INTERPROFESSIONAL
PRACTICE & EDUCATION
LEXICON 2.0

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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 about interprofessional collaboration. A common lexicon provides 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.

In May 2020, the NAP Executive Committee assembled a Task Force with a defined purpose to develop a common NAP Lexicon to describe the terminology used across and within the organization and that would be used consistently across and throughout our communications, including publications, committees/task forces/shared work groups, and other associated products and services.

The Task Force identified key stakeholders and organizations working in the field, including individuals using and those providing interprofessional care and service, as well as policy makers and potential funders to inform their work. Additionally, the Task Force reviewed related and relevant documents, as well as the literature, to assemble this document. The Task Force took a global perspective wherever available to generate a Lexicon to support NAP’s work to advance advocacy, education, practice, public policy, and research; however, the Task Force appreciated that ongoing input from the Academies is needed. As such, the Lexicon is intended as an iterative document that will be reviewed and refined systematically to add clarity over time by the Academies of NAP.
With these considerations in mind the proposed lexicon is currently divided into the following categories:

- Terms describing the work of interprofessional collaboration in advocacy, education, practice, or research.
- Terms describing work that is related to, but not synonymous with interprofessional collaboration in advocacy, education, practice, or research.
- Terms describing those who do the work of interprofessional collaboration in advocacy, education, practice, or research.
- Terms describing the processes involved in the work of interprofessional collaboration in advocacy, education, practice, or research. ('One Health', as used by veterinary medicine and others, is often synonymous with 'interprofessional collaboration'.)

In May 2022, a Work Group was created [Lexicon 2.0] to review and to update the definitions and terminology utilized in the communications among healthcare professionals from the different academies of the National Academies of Practice. The original document was developed in 2020 as a dynamic lexicon to foster clarity, inclusion, and to adapt to the evolving nature of healthcare.

The 2022 Work Group updated terminology to include identified synonyms, created visual graphics to represent the lexicon, and recommended inclusion of 'holistic health approaches', such as 'One Health' terminology, as emerging terminology related to IPP/IPC. In addition, the Justice, Equity, Diversity, and Inclusion Task Force interfaced with the Lexicon 2.0 Work Group to include the commitment to justice, diversity, equity, and inclusion among the disciplines represented as academies within the National Academies of Practice. This document includes an integrated statement based upon the documents available from professional associations represented by each Academy.
For the purposes of NAP Academies seeking transparency, inclusivity, and full representation, including communication with accrediting bodies for academic and healthcare clinical programs, the following terms are defined:

- Those for whom we are providing care may be referred to as "consumer," "patient," "client," "service user" and/or "resident."
- Those for whom we are providing education may be referred to as "student" and/or "learner."
- Those providing care for a patient and/or client may be referred to as "carer," "caregiver," "family," "friend" and/or "service provider."
- Actions involved in caring for a patient and/or client may be referred to as "care" or "service."
- The following terms may be used for a variety of reasons by different disciplines or professions or in different contexts:
  - consumer (is) (used in many settings including mental health)
  - healthcare provider(s); healthcare worker(s); healthcare workforce; health professional(s); health worker(s)
  - individuals; people; person(s)
  - practitioner(s); social care provider(s)
- Healthcare is an element of social determinants of health as defined by Healthy People 2030. Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Definitions with a term followed by another term in parentheses are intended to show more inclusive (common, less inclusive) use.

Lexicon Sections: Interprofessional Collaboration (IPC) Categories*

*Note: Readers should appreciate that categories are NOT mutually exclusive; IPC activities can be a mixture among categories.
The National Academies of Practice recognizes the importance of understanding and applying the lens of justice, equity, diversity and inclusion for the IPE/IPCP work.

As NAP members, we affirm the value and pledge to promote diversity, equity, inclusion, anti-racism, belonging, access, and multiculturalism awareness and activities. We 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, diversity, equity, inclusion, and access to healthcare;
- 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 our constituents and reflecting this in the leadership positions within our organization; increasing transparency and accountability on diversity, equity, inclusion, and access; and providing programming, scholarship, research, and resources to support cultural humility and linguistic variance competency; and
- fostering an inclusive community and leverage diversity of thought, background, perspective, and experience through cultivating an inclusive and welcoming environment.

Justice, Equity, Diversity, and Inclusion resources related to the NAP Academies:

- National Athletic Trainers' Association
- American Association of Colleges of Nursing
- American Occupational Therapy Association
- American Association of Colleges of Pharmacy
- American Speech-Language-Hearing Association
- American Physical Therapy Association
- American Podiatric Medicine Association
- American Psychological Association
- National Association of Social Workers
- American Academy of Audiology
- American Academy of Optometry
TERMS INCLUDED

ACADEMIES
ADVOCACY
APPROACHES TO HOLISTIC HEALTH
CARER
CASE-BASED LEARNING (CBL)
CLIENT (PATIENT)-CENTERED CARE
COLLABORATION OF HEALTH TEAM
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 ELECTRONIC MEDICAL RECORD
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INTERPROFESSIONAL EDUCATION
INTERPROFESSIONAL EDUCATION: INTERNATIONAL / GLOBAL HEALTH EXPERIENCE
THE WORK

Terms describing the work of interprofessional collaboration in advocacy, education, practice, or research.

Terms describing work that is related to, but not synonymous with, interprofessional collaboration in advocacy, education, practice, or research.

**Advocacy**
Regarding issues that affect patient and healthcare teams

**Practice**
Demonstrate knowledge and skills in the 4 core competencies of IPECP

**Interprofessional Collaboration**

**Education**
Learning from, with, and about other professions to improve outcomes (IPE)

**Research**
Provide evidence of best practices implementing IPECP to improve health outcomes
**ADVOCACY**

Education and information 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, therefore, fulfilling NAP's purpose and mission.

**EVIDENCE-BASED PRACTICE**

The integration of professional (clinical) expertise, client (patient) values, and the best research evidence into the decision-making process for person-centered care. Professional (clinical) expertise refers to the practitioner's cumulated experience, education, and clinical skills. The client (patient), animals/wildlife, livestock, and owners bring their own personal and unique concerns, expectations, and values to the encounter. The best evidence is usually found in professionally (clinically) relevant research that has been conducted using sound methodology.

**FAMILY-CENTERED CARE**

An approach to the planning, delivery, and evaluation of care that is grounded in mutually beneficial partnerships among healthcare providers, patients, clients, and families that redefines the relationships in healthcare by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all settings.

In client (patient)- 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. A key goal is to promote the health and well-being to maintain their control.

**INTERAGENCY OR INTERAGENCY COLLABORATION**

Occurs when people from different organizations, produce something through joint effort, resources, and decision-making, and share ownership of the final product or service.
INTERPROFESSIONAL
Occurring between or involving two or more different professions or professionals.

INTERPROFESSIONAL ADVOCACY
Two or more professions or professionals providing education and information 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 using available research, expertise, and collaborative relationships to bring an interprofessional voice/perspective, therefore, fulfilling NAP’s purpose and mission.

INTERPROFESSIONAL COLLABORATION
Partnership between a team of health providers and a client in a participatory, collaborative, and coordinated approach to shared decision-making around health and social issues.

Domain framework by Interprofessional Education Collaborative (IPEC) with topics of team/teamwork, values/ethics, roles/responsibilities, and interprofessional communication.

INTERPROFESSIONAL COLLABORATIVE PRACTICE
Occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients/clients, their carers, and communities to deliver the highest quality of care across settings.

Extension of interprofessional education into practice environments.
INTERPROFESSIONAL EDUCATION
Occasions where learners (students, residents, and/or health workers) of two or more professions learn with, from, and about each other to improve collaboration and the quality of care and services. (Students from only one profession learning from instructors of another professional is not interprofessional education).

INTERPROFESSIONAL POLICY
A course or principle of action proposed or adopted by a government, business, or individual targeted to supporting the implementation of interprofessional collaborative practice, education, and/or scholarship.

INTERPROFESSIONAL TEAM
Where healthcare workers from at least two professions work collaboratively with clients and their caregivers to accomplish shared goals within and across settings to achieve coordinated, high-quality care.

RELATIONSHIP-CENTERED CARE
Involving the client in a shared decision-making process, taking into account their perspectives and the human-human and human-animal bond, in order to produce the optimal outcomes for the animal and build a trusting and long-lasting relationship that facilitates care.

DISCIPLINE / DISCIPLINARY
Branch or domain of knowledge, instruction or learning resulting in specialization and role differentiation. A discipline creates a singular unit of study in academia or practice in healthcare systems and as a designation of occupational and professional roles.
INTERDISCIPLINARY

Collaborative efforts undertaken by individuals from different disciplines (such as psychology, anthropology, economics, geography, political science, and computer science) who work together on the same project/issue to analyze, synthesize, and harmonize links between them into a coordinated and coherent whole. Team members work individually in their discipline and treat in parallel.

In healthcare settings, this term has historically been used erroneously in place of interprofessional (e.g., in medicine, it can refer to work among professionals from the same profession but different specialties).

The difference with IPCP is that the professionals work individually in their discipline and treat in parallel.

INTRAPROFESSIONAL / UNIPROFESSIONAL

Occurs between individuals from the same profession (can be synonymous with interdisciplinary if it is the same profession; e.g., cardiologist and oncologist are both physicians).

MULTIDISCIPLINARY

Activities performed by members from different academic disciplines (psychology, sociology, epidemiology, informatics) who work independently, in parallel, or sequentially on different aspects of a project within their disciplinary boundaries. (e.g., in medicine, it can refer to collaborative work for individual patients by professionals from the same profession but different specialties such as a family medicine physician and cardiologist caring for a patient experiencing a myocardial infarction, or an oncologist and surgeon treating a patient with cancer).

TRANSDISCIPLINARY / TRANSPROFESSIONAL

An evolution in the team approach where team members share knowledge, skills, and responsibilities across disciplinary boundaries with a certain amount of boundary blurring between disciplines and implies cross-training and flexibility in accomplishing tasks.
Terms describing those who do the work of interprofessional collaboration in advocacy, practice, or research.
ACADEMIES
NAP shall consist of multiple, individual professional sections, to be called Academies. Each Academy shall represent a healthcare or/and health-related profession in the United States that:

- Demonstrates evidence of being 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

CARER
A person or animal that takes care of another person or animal. Synonyms include caregiver and caretaker.

COLLABORATIVE PRACTICE-READY
Refers to individuals/students who feel and demonstrate competence and confidence in working collaboratively within an interprofessional team, to improve quality of care and/or to address the quintuple aim.

DISCIPLINE
A branch of knowledge, typically one studied in higher education.

EDUCATOR
Person who formally teaches others. This person has prior experience, and most likely an appointment at a higher learning institution. Further, this person has training (whether graduate school and/or professional development) in various approaches to teaching and learning (pedagogy).
FACILITATOR

Person (often but not always an educator) who is skillful at eliciting engagement and/or action among participating learners for achieving a goal or educational outcome.

Note: Other terms may include coach, mentor, etc., and may depend on the medical or educational setting.

Caution: this label can be considered pejorative as suggesting a facilitator provided limited (or no) involvement in planning or developing the activity. Skilled facilitators may have received formal training, and they may be the individuals who plan or developed the activities.

HEALTH PROFESSIONAL

A health professional is a person trained to work in a health or health-related field.

PRECEPTOR

An experienced practitioner 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. This is a type of educator.

This person can also be called a supervisor, clinical or field instructor, or fieldwork educator.

PROFESSION

Occupational group who in general provides services to others. A profession has a social contract with society; it has obligations/expectations to society such as providing care with esoteric knowledge/skills and gets rewards from society such as monopoly and remuneration. In NAP’s organization, ‘profession’ is equivalent to “Academy”.

A team is two or more individuals with specified roles interacting adaptively, interdependently, and dynamically toward a common and valued goal. However, one important lesson that can be derived from existing research is that effective teams require more than just taskwork (e.g., “interactions with tasks, tools, machines, and systems”).

Teams do more than simply interact with tools; they require the ability to coordinate and cooperatively interact with each other to facilitate task objectives though a shared understanding of the team’s resources (including team-members’ knowledge, skills, and experiences), the team’s goals and objectives, and the constraints under which the team works.

Essentially, teams also require teamwork.

Member of a team that has a commitment to or role in ensuring the team succeeds with shared goals, tasks, duties, and projects.
THE PROCESS

Terms describing the processes involved in the work of interprofessional education pedagogy.

Interprofessional Education: international/global health experience Pedagogy

- Simulation Learning
- Clinical Observation Learning
- Experiential Learning
- Case-based Learning
- Service Learning
CASE-BASED LEARNING (CBL)

A broad approach used across disciplines where learners and/or students apply their knowledge to real-world scenarios, promoting higher levels of cognition (per Bloom’s Taxonomy). In CBL classrooms, students often work in groups on case studies, stories involving one or more characters, and/or scenarios.

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, which 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.

LEVELS OF INTERPROFESSIONAL PRACTICE AND EDUCATION INTEGRATION

Exposure level: Consists of introductory learning activities that provide learners with the opportunity to interact and learn from professionals and peers from disciplines beyond their own. The desired outcome for activities offered at the exposure level is that learners will gain a deeper understanding of their own profession while gaining an appreciation for the perspective and roles of other professions.

Immersion level: 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 are applying learning during the activity. The desired outcome for activities offered at the immersion level is that learners will develop critical thinking skills as part of an interprofessional view that incorporates multiple perspectives, and acknowledges and encourages diversity in providing quality health and human services.

Competence level: Consists of practice-ready learning activities where learners will integrate their interprofessional education and collaborative knowledge and skills in an authentic team-based care environment. These activities will have learners actively engaged in team decision-making around patient/client, family, and/or community care. The desired outcome for activities offered at the competence level is development of competent practice-ready healthcare providers.
**SERVICE LEARNING**
A form of experiential education in which two or more professions engage in activities that address human and community 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.

**SIMULATION LEARNING**
The process wherein trainees practice a procedure or routine in an immersive, guided, replicated, learning environment before treating actual patients/clients. Simulations attempt to replace or augment real-world encounters with standardized, guided experiences that evoke or replicate substantial aspects of patient care in a fully interactive manner for all learners to experience the same.

**TEAM-BASED LEARNING (TBL)**
Can loosely be regarded as one type of CBL. However, TBL is a very specific approach involving multiple small teams of (6-10) students. In TBL, students take a quiz individually before a session (Individual Readiness Assurance Test) and then as a team (Team Readiness Assurance Test). Thereafter, student teams work through a case, and then large-group discussion ensues from a course instructor. This could involve a didactic class session of, for example, 150 students divided into 15 small teams, with 10 students per team.

**OBSERVATION LEARNING**
Method of learning that consists of observing and modeling a professional’s behaviors, attitudes, or emotional expressions. Four conditions are necessary in any form of observing and modeling behavior: attention, retention, reproduction, and motivation. It may also be referred to as ‘shadowing.’

**PROBLEM-BASED LEARNING (PBL)**
Can be loosely regarded as one type of CBL. However, PBL uses discovery learning where learners devise their own learning objectives based on problems from the case. (PBL started in medical education but is used more broadly now). Student teams work together, learn together, and work through a pre-defined case with their small-group facilitator. This involves only a small team and PBL facilitator.
Terms defining the features/components involved in the work of interprofessional collaboration in advocacy, education, practice, or research.
APPROACHES TO HOLISTIC HEALTH

Some of the approaches include One Health, EcoHealth, Planetary Health, and One Welfare. Each of these approaches to holistic health align with NAP vision and mission due to their foundational reliance on interprofessional collaborative practice to achieve goals.

For further exploration, reference the following sites:

- CDC - One Health
- The Lancet - Planetary Health
- EcoHealth Alliance - EcoHealth
- One Welfare - One Welfare
- CDC - Global Health

Note: The reference to holistic health should not be confused with complementary alternative practices.

CLIENT (PATIENT)-CENTERED CARE

Providing care in ways that are respectful of, and responsive to, individual preferences, needs and values, and ensuring that those receiving care or their advocates participate in decision-making.

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.
COORDINATION OF HEALTH PROFESSIONALS
Organizing people or groups so that they work well together (teamwork and thoroughness). Coordinating interprofessional practice involves overseeing the implementation of the plans ensuring the efficiency of the team’s work. Coordination is one of the core tasks for interprofessional teamwork along with collaboration and networking.

COMMUNICATION TECHNOLOGY BASED SERVICES (CTBS)
A subset of telemedicine/telehealth services with separate rules for professional use and collaboration.

COORDINATION OF HEALTH TEAM
Working jointly with others or together especially in an intellectual endeavor. Interprofessional collaboration is the overarching domain encompassing the core competencies for interprofessional practice: values and ethics for interprofessional practice; roles and responsibilities for collaborative practice; interprofessional communication practices; and interprofessional teamwork and team-based practice.

Collaboration is one of the core tasks for interprofessional teamwork along with coordination and networking. Of the key elements that contribute to the functioning shared accountability and interdependence between individuals and having clear roles/goals. The health care workers are responsible for adjusting their actual working together based on personal and professional boundaries, overlap or absence of personal or professional skills, and other behavioral interactions consistent with the core competencies and to achieve the healthcare outcomes.

ELECTRONIC HEALTH RECORD
A digital record of health information that enables streamlined sharing of updated, real-time information, may include access to tools that providers can use for decision-making, and can move with the patient or client.

Note: 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.
HEALTH PARTNERSHIP
Refers to the interactive relationship between a healthcare provider and the recipient of care, the former advising on optimal strategies for improving or maintaining health, and the latter following the advice and taking charge of his or her own health.

May also include forums which meet periodically throughout the year with the broad role to agree on the vision, priorities, and plans for programs of health action.

INTERPROFESSIONAL EDUCATION: INTERNATIONAL / GLOBAL HEALTH EXPERIENCE
Enables health care learners from all levels of training to:

- provide care in emergent situations, health outreach, and prevention; and
- provide opportunities for skill development in communication skills [spoken, body language, eye contact, hand gestures], understanding different approaches to patient/client management and medical support, and seek to develop teamwork, functional dynamics and understanding the impact of socioeconomic factors on health care.

INTERPROFESSIONAL EVENT, INITIATIVE, ACTIVITY
Experiences wherein people from two or more different 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].
INTERPROFESSIONAL TEAMWORK
Complex process in which multiple health professionals work together to provide a satisfactory experience for the patient/client 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.

NETWORK
A group or system of interconnected people [noun]; interact with others to exchange information and develop professional or social contacts.

NETWORKING
The exchange of information or services among individuals, groups, or institutions. This may include members with specific skills or expertise in sharing useful information about a clinical question (e.g., public health workers discussing a community health issue).

Networking is also a task within interprofessional teamwork.

PERSON-CENTERED CARE
An approach to practice established through the formation and fostering of therapeutic relationships between all care providers, patients, and others significant to them in their lives.

Person-centered care is a holistic approach which includes the person’s context and individual expression, preferences, and beliefs. All who are involved in the person’s care are included as well as those who are not living with illness, as well as prevention and promotion activities.

PLAN OF CARE / PLAN OF TREATMENT
A record of intended actions planned for the care of a patient or client and designed to facilitate communication among members of the team, including the providers and the care recipient.
QUINTUPLE AIM
Improving population health by (a) enhancing clients’ (patients’) care experience, (b) fostering better outcomes for clients (patients), (c) reducing costs, (d) promoting workforce well-being, and (e) promoting health equity.

Note: This evolved from the triple aim [2008] to the quadruple aim (2014) to the quintuple aim (2022).

ROLE RELEASE
Team members put newly acquired techniques into practice under the supervision of team members from the profession (or discipline) that has accountability for those practices.

SCOPE OF PRACTICE
Specifies the extent of privileges permitted by state law based on specific criteria such as education, training, experience, and special qualifications.

SHARED DECISION-MAKING
Discussion between health professionals and client (patient) concerning the course of the condition and treatment options with available evidence. The client (patient) discusses living circumstances and wishes and desires concerning the options presented.

TELEPRACTICE
Telepractice is defined as the provision of professional service over geographical distances by means of modern telecommunications technology. This generic term includes, for example, telehealth, teletherapy, teledentistry, telemedicine, telenursing, and telecare.

https://thesaurus.yourdictionary.com/telemedicine
REFERENCES & RESOURCES


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JUSTICE, EQUITY, DIVERSITY, & INCLUSION RESOURCES


The Safe Zone Project: thesafezoneproject.com

Gay, Lesbian & Straight Education Network (GLSEN): glsen.org

Gay Straight Alliance for Safe Schools (GSAFE): gsafei.org

Harvard Project Implicit: Implicit Association Test (IAT)

Human Rights Campaign (HRC): hrc.org

Lambda Legal: Health Care Fairness Survey Results: When Health Care Isn’t Caring: Transgender and Gender-nonconforming People.


NATA Ethnic Diversity Advisory Committee (EDAC): Resources to Support the AAPI Community

National Athletic Trainers' Association: LGBTQIA+ Terminology 101

Parents, Families, and Friends of Lesbians and Gays (PFLAG): pflag.org

Racial Equity Tools: racialequitytools.org

Saint George's University of London: Mind The Gap: a handbook of clinical signs on black and brown skin

The Center for American Progress (CAP): How to Close the LGBT Health Disparities Gap

The Communications Network: Diversity, Equity, Inclusion Resources


University of Southern California: Diversity Toolkit: A Guide to Discussing Identity, Power and Privilege

U.S. Department of Health & Human Services: LGBT Health and Well-being

NATIONAL ACADEMIES OF PRACTICE
LEXICON 2.0 WORK GROUP MEMBERS

Angela M. Cecil, PhD, MBA, OTR
Associate Clinical Professor; Director of Experiential Learning
School of Occupational Therapy, Texas Woman's University

D. Lynn Jackson, PhD, LCSW, ACSW, FNAP
Assistant Dean for Strategic Initiatives;
Professor of Professional Practice; Director of Field Education
Texas Christian University

Denise A. Ludwig, PhD, CCC-SLP, FNAP, ACUE (Chair)
Professor
College of Health Professions, Grand Valley State University

Dani Moffit, PhD, LAT, ATC, FNAP
Program Director, Master of Science in Athletic Training
College of Education, Idaho State University

Bre Myers, Aud, PhD, CH-AP
Associate Professor; Assistant Dean for Foundations
Osborne College of Audiology, Salus University

Michael J. Peeters, PharmD, MEd, PhD, FCCP, FNAP
Director of Interprofessional Education
College of Pharmacy and Pharmaceutical Sciences, University of Toledo

Andrea Pfeifle, EdD, PT, FNAP
Associate Vice Chancellor for Interprofessional Practice and Education
Professor, Family and Community Medicine
The Ohio State University and Wexner Medical Center

Patricia C. Sanchez-Diaz, PhD, DVM, FAAO
Professor
Rosenberg School of Optometry, University of the Incarnate Word

Erica Thornton, DAT, ATC, LAT
Assistant Professor
Congdon School of Health Sciences, High Point University

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