The IPE consortium meeting was called to order at 12:15 pm

**Board Attendees**: Cheryl Resnik (Chair), Bob Nithman (Secretary), Amber Fitzsimmons

(Director), Holly Wise (Director), Dee Schilling (Director)

**Absent**: Nancy Kirsch (Director), Leesa DiBartola (Director), Samantha

Brown (Vice Chair), Kathy Zalewski (Board Liaison, ACAPT), Lisa McLaughlin (Exec

Director, ACAPT)

**Minutes Recorder**: Bob Nithman

Key points identified in today’s meeting:

* Cheryl provided an introduction to NIPEC
  + The consortium is similar to a special interest group.
  + NIPEC formation was the result of an ACAPT IPE task force. Interest in forming a consortium was confirmed at ELC 2013 and an application was submitted to and approved by the ACAPT BOD. Subsequent consortium meetings were held at CSM and NEXT 2014.
* Cheryl read the description of the consortia and its 7 objectives. Each objective will receive oversight from at least on NIPEC Board member and the preliminary pairings are as follows:  
    a. Nancy – *Disseminating information on IPE*  
    b. Holly – *Engaging academic and clinical educators*  
    c. Amber *– Fostering innovation, intellectual engagement and leadership among faculty*  
    d. Samantha – *Facilitating collaboration with other health professions*  e. Dee – *Developing mechanisms for DPT students to meet core competencies*  f. Cheryl – *Disseminating IPE information in coordination with the APTA*  g. Bob – *Serving as a resource to national associations of health professions schools*
* APTA House of Delegates adopted the 4 IPEC Core Competencies for Interprofessional Collaborative Practice; CAPTE then integrated IPE criteria into the 3rd revision of proposed accreditation standards.
* ELC will serve as the annual meeting venue for NIPEC.
* NIPEC will provide a report later at today's ACAPT business meeting.
* Lisa McLaughlin is tasked with building the NIPEC website; linked to APTA webpage.
  + Webpage will house IPE activities that NIPEC members submit as project summaries.
* Membership suggested polling academic institutions about methods to integrate IPE;  
  Discussion ensued about the variability of methods mostly related to program setting and financial resource limitations - "wide net" of IPE offerings.
* Discussion regarding the new accreditation standards and its effect on a transition from voluntary/service-based IPE models to a more administratively supported/funded initiatives.
* Questions and discussion about whether the current "IPE Activities and Projects Summary" form gathers sufficient information (12 questions)
* Member suggestion that NIPEC send a consolidated response to CAPTE about the newly proposed IPE criteria.
  + New criteria in the proposed standards: 6k3, 7d6, 7d23, 7d35, 7d36, 7d38
* Discussion regarding the involvement of core and clinical faculty in the successful development of IPE activities in DPT curricula.
  + Proposed changes to the IPE Activities and Project Summaries form. Glossary will be created to assist in completing form - See attached
  + **Action**: Cheryl to email consortia revised form to review.
  + Jody Frost and Annette Iglarsh reported that PT is now listed as a distinguished US health profession with the National Academies of Practice (NAP). This organization has a role in public policy development
  + NAP conducts an IPE caucus every year
  + NAP is now accepting nominations for new members
* Mike Majsak provided an update on the recent IPEC faculty development meeting
  + Several PT schools attended
  + Concern was faculty development to promote buy in, knowledge, culture change, etc.
  + Models of IPE teams threaded into curricula
  + Lack of consensus with outcome tool selection; agreement to a set of common tools vs. Develop new tools.
  + Resistance among some medical models
  + Telehealth is a possible IPE application
  + Faculty development IPE programming was proposed for CSM.

Meeting was adjourned at 1:25pm.