



factors [e.g., priorities, roles, situations, expectations]); 6) *coaching* (leadership and leadership behaviors); and 7) *context/conditions* (the environment in which the team functions).^{7,91}

Team Member: A health and/or social care team is a group of health professionals from different specialties who work together to provide patient-/client-centered care. Team members in health and social care are diverse in discipline/profession and purpose, and most patient/client care depends on the ability of different professionals to coordinate, communicate, collaborate, and consolidate knowledge from which plans are made, actions determined, and future decisions are influenced. Each team member has a particular expertise and should be capable of making autonomous decisions or under the supervision/mentorship of a professional who can.⁹²



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