Interprofessional Education/Interprofessional Practice (IPE/IPP) in CSD Programs

Trend Report 2015–2024

Introduction

The American Speech-Language-Hearing Association (ASHA) established Strategic Objective 2: Advancing Interprofessional Education and Interprofessional Collaborative Practice (IPE/IPP) as part of its *Strategic Pathway to Excellence 2015–2025*. As part of this initiative, ASHA included questions in the annual *CSD Education Survey* fielded to academic programs in 2015 through 2024 to gather baseline and progress data on the number and percent of programs that employ IPE approaches that could encompass aspects of both IPE and IPP in the academic and/or clinical curriculum. The *CSD Education Survey* is fielded annually to all U.S. higher education institutions that offer communication sciences and disorders (CSD) degree programs. The IPE/IPP questions were posed to graduate entry-level and post–entry-level clinical degree programs in audiology and speech-language pathology. The data collected were used as the baseline and progress measure for ASHA's IPE/IPP strategic objective performance measure #1, percent of CSD academic programs that have IPE approaches in place.

> **Strategic Objective 2: Advance Interprofessional Education and Interprofessional Collaborative Practice (IPE/IPP)**
>
> **Outcome:** Academic programs employ IPE models of personnel preparation and both students and ASHA members are engaging in interprofessional collaborative practice
>
> **Performance measures: 80% by 2025**
> 1. Percent of CSD academic programs that have IPE approaches in place
> 2. Percent of ASHA members participating in interprofessional collaborative practice
> 3. Percent of National NSSLHA students engaged in interprofessional clinical practicum experiences

The IPE/IPP questions posed to academic programs are included in the Appendix of this report. The IPE/IPP questions were slightly modified over time as our knowledge about IPE/IPP desired behaviors expanded. From survey years 2015–present, programs were asked if they implemented IPE/IPP approaches in the curriculum. Programs were counted as implementing IPE/IPP if they answered "yes" to the primary IPE/IPP question. From survey years 2016–present, programs were asked to indicate the types of IPE/IPP activities that they implemented from a closed set of response options plus the opportunity to complete an "Other" text box to indicate additional ways in which they implemented IPE/IPP. Since 2016, programs were asked whether they incorporated explicit IPE learning constructs, competencies, and outcomes that are targeted in IPE learning activities (e.g., Interprofessional Education Collaborative [IPEC] Core Competencies).

Beginning with the 2019 *CSD Education Survey,* four of the response options provided were designated as a **core IPE framework** that is typically implemented by exemplary IPE Centers recognized by the [National Center for Interprofessional Practice and Education](). The four core components include the following:
1. Explicit IPE learning constructs, competencies, and outcomes are targeted in IPE learning activities (e.g., IPEC Core Competencies).

2. Two or more professions are part of the IPE/IPP approach.
3. IPE/IPP outcomes target a continuum of learning (e.g., attitudes/perceptions, knowledge/skills, performance in practice).
4. Learning experiences connect IPE/IPP academic learning to clinical practice.

This report presents trend data on key IPE/IPP data points collected and monitored from 2015 through 2024. Specifically, the data points provided include the following.
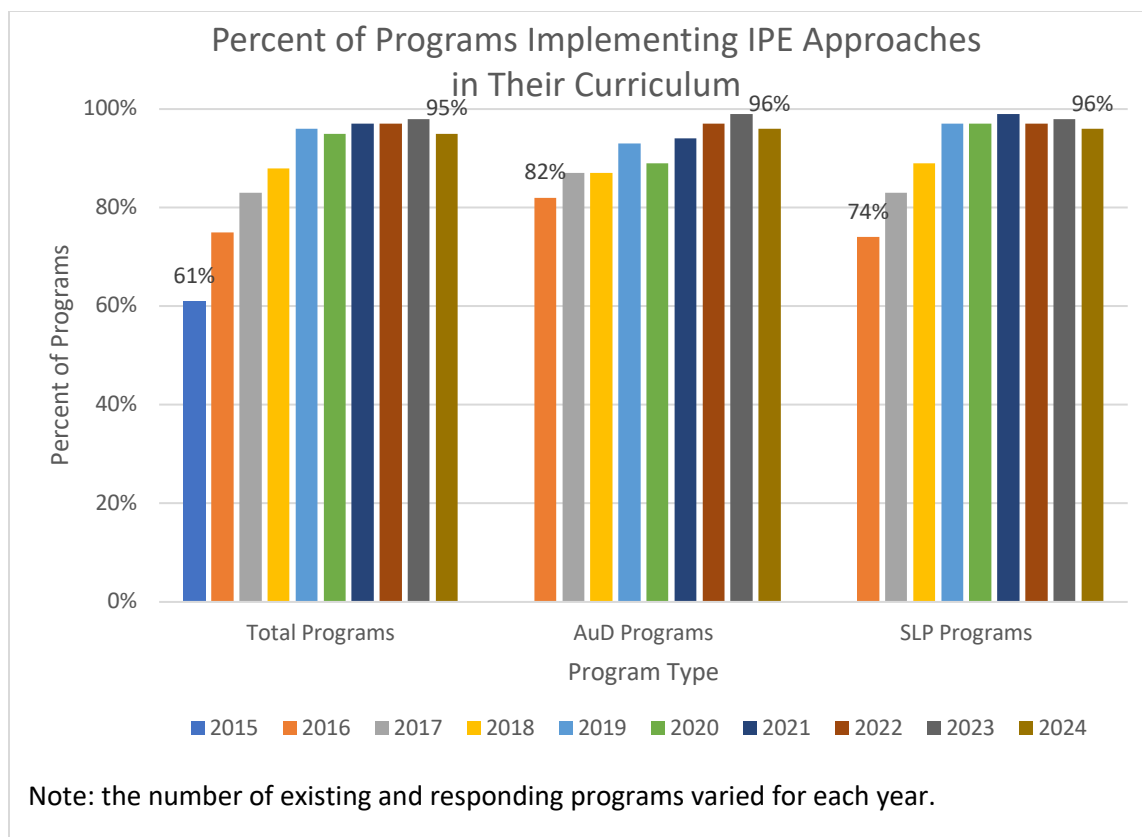
Number and percent of all . . .

- CSD graduate clinical degree programs, entry-level doctor of audiology (AuD) programs, and master's speech-language pathology programs reporting that they implement IPE/IPP approaches in academic and/or clinical curriculum (2015–2024).
- CSD graduate clinical degree programs, entry-level AuD programs, and master's speech-language pathology programs using explicit IPE learning constructs and outcomes targeted in IPE learning activities (e.g., IPEC Core Competencies) (2016–2024).
- CSD graduate clinical degree programs, entry-level AuD programs, and master's speech-language pathology programs for which IPE/IPP learning outcomes target a continuum of learning (e.g., attitudes/perceptions, knowledge/skills, performance in practice) (2019–2024).
- CSD graduate clinical degree programs, entry-level AuD programs, and master's speech-language pathology programs that incorporate the core IPE framework typically implemented by exemplary IPE Centers recognized by the National Center for Interprofessional Practice and Education (2019–2024).
- CSD graduate clinical degree programs that implement the various IPE/IPP approaches comprising the closed-set response options (2016–2024).

Utilization of IPE/IPP Approaches by CSD Programs

CSD programs increased the incorporation of IPE/IPP approaches in the academic and/or clinical curriculum for all (entry-level and post-entry level) graduate clinical degree programs from 61% (175/288 programs) in 2015 to 95% (359/378 programs) in 2024 (see Figure 1). The ASHA Strategic Objective performance measure for 80% of academic programs to incorporate IPE approaches by 2025 was achieved for all (entry-level and post-entry level) graduate clinical degree programs, AuD programs, and master's speech-language pathology programs. We continue to monitor the sustainability of IPE infusion within CSD programs during the 10-year strategic plan (2015–2025). To date, IPE/IPP increased in
- all (entry-level and post-entry level) graduate clinical degree programs from 61% (175/288) in 2015 to 95% (359/378) in 2024;
- AuD programs from 82% (58/71) in 2016 to 96% (74/77) in 2024; and
- master's speech-language pathology programs from 74% (187/253) in 2016 to 96% (280/293) in 2024.

Figure 1. Percent of all CSD graduate clinical degree programs, entry-level AuD programs, and master's speech-language pathology programs that reported they implement IPE/IPP approaches in academic and/or clinical curriculum (2015–2024).

Percent of Programs Implementing IPE Approaches in Their Curriculum

Note: the number of existing and responding programs varied for each year.

As of 2024, the top IPE/IPP approaches used by at least 64% (almost two-thirds) of CSD programs included the following.

- Connecting IPE/IPP academic learning to clinical practice — 90%
- Two or more professions are part of the IPE/IPP approach — 87%
- Case-based learning is used with an interprofessional team approach — 81%
- IPE/IPP outcomes target a continuum of learning (e.g., attitudes/perceptions, knowledge/skills, performance in practice) — 69%
- Clinical practica incorporate interdisciplinary teams or cases — 68%
- Explicit IPE learning constructs, competencies, and outcomes are targeted in IPE learning activities — 65%
- IPE events (e.g., 1-day IPE events or workshops) — 64%
- Conducting a debrief period with students and facilitators after IPE learning activity — 64%

Infusion of IPE/IPP Competencies

The incorporation of explicit IPE learning constructs such as the IPEC Core Competencies by CSD programs increased by more than 20 percentage points between 2016 and 2024 (see Figure 2).
- Infusion of IPE competencies increased in all (entry-level and post-entry level) graduate clinical degree programs from 42% (107/252) in 2016 to 65% (235/359) in 2024.
- Infusion of IPE competencies increased in AuD programs from 41% (24/58) in 2016 to 70% (52/74) in 2024.

- Infusion of IPE competencies increased in master's speech-language pathology programs increased from 43% (80/187) in 2016 to 65% (182/280) in 2024.

Figure 2. Percent of all CSD graduate clinical degree programs, entry-level AuD programs, and master's speech-language pathology programs using explicit IPE learning constructs and outcomes targeted in IPE learning activities (e.g., IPEC Core Competencies) in academic and/or clinical curriculum (2016–2024).
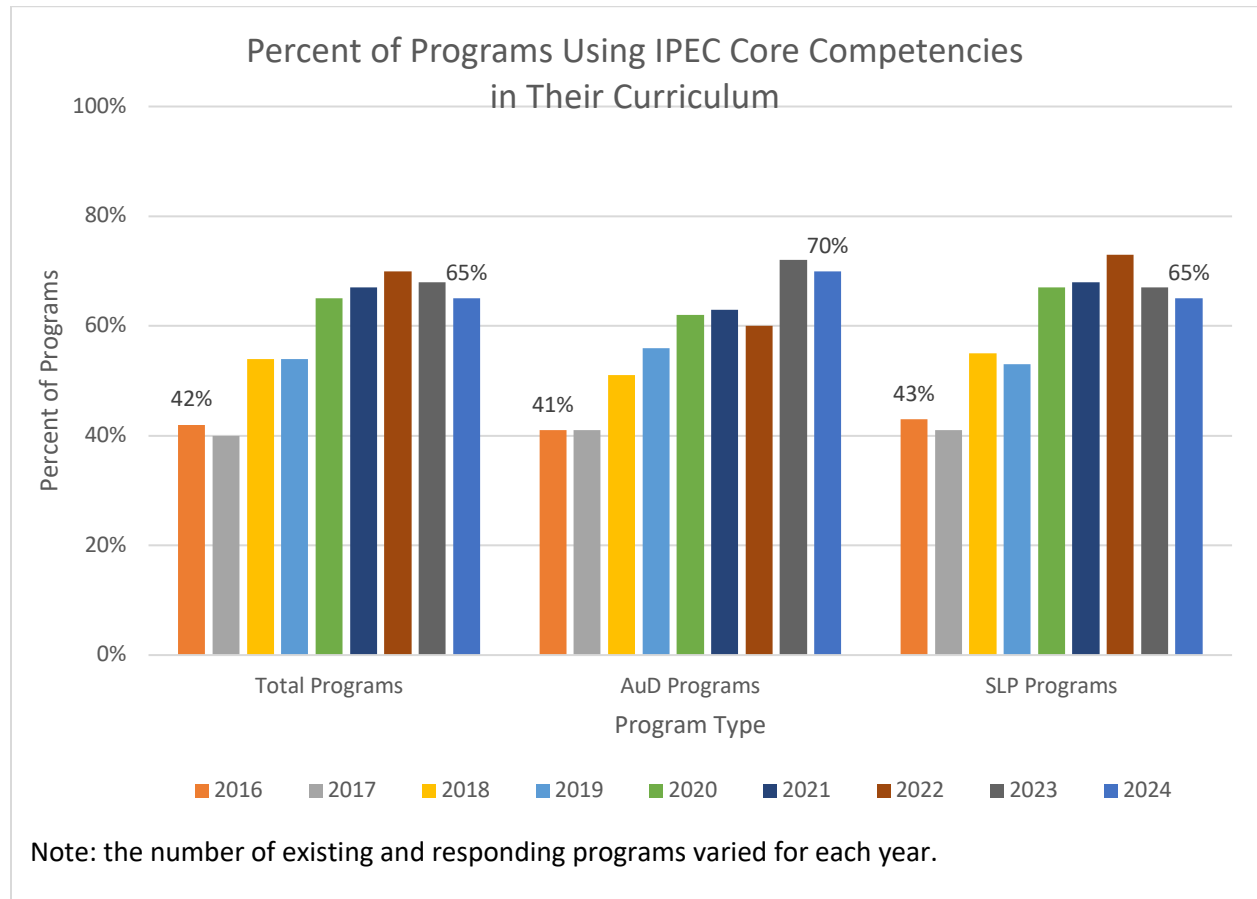
## Continuum of Learning Activities

Effective IPE/IPP learning occurs over time and requires repeated exposure along a continuum of learning experiences with targeted learning outcomes to shape the acquisition of knowledge, skills, and aptitudes. IPE/IPP survey questions were included in 2019 to address this learning objective.

Survey results indicate that the incorporation of a continuum of learning activities (e.g., attitudes/perceptions, knowledge/skills, performance in practice) increased overall by 16 percentage points between 2019 and 2024 (see Figure 3).

Incorporating a continuum of IPE/IPP learning activities increased in . . .

- all (entry-level and post-entry level) graduate clinical degree programs from 53% (177/332) in 2019 to 69% (249/359) in 2024;
- AuD degree programs from 49% (33/68) in 2019 to 66% (49/74) in 2024; and
- master's speech-language pathology degree programs from 55% (141/257) in 2019 to 71% (199/280) in 2024.

Figure 3. Percent of all CSD graduate clinical degree programs, entry-level AuD programs, and master's speech-language pathology programs for which IPE/IPP learning activities target a continuum of learning (e.g., attitudes/perceptions, knowledge/skills, performance in practice) (2019–2024).
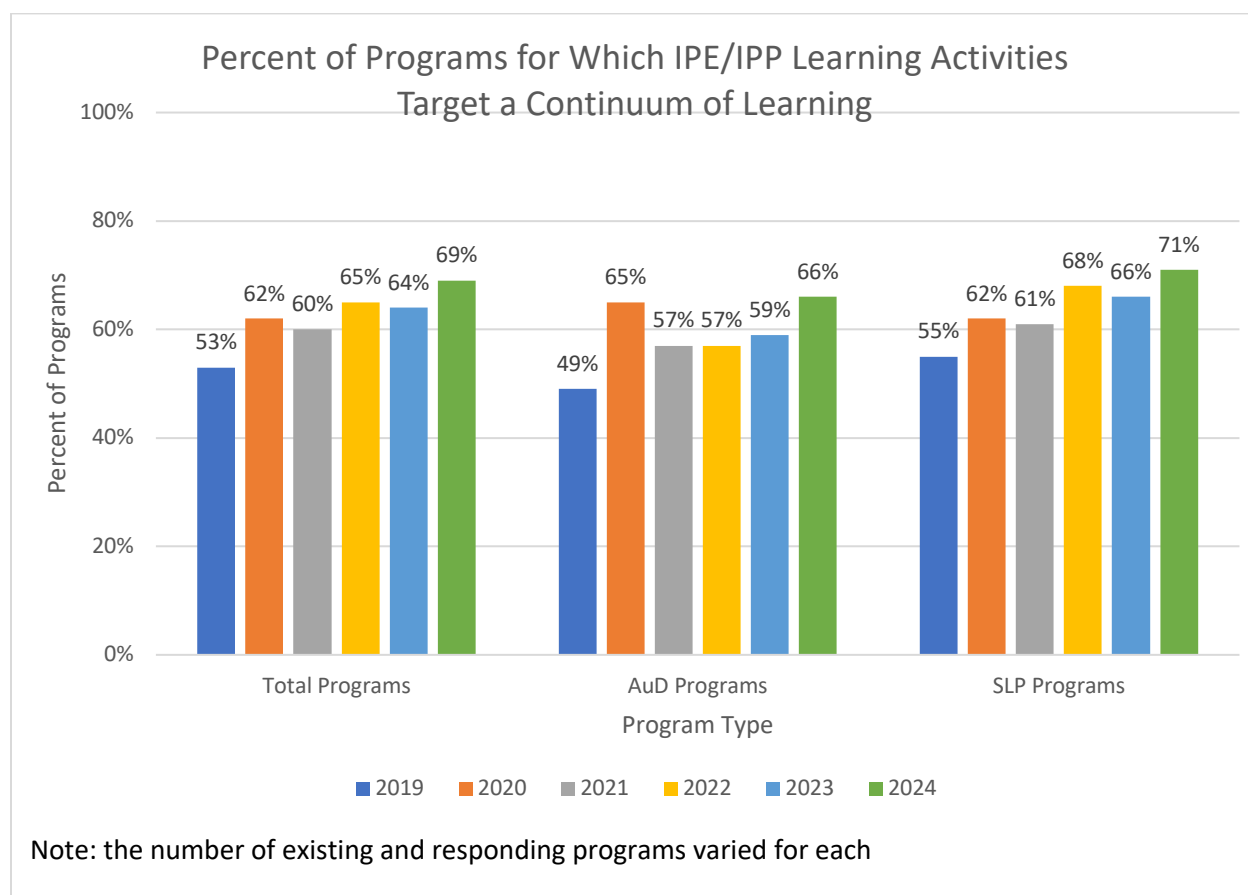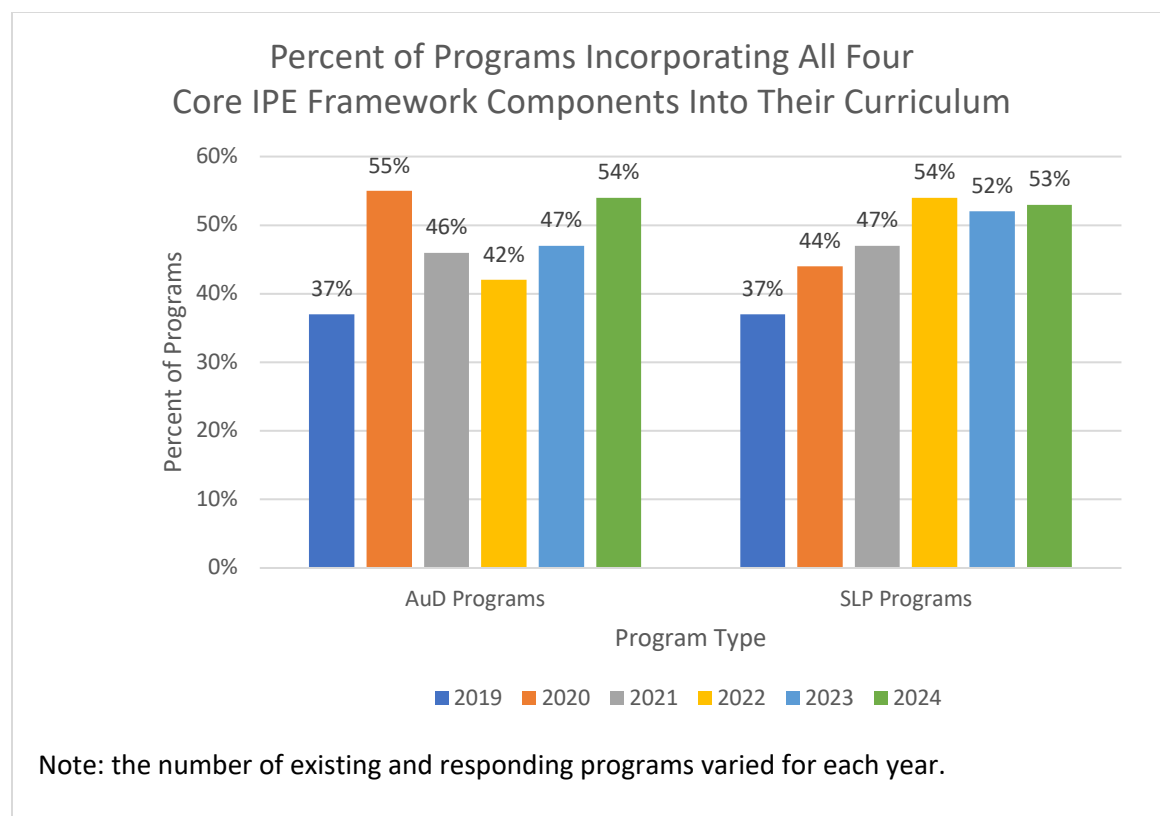

Core IPE Framework

An analysis of the IPE/IPP approaches reported by CSD programs help to ascertain how IPE/IPP efforts are taking shape over time and how closely they align with a **core IPE framework** that is typically implemented by exemplary IPE Centers recognized by the National Center for Interprofessional Practice and Education. The four core IPE framework components are those in which

1. explicit IPE learning constructs, competencies, and outcomes are targeted in IPE learning activities (e.g., IPEC Core Competencies);
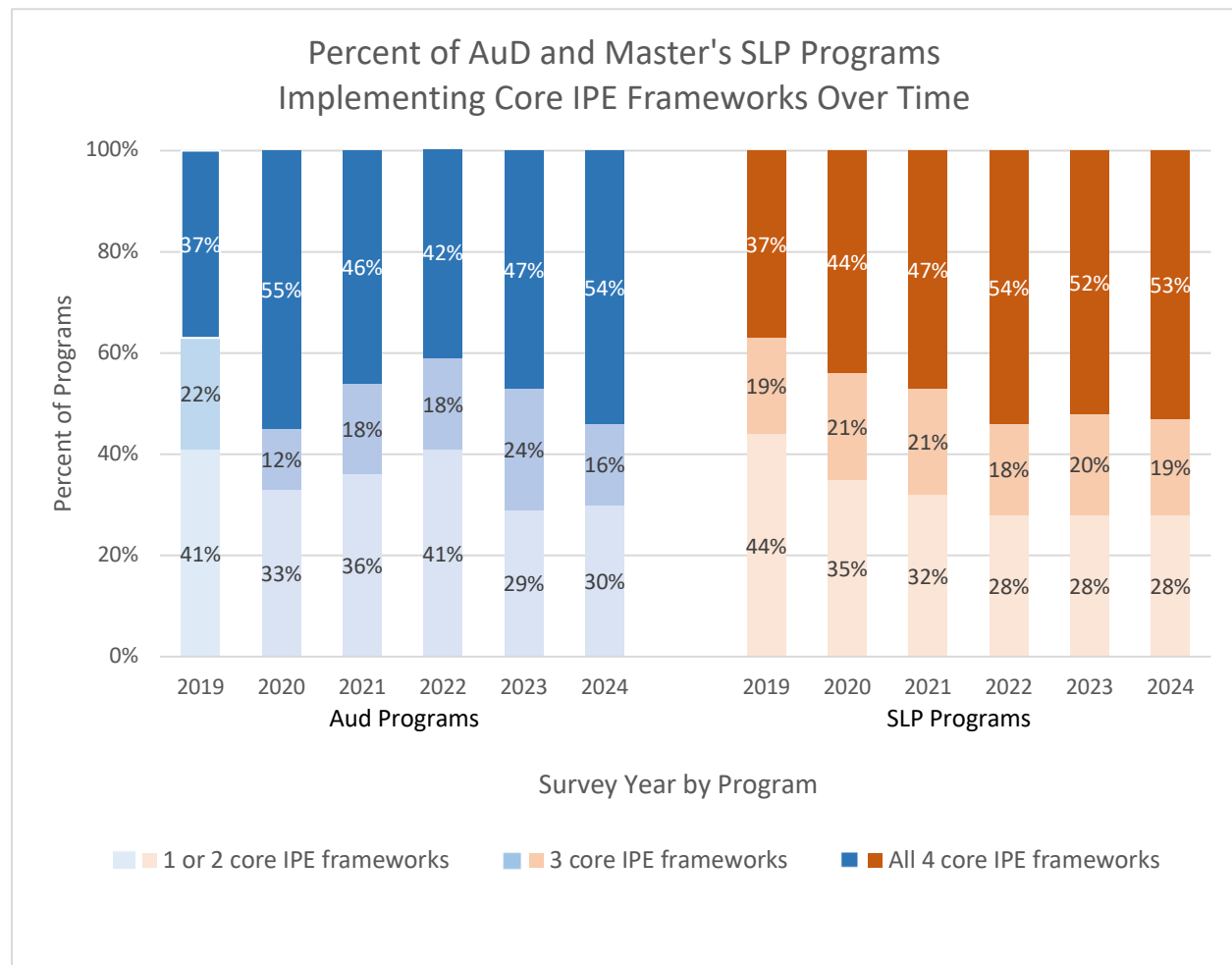2. two or more professions are part of the IPE/IPP approach;

3. IPE/IPP outcomes target a continuum of learning (e.g., attitudes/perceptions, knowledge/skills, performance in practice); and
4. Learning experiences connect IPE/IPP academic learning to clinical practice.

Despite a high percentage of programs (96%) reporting that they implement at least one IPE/IPP approach, as of 2024 only 54% (40/74) of AuD programs and 53% (148/280) of master's speech-language pathology programs incorporate all four of the core IPE framework components representative of exemplary IPE programs into academic and/or clinical curriculum (Figure 4). However, survey responses also indicate a positive shift in the number of core IPE framework components being implemented over time. That is, a decline in implementation of one or two core IPE framework components has occurred for AuD programs—from 41% (28/68) in 2019 to 30% (22/74) in 2024—with a simultaneous increase in the implementation of all four core IPE framework components during the same period—from 37% (25/68) to 54% (40/74). Similarly, a decline in implementation of one or two core IPE framework components has occurred for SLP programs from 44% (112/257) in 2019 to 28% (78/280) in 2024 with an accompanying increase in the implementation of all four core IPE framework components during the same period from 37% (95/257) to 53% (148/280) (see Figure 5).

Figure 4: Percent of entry-level AuD programs and master's speech-language pathology programs that incorporate all four core IPE framework components into academic and/or clinical curriculum (2019–2024).

Note: the number of existing and responding programs varied for each year.

Figure 5: Percent of entry-level AuD programs and master's speech-language pathology programs that incorporate one or two, three, or all four core IPE framework components into academic and/or clinical curriculum (2019–2024).

Percent of AuD and Master's SLP Programs Implementing Core IPE Frameworks Over Time

Legend:
- 1 or 2 core IPE frameworks
- 3 core IPE frameworks
- All 4 core IPE frameworks

AuD Programs:
- 2019: 41%, 22%, 37%
- 2020: 33%, 12%, 55%
- 2021: 36%, 18%, 46%
- 2022: 41%, 18%, 42%
- 2023: 29%, 24%, 47%
- 2024: 30%, 16%, 54%

SLP Programs:
- 2019: 44%, 19%, 37%
- 2020: 35%, 21%, 44%
- 2021: 32%, 21%, 47%
- 2022: 28%, 18%, 54%
- 2023: 28%, 20%, 52%
- 2024: 28%, 19%, 53%

Y-axis: Percent of Programs
X-axis: Survey Year by Program

Appendix:
2024 *CSD Education Survey* IPE/IPP Survey Questions

Does the degree program employ interprofessional education or interprofessional practice (IPE/IPP) approaches in the academic and/or clinical curriculum?

☐ Yes
☐ No
☐ Data not available

Please indicate the IPE/IPP approaches that are employed. (Select all that apply.)

IPE/IPP Framework

☐ Explicit IPE learning constructs, competencies, and outcomes are targeted in IPE learning activities (e.g., Interprofessional Education Collaborative [IPEC] Core Competencies)
☐ Two or more professions are part of the IPE/IPP approach
☐ IPE/IPP outcomes target a continuum of learning (e.g., attitudes/perceptions, knowledge/skills, performance in practice)
☐ Connecting IPE/IPP academic learning to clinical practice
☐ Instructing about the role and responsibility of interprofessional teams in changing systems and policies to achieve greater diversity, and equitable and inclusive service delivery outcomes

IPE/IPP Experiences and Methods

☐ Combining faculty across disciplines to teach courses that apply across multiple disciplines
☐ Integrating students from two or more professions in interprofessional coursework
☐ Case-based learning using an interprofessional team approach
☐ Problem-based learning using an interprofessional team approach
☐ Clinical practica using interdisciplinary teams or cases
☐ Simulations using an interprofessional team approach
☐ Conducting grand rounds with two or more professions participating
☐ Conducting a debrief period with students and facilitators after IPE learning activity
☐ Interprofessional research projects
☐ Journal groups that include two or more professions
☐ Interprofessional service learning projects
☐ IPE events (e.g., 1-day IPE events or workshops)
☐ Other (please specify) _____