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# Navigating an interprofessional curriculum: the interprofessional education passport and the quest for an interprofessional identity

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## ABSTRACT

Interprofessional education (IPE) is recognized globally as essential for preparing healthcare students to collaborate effectively in practice. A critical but underexplored aspect of IPE is the development of an interprofessional identity. However, many curricula still prioritize competency-based outcomes, creating a gap in addressing identity formation. The University of the Western Cape employed an IPE passport to develop students' interprofessional identity. We aimed to evaluate whether the IPE passport effectively develops and assesses students' interprofessional identity. Using a document analysis design, IPE student guides, booklets, and rubrics were systematically assessed through a four-step methodology against the Interprofessional Socialisation Framework and the IPE passport's activities were assessed against Rubric Interprofessional Identity Development's criteria. Findings revealed a disconnect between competency-focused assessment and identity-focused outcomes, highlighting the need for intentional scaffolding of identity development throughout the curriculum. In response, an IPE Passport model is proposed, integrating Interprofessional Entrustable Professional Activities and combining analytic and holistic rubrics to support identity-based assessment. This approach reframes assessment as not only measuring what students can do, but also who they are becoming as collaborative practitioners. This study demonstrates how theoretically grounded tools can guide institutions in embedding interprofessional identity development into IPE curricula, particularly in resource-constrained contexts.

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## Introduction



Interprofessional Education and Collaborative Practice (IPECP) is widely recognized as a transformative innovation aimed at improving patient health outcomes, optimizing healthcare delivery, and fostering collaborative work environments (Khalili et al., 2019). Its success hinges on a shift in health professions education (HPE) from discipline-specific training to interprofessional learning experiences. Effective interprofessional education (IPE) dismantles myths and misconceptions about disciplinary roles, promoting a shared understanding of teamwork, values, and communication (Khalili et al., 2013). These shifts not only foster interprofessional collaboration but also encourage students to begin seeing themselves as part of interprofessional teams (Salvatori et al., 2007). Globally, universities have responded by embedding IPE into their curricula (Dyess et al., 2019), allowing students from diverse professions to learn with, from, and about each other to improve patient care and collaboration (Centre for the Advancement of Interprofessional Education, 2016; World Health Organisation [WHO], 2010).

Despite widespread adoption of IPE in health professions curricula, the mechanisms through which these educational experiences translate into sustained collaborative practice remain underexplored. One critical factor is the development

of an interprofessional identity, which is a sense of belonging and identification with interprofessional teams alongside one's professional identity (Khalili et al., 2013). In examining interprofessional identity, it is important to distinguish it from related but distinct constructs such as competence and attitudes. Although these terms are often used interchangeably in the literature, each has unique implications for research and practice. Conceptual clarity allows for more rigorous evaluation and comparison across studies. To guide this study, the following operational definitions were adopted (Table 1).

## Background

At the University of the Western Cape (UWC) in South Africa, a longitudinal, scaffolded IPE curriculum (Figure 1) was introduced to promote collaborative-ready students through structured learning activities aligned to four core interprofessional competency domains: communication, values and ethics, teams and teamwork, and roles and responsibilities (Africa et al., 2024; Interprofessional Education Collaborative, 2016). Students involved in the IPE curriculum include physiotherapy, occupational therapy, nursing, dietetics and nutrition, sports recreation and exercise science, natural medicine, social work, dentistry, oral

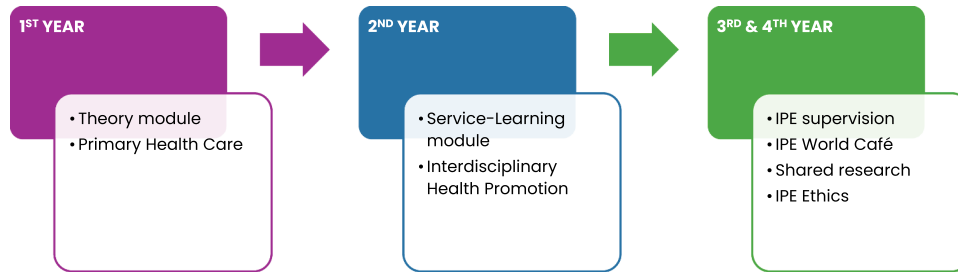
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**Table 1.** Operational definitions.

Concept	Definition	Measurement tool
Interprofessional Identity	How a professional perceives themselves in relation to others in an interprofessional team	<b>Development:</b> Interprofessional Socialisation Framework <b>Assessment:</b> Rubric Interprofessional Identity Development
Competence	Observable knowledge, skills, and attitudes for effective interprofessional collaboration	Interprofessional Education Collaborative Core Competencies Framework
Attitude	Predispositions toward IPECP, which serve as a precursor to competence development and identity development	Interprofessional Education Collaborative Core Competencies: Specific sub-competencies

**Figure 1.** Undergraduate interprofessional Education curriculum at University of the western Cape.

hygiene, and pharmacy. However, as the theoretical and practical understanding of interprofessional learning evolved, it became clear that merely developing and assessing competencies was insufficient. The field shifted toward recognizing interprofessional identity as a distinct, developmental outcome requiring intentional socialization through the curriculum (Cantaert et al., 2023; Khalili et al., 2013). Driven by the concept of identity, UWC curriculum developers introduced the IPE Passport, a portfolio-like mechanism tracking undergraduate health and social science students' interprofessional engagement and progression across compulsory and elective interprofessional learning activities.

In this metaphorical journey, the university functions as the *airline*, responsible for guiding students through the appropriate *stopovers* along the continuum of learning toward their *destination*: collaborative practice. At each stage of their journey, upon successful completion of a learning activity within the scaffolded curriculum, students receive a *stamp* in their passport from lecturers and tutors, acting as *border control*. The full collection of these stamps, accumulated throughout the undergraduate programme, serves as evidence of the student's interprofessional identity development.

By the time of graduation, a student's IPE passport consists of two compulsory submissions and two voluntary-participatory submissions. The mandatory components are completed during the first 2 years of their respective academic programs. In their first year, students complete a theory module that introduces concepts such as health and wellbeing, interprofessional teams, primary health care, community development, and ethics. In the second year, they participate in a service-learning module that adopts a school-setting approach to illustrate how psychosocial factors influence individual and population health. This module also demonstrates how interprofessional collaboration can be applied to implement the five health promotion action areas outlined in the Ottawa Charter (WHO, 2012). The introduction of the health

promotion action areas is important as it aligns with the comprehensive primary health care framework adopted by South Africa. In this framework, there are five components: curative, promotive, rehabilitative, preventative, and palliative.

In their senior years, students participate in a shared research module, where they are introduced to research concepts and theories. They also work interprofessionally to develop a collaborative research proposal. Additionally, students engage in learning and teaching activities where they apply IPE theory in clinical practice, community projects and research. This is achieved through interprofessional clinical and community supervision, as well as IPE World Cafes (Kock et al., 2020). At UWC, the IPE World Cafes offer a workshop-style event that enables students and staff to engage on an interprofessional platform. These activities were designed to develop and enhance interprofessional core competencies. Evaluating the acquisition of these core competencies is insufficient on its own. Therefore, it is also crucial to determine whether the curriculum effectively fosters the utilization of discipline-specific expertise to recognize and benefit the interprofessional team. Interprofessional supervision takes place in both clinical and community settings, where students engage with patient cases in real-world settings alongside students from different disciplines. The IPE World Cafés are virtual, facilitated events that bring together students and staff from various higher education institutions worldwide. These interprofessional teams engage in small-group discussions around patient cases, utilizing the World Café methodology (Kock et al., 2020). These learning and teaching activities were all designed to develop and strengthen interprofessional core competencies. Although they support competency development, it remains essential to assess whether the curriculum also fosters students' ability to draw on their discipline-specific expertise within an interprofessional context. In other words, evaluating competency alone is insufficient; whether the curriculum is cultivating an interprofessional identity that enables students to recognize

and enact their roles in ways that benefit the entire team must also be considered.

This gap in evaluation may stem from HPE's previous emphasis on discipline-specific education, which primarily fostered the development of professional identities (Khalili et al., 2013). However, the isolated formation of these uniprofessional identities can hinder interprofessional collaboration (Khalili et al., 2013). In response, HPE has shifted its focus toward cultivating interprofessional identity, which is defined as the understanding and recognition of one's role within an interprofessional collaborative team (Cantaert et al., 2023). Individuals with a well-developed interprofessional identity recognize the value of collaboration, are open to engaging with colleagues from diverse professional backgrounds, and possess the skills and attitudes required for effective teamwork and joint problem-solving (Cantaert et al., 2023).

Importantly, an interprofessional identity cannot be developed in isolation. It builds on the foundation of the professional identity, which provides the expertise and discipline-specific knowledge essential for effective collaboration (Cantaert et al., 2023). Rather than replacing the professional identity, the interprofessional identity expands it to include the shared understanding of the collaborative teamwork aspect necessary for achieving common healthcare goals (Cantaert et al., 2023). Individuals with a well-developed interprofessional identity recognize the value of collaboration and are open to engaging with others from diverse professional backgrounds, and possess the knowledge, skills, and attitudes required for effective teamwork and joint problem-solving (Cantaert et al., 2023).

As UWC's IPE curriculum was historically developed around core competencies, its students were gaining the skills, knowledge, and attitudes necessary for collaborative practice. However, according to Social Identity Theory, individuals' behavior and attitudes are shaped by the strength and content of their social identities (Guan & So, 2022). Therefore, as the application and enactment of these interprofessional core competencies are examined within interprofessional team contexts, it becomes imperative to investigate whether the curriculum is developing and strengthening their social identities.

### **Social identity theory**

The social identity theory explains how individuals understand themselves through their membership in social groups (Guan & So, 2022). It emphasizes that people categorize themselves and others into various social groups, including those based on race, gender, and nationality (Guan & So, 2022). In the context of HPE, it is important to recognize that an interprofessional team should be considered a social group. Although the current curriculum at UWC effectively supports the development of the IPE core competencies, it must also foster a sense of belonging to an interprofessional team. Therefore, the curriculum must be intentionally designed to support socialization across the entire curriculum continuum.

Several theoretical frameworks have been proposed to explain identity development; each offers a distinct emphasis that warrants consideration when designing or evaluating a curriculum. Given the structured and scaffolded nature of

the interprofessional curriculum at UWC, a framework that aligns with its intentional focus on progressive identity development is necessary. The Interprofessional Socialisation Framework by Khalili et al. (2013) offers a staged development lens, which outlines the journey from uniprofessional through to a dual identity, incorporating both professional and interprofessional identities. This progression mirrors the design and intent of the UWC curriculum.

In contrast, the Dual Identity Model, rooted in Social Identity Theory (Guan & So, 2022), emphasizes the concurrent maintenance of professional and interprofessional affiliations. Although valuable, this model may be more appropriate in clinical practice settings where identity negotiation occurs more fluidly and less predictably than in structured educational settings with clear learning outcomes. Frameworks such as Trede (2012) model, based on transformative learning theory, view identity as emerging from spontaneous shifts in perception during experiences like work-integrated learning. However, this model emphasizes isolated learning events rather than sustained curriculum development. Similarly, the Communities of Practice model by Wenger (1999) conceptualizes that identity is co-constructed through informal participation within learning communities, which aligns better with less structured or peer-driven curricula. Given these distinctions, the Interprofessional Socialisation Framework best aligns with UWC's educational context and outcomes. It provides both theoretical clarity and practical resonance for monitoring and supporting students' interprofessional identity development throughout their learning journey.

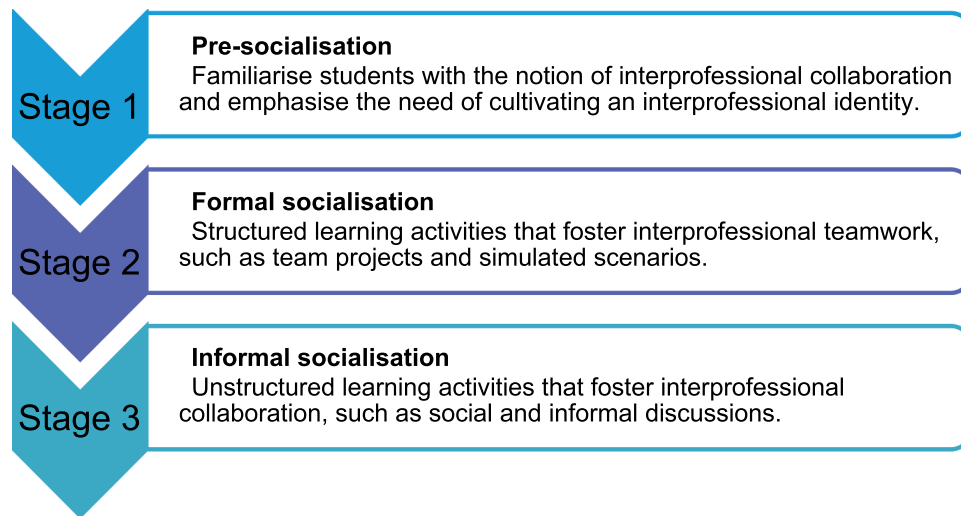
### **Interprofessional identity development**

The Interprofessional Socialisation Framework was adopted as a guiding lens in this study. This choice was informed by the UWC context, which emphasizes staged, curriculum-based interventions designed to foster interprofessional values. The framework's structured progression from uni- to dual-professional, encompassing both professional and interprofessional identities, allowed us to map students' experiences in a manner that aligned with the pedagogical intentions of the study.

The framework outlines a three-stage developmental process for identity formation (Figure 2), offering a scaffold to evaluate the integration of interprofessional values within existing curricula. As discipline-specific education remains at the forefront of health professions training, it is essential to consider how existing curricula facilitate the development of an interprofessional identity. Therefore, the three stages of the interprofessional socialization framework can be used to determine if the IPE curriculum at UWC is effective in developing an interprofessional identity in health professions students.

### **Interprofessional identity assessment**

In addition to supporting interprofessional identity development, it is essential to determine whether the assessment points within the IPE passport effectively measure this development. In response to the absence of a standardized tool for assessing interprofessional identity, Cantaert et al. (2023)



**Figure 2.** The three stages of the interprofessional Socialisation framework. Khalili et al. (2013).

developed the Rubric InterProfessional Identity Development (RIPID). RIPID enables the formative assessment of students' work, focusing on the extent to which interprofessional identity is being formed (Cantaert et al., 2023). This rubric comprises eight criteria that assess the development of an interprofessional identity in students. These criteria are intended to be universally adaptable to various contexts and assignments (Cantaert et al., 2023). They can be used to evaluate the progress of interprofessional identity formation in students with diverse professional backgrounds and educational levels (Cantaert et al., 2023).

The rubric comprises eight criteria that capture the key dimensions of interprofessional identity (Figure 3). These include the ability to recognize one's own identity and that of others, demonstrate effective interprofessional communication, engage in shared decision-making, and prioritize ethical patient-centered care. RIPID is universally adaptable across educational contexts, disciplines, and levels of training (Cantaert et al., 2023)

Using the interprofessional socialization framework and RIPID, we aimed to explore whether the IPE curriculum at UWC is developing and assessing the interprofessional



**Figure 3.** The rubric InterProfessional identity development criteria. Cantaert et al. (2023).

identity of students. To achieve this, the study had the following objectives:

- (1) To evaluate the alignment of the scaffolded curriculum with the three stages of the interprofessional socialization framework.
- (2) To assess the extent to which the activities included in the IPE passport meet the eight criteria outlined by the Rubric InterProfessional Identity Development.

This study not only evaluates how the IPE curriculum fosters interprofessional identity development and assessment but also speaks to its broader implications for curriculum navigation. By critically examining the UWC IPE curriculum through the lens of the interprofessional socialization framework and the RIPID, informed decisions can be made about whether the current educational path adequately prepares students for collaboration, or whether a re-routing of the metaphorical journey is needed. In this way, the findings serve as a compass for future curriculum planning, ensuring that both professional and interprofessional identities are meaningfully integrated.

## Methods

The research method used in this study was a qualitative document analysis. Document analysis is a systematic method of examining or assessing documents (Bowen, 2009). It can be used to establish contexts (Bowen, 2009). In their study, Filies and Kock-Africa (2022) employed document analysis to assess how a module within the IPE curriculum at UWC fosters collaboration. Thus, the researchers deemed it appropriate to use document analysis to gain a comprehensive understanding of how the IPE curriculum promotes the development of interprofessional identities in students. Dalglish et al. (2020) introduced a 4-step methodology for document analysis, consisting of the following stages: (1) document preparation, (2) data extraction, (3) data analysis, and (4) refinement of findings.

### Document preparation

The documents employed were prepared to meet each study objective.

### Objective 1

Four documents from the learning and teaching activities included in the study were used. Two of these documents are student guides from the first and second-year modules. These student guides are provided to all students enrolled in the respective courses and outline the learning outcomes, activities, and assessments associated with each course. Following course evaluations by students and teaching staff, the student guides are revised annually. The 2023 student guides were used in this study. The final two documents employed in Objective 1 are the Interprofessional Education Supervision and Interprofessional World Café information booklets, which expand on the various supervision and café formats and their associated learning outcomes. An interprofessional team of

educators from health and social science professions created these documents, and a faculty assessment committee approved them.

### Objective 2

The IPE Portfolio information document is given to students when they start the interprofessional curriculum. The document provides an extensive background on the curriculum. Additionally, the assessment and its associated rubric are provided for each learning and teaching activity.

### Data extraction

Various methods can be employed to extract data from documents, which are dependent upon the research question (Dalglish et al., 2020). To extract the data from the papers, authors used an Excel spreadsheet, where each row corresponded to a document, and each column represented a certain category of information for extraction (Dalglish et al., 2020). In this study, data extraction was informed by the two objectives outlined above. To achieve Objective 1, the three stages of the interprofessional socialization framework were used to determine the categories for the columns of the data extraction tool. The learning outcomes extracted from the four documents were matched with these categories (see Table 2). Objective 2 relied on the eight criteria of the RIPID, which were therefore employed as the columns in the data extraction tool. The rubrics of the IPE portfolio assessments in the IPE curriculum were matched with the categories formed from the RIPID (see Table 3).

### Data analysis

This stage is where the researcher makes sense of the data (Dalglish et al., 2020). The data sheets were utilized to evaluate the congruence between the curriculum and the three stages of the interprofessional socialization framework. Alignment implies that the curriculum is designed to foster the development of an interprofessional identity.

Furthermore, the data sheets were used to evaluate whether the rubrics for the activities incorporated in the IPE passport satisfied the criteria of the RIPID. The alignment would reveal that the IPE passport serves as an appropriate metric for assessing a student's interprofessional identity, which is cultivated through the IPE curriculum at UWC.

### Refinement of findings

The final step in document analysis involves refining and summarizing the insights and conclusions derived from analyzing the documents (Dalglish et al., 2020). This entails presenting the results in a logical and significant way (Dalglish et al., 2020). This study sought to evaluate the learning outcomes of the interprofessional curriculum at UWC in the three stages of the interprofessional socialization framework. Additionally, the study assessed the alignment between the rubrics of the activities in the IPE Passport and the eight criteria of the RIPID. The distilled results enabled researchers to articulate their findings and draw relevant inferences. The tabulated results of this study were used to address the research question, "To what

**Table 2.** The interprofessional Education curriculum at the University of the western Cape against the interprofessional Socialisation framework (Objective 1).

Interprofessional Socialisation Framework	Stage 1 Pre-Socialization		Stage 2 Formal Socialization	Stage 3 Informal Socialization
	Familiarise students with the notion of interprofessional collaboration	Emphasise the need of cultivating an interprofessional identity	Structured learning activities that foster interprofessional teamwork	Unstructured learning activities that foster interprofessional collaboration
Module: 1st year: theory module	<p>"Apply skills needed for professional conduct such as punctuality, participation and attendance when working in interprofessional groups." (Pg. vii)</p> <p>"Demonstrate the ability to draw up a team contract" (Pg. 20)</p> <p>"Describe the roles of team members" (Pg. 20)</p> <p>"Describe the concept of IP teams" (Pg. 24)</p> <p>"Describe the process of team development" (Pg. 24)</p> <p>"Describe the practices of effective teams" (Pg. 24)</p>		<p>"Demonstrate the ability to engage other health professionals in problem-solving" (Pg. 24)</p> <p>"Reflect and report on the value of working in interprofessional teams." (Pg viii)</p>	
2nd year: service-learning module			<p>"Demonstrate problem-solving skills, creativity, etiquette, accountability to team members and teamwork when working in interprofessional teams." (Pg. 4)</p>	
Senior years: IPE World Café	<p>"To develop an understanding of the importance of teamwork" (Pg. 5)</p> <p>"Describe the principles of interprofessional care" (Pg. 13)</p> <p>"Describe the roles of healthcare professionals and their scope of practice as it relates to this case" (Pg. 13)</p>	<p>"Describe their role in a healthcare team, to other professions" (Pg. 2)</p>	<p>"Complete the intervention planning tool in an interprofessional team" (Pg. 2)</p> <p>"To encourage interaction between students and facilitators" (Pg. 5)</p> <p>"Collaborate with a geographically and professionally diverse group of students to identify similarities and differences in developing health care solutions" (Pg. 13)</p>	<p>"To virtually collaborate with other disciplines to solve problems" (Pg. 5)</p>
Senior years: IPE Supervision			<p>"Complete the assessment form in an interprofessional team" (Pg. 6)</p> <p>"Complete the intervention planning tool in an interprofessional team" (Pg. 8)</p> <p>"To develop an interprofessional intervention plan considering context-specific referral/collaboration systems" (Pg. 11)</p> <p>"Execute comprehensive PHC framework" (Pg. 13)</p>	<p>"Collaborate with different disciplines to effect change and resolve conflict" (Pg. 8)</p> <p>"To analyze and discuss completed patient assessment tools using context-specific approaches" (Pg. 11)</p> <p>"Provide feedback to interprofessional team on changes to clinical practice approaches" (Pg. 11)</p>

extent does the IPE curriculum at UWC effectively develop and assess the interprofessional identity of students?"

## Results

Using the results from the document analysis, two aspects of the IPE curriculum at UWC were examined: its alignment with the three stages of the interprofessional socialization framework, and the extent to which the activities included in the IPE passport meet the criteria outlined by the RIPID.

### **Alignment with three stages of the interprofessional Socialisation framework**

Using the interprofessional core competencies to guide curriculum development has enabled UWC to cultivate the

knowledge, skills, and attitudes necessary for effective collaborative practice (Khalili et al., 2013). However, although these competencies are essential, they do not explicitly address the development of an interprofessional identity. To explore this dimension, the Interprofessional Socialisation Framework (Khalili et al., 2013) was applied to assess whether the existing curriculum supports identity development across its three stages: pre-socialization, formal socialization, and informal socialization.

Within UWC's IPE curriculum, the first-year theory module aligns well with the first sub-stage of Stage 1 (pre-socialization). However, one of its learning outcomes already aligns with Stage 2 (formal socialization), indicating that students are exposed to structured interprofessional learning before fully completing the foundational identity work required in the pre-socialization stage (see Table 2). The second-year service-learning module further supports

**Table 3.** The IPE Passport and the RIPID criterion (Objective 2).

RIPID eight criteria	The ability to acknowledge and differentiate one's own professional identity as well as those of others.	Understanding the roles and responsibilities of alternative disciplines	Acknowledging the worth of the contributions made by professionals in different disciplines	Achieving efficient communication with other disciplines	Demonstrating interprofessional collaboration	Displaying a dedication to shared decision-making	Exhibiting a dedication to providing care that prioritizes the needs and preferences of patients	Exhibiting a dedication to ethical practice
Module: 1st year: theory module	Describes the integration of knowledge and experience of other health and other professionals to address the patient's fractures (Pg. 3) Provides descriptive interventions of 2 or more health and other professionals under the appropriate components of the CPHC framework (Pg. 4) Elaborated on student's profession appropriate to their scope of practice (Pg. 4)	Provides a detailed description with examples of how the model of health can address bone fractures (Pg. 3)	Used available evidence to develop an understanding of the impact on the patient's health by listing 1–2 relevant literature and correct references (Pg. 2 & 4)				Embraced the individual differences of the patient by describing the impact of bone fractures on the six dimensions of health (Pg. 2)	
2nd year: service-learning module	A detailed description of how this kind of health promotional material (like the one chosen) has led to a change in behavior (Pg. 6)							
Senior years: IPE World Café	Display an understanding of your own role in patient assessment (Pg. 9)						Develop a comprehensive picture of the patient's condition using the framework (Pg. 9)	Display an ethical approach to the patient interview process (Pg. 9)
Senior years: IPE Supervision	Describe the acquisition of knowledge of their discipline (Pg. 12) Describe the acquisition of knowledge of at least one other discipline (Pg. 12)	Describe the acquisition of knowledge of their discipline (Pg. 12) Describe the acquisition of knowledge of at least one other discipline (Pg. 12)			Elaborate on how this activity changed their approach to interprofessional education and collaborative practice (Pg. 12)			

structured interprofessional teamwork. It aligns with Stage 2, but the analysis revealed a gap in the second sub-stage of the pre-socialization phase, specifically, the absence of learning outcomes that explicitly promote the need to cultivate an interprofessional identity.

Although some IPE activities in the senior years are non-credit-bearing and embedded in discipline-specific modules, they play a crucial role in consolidating interprofessional identity. A key example is the IPE World Café. Although not formally credit-bearing, the learning outcomes of this event clearly align with all three stages of the Interprofessional Socialisation Framework. Contrary to critiques that IPE initiatives are often ad hoc (Bloomfield et al., 2021), the UWC IPE World Café is deliberately structured with strong facilitation, interprofessional representation, and intentional opportunities for teamwork and reflection. The pre-socialization stage creates opportunities for scholarly engagement aimed at breaking down barriers that hinder successful interprofessional collaboration (Khalili et al., 2013). Given the increased access to knowledge, students who start their undergraduate training understand the scope of their profession (Adams et al., 2006; Khalili et al., 2013). However, a common barrier to IPE is the preconceived ideas that students have regarding their professions (Carlisle & Taing, 2021). According to Birk (2017), the early introduction of IPE allows students to locate the role of their profession within a healthcare team. Therefore, this encourages the development of their professional identity and, because of their sense of belonging within the healthcare team, their interprofessional identity.

Incorporating more targeted learning outcomes in the first and second-year modules during the pre-socialization stage can ensure that students are well-prepared for the subsequent stages of the interprofessional socialization framework. At UWC, the IPE curriculum offered to senior students is non-credit-bearing and is incorporated into existing discipline-specific modules. However, based on the results, it would be beneficial to formalize the IPE World Cafe as it culminates the entire interprofessional socialization framework. Often, unless a formal IPE curriculum exists, the existing curricula in HPE are rigid (Carlisle & Taing, 2021). As a result, implementing a new IPE curriculum is challenging (Bloomfield et al., 2021). Despite Bloomfield et al. (2021) implying that IPE is often ad hoc, the event at UWC is meticulously planned. The learning outcomes from the event align with the three stages of the interprofessional socialization framework. As a result, many universities that may still need formal IPE curricula join this UWC event to ensure that their students develop an interprofessional identity.

To mitigate the challenges highlighted by Carlisle and Taing (2021), institutions that are unable to implement a 4-year IPE programme can use the IPE World Cafe (Kock et al., 2020) as a blueprint for implementing this one-day IPE activity. The event is structured around various key design principles that set the context for interprofessional teams, build trust between team members through active participation and information sharing, and explore health-related cases that team members aim to address as an interprofessional team (Filies et al., 2016). The intentional design of the World Café has not only made it a capstone event for the UWC curriculum but also a model for

institutions that are unable to implement a full 4-year IPE programme. Its use of structured facilitation, trust-building, and case-based discussion makes it a portable, scalable intervention (Filies et al., 2016) that demonstrates how meaningful interprofessional identity development can occur even within shorter or less formal educational timeframes. Similarly, the interprofessional supervision component aligns with both the formal and informal socialization stages, depending on the supervisory approach and the context of the clinical or community setting.

In summary, the curriculum demonstrates strong alignment with the formal and informal stages of the Interprofessional Socialisation Framework. However, there is a clear need to strengthen Stage 1 (pre-socialization), particularly in the second year, to ensure students are adequately prepared for deeper, identity-based engagement in interprofessional practice.

### ***The extent to which the activities included in the IPE Passport meet the criteria outlined by the RIPID***

The second aspect of the analysis evaluated how well the IPE Passport activities aligned with the eight criteria outlined in the RIPID. The RIPID provides a structured and theoretically grounded rubric for assessing the development of interprofessional identity. However, the document analysis revealed two critical limitations. First, the current IPE Passport does not fully evaluate the development of interprofessional identity. Second, some of the RIPID criteria may require contextual adaptation to reflect better the competencies and identity outcomes needed within UWC's unique sociocultural and educational setting.

The results indicated that the IPE Passport effectively incorporates several RIPID criteria, particularly in relation to students' recognition of their own professional identity and understanding of the roles of other professions. These aspects are reinforced across multiple modules, suggesting a consistent curricular emphasis on interprofessional communication and collaboration. However, the analysis also identified notable gaps, particularly in how comprehensively the RIPID criteria are embedded in the rubrics, especially in the earlier stages of the curriculum. Although the curriculum supports interprofessional learning, it places less explicit emphasis on the formation of interprofessional identity in the junior years. This reduces opportunities for students to engage meaningfully with identity development early in their learning journey, which in turn may limit their readiness for more advanced collaborative practice in later years.

Currently, the assessment rubrics associated with the IPE Passport are primarily aligned with the interprofessional core competencies. Although this approach is effective for tracking skills acquisition, it does not adequately capture the attitudinal and identity-based dimensions that the RIPID is designed to assess. If the goal is to foster interprofessional identities, then assessment tools must be explicitly aligned with that intention.

Thus, although the RIPID offers a valuable starting point for evaluating identity development, there is a need to realign the IPE Passport activities and associated rubrics more closely with the eight criteria of RIPID. Doing so would ensure that assessments

reflect not only what students are able to do, but also who they are becoming as collaborative, interprofessional practitioners.

## Discussion

As highlighted in the Introduction, the significance of this study lies not only in evaluating the IPE curriculum against existing frameworks but also in considering its role as a compass for future directions. The findings suggest that although the current curriculum equips students with core competencies, the extent to which it translates into interprofessional identity development remains uneven. This creates a moment of decision: continue navigating along the current path, or re-route toward more deliberate strategies that strengthen interprofessional identity formation?

### Re-routing the IPE Passport: from competency to identity

The re-routed IPE curriculum at UWC intentionally scaffolds the development of interprofessional identity across the undergraduate years through a staged approach informed by the Interprofessional Socialisation Framework. At each stage, students engage in an Interprofessional Entrustable Professional Activity (IP-EPA), and their performance is assessed using tools aligned with the interprofessional core competencies. An IP-EPA encompasses both the professional task and the relevant interprofessional collaboration skills necessary for safely executing that task in a team-based healthcare environment (Cate & Pool, 2020). The IPE Passport serves as the record of this developmental journey, and each completed activity earns a “stamp,” symbolizing progress in identity formation. Once all stamps are collected, students are eligible to proceed to a destination of interprofessional practice: a student-led wellness center where their readiness is holistically assessed using the Rubric for InterProfessional Identity Development (RIPID).

The IP-EPAs follow the “*Knows, Knows How, Shows How, and Does*” framework (Cate & Pool, 2020). To ensure the activities at each leg contribute to the development of an interprofessional identity, the IP-EPAs were aligned with the stages of the Interprofessional Socialisation Framework (Table 4).

### Year 1: pre-Socialisation – “knows”

In the first year, students are introduced to foundational concepts of interprofessional education and identity, aligning with the pre-socialization stage of the Interprofessional Socialisation Framework. The key IP-EPA is demonstrating knowledge of interprofessional teams, team development, and IPE core competencies. This is assessed through a knowledge test in the Primary Health Care Module, ensuring students build the cognitive foundation for identity development.

### Year 2: pre-Socialisation – “knows how”

In the second year, students progress to the pre-socialization sub-stage of cultivating interprofessional identity through the Interdisciplinary Health Promotion Module. They engage in school-based service-learning and complete a reflective journal on an interprofessional experience, assessed against core competencies with emphasis on values, roles, and identity. This supports the shift from abstract understanding to personal meaning-making.

### Year 3: formal Socialisation – “shows”

In the third year, students enter the formal socialization stage of the interprofessional socialization framework, where the focus is on structured academic engagement in interprofessional teams. The primary activity is participation in the Shared Research Module, where students collaborate with peers from other disciplines to develop a joint research proposal. At this stage, the IP-EPA requires students to co-produce interprofessional academic work within a supervised context. Assessment takes the form of a peer review of another group’s proposal, in addition to formative feedback from facilitators. The assessment rubric is structured around the IPEC core competencies, particularly interprofessional communication and teamwork, ensuring that students demonstrate their developing interprofessional identity through action and interaction in a structured yet supportive environment.

### Year 4: informal Socialisation – “does”

By the fourth year, students engage in informal socialization through unstructured, authentic interprofessional learning experiences. The signature activity is the IPE

Table 4. Interprofessional Socialisation framework.

Interprofessional Socialisation Framework	Stage 1 Pre-Socialization		Stage 2 Formal Socialization	Stage 3 Informal Socialization
	Familiarise students with the notion of interprofessional collaboration	Emphasise the need of cultivating an interprofessional identity	Structured learning activities that foster interprofessional teamwork	Unstructured learning activities that foster interprofessional collaboration
Module: 1st year: Primary Health Care	<b>Knows:</b> The theoretical knowledge that a student must possess.			
2nd year: Health Promotion		<b>Knows How:</b> The ability to apply knowledge in practice.		
3 <sup>rd</sup> year: Shared Research Module			<b>Shows How:</b> The ability to perform the activity in a supervised setting.	
4 <sup>th</sup> year: IPE Ethics World Café				<b>Does:</b> The ability to perform the activity unsupervised, indicating full competence.

World Café, a virtual collaborative forum where students from UWC and partner institutions globally form teams to discuss complex patient cases. The IP-EPA at this level expects students to demonstrate interprofessional collaboration in unsupervised settings, showcasing initiative, confidence, and identity as members of interprofessional teams. Students complete a narrative reflection on the importance of having an interprofessional identity in their professional practice. The reflection is assessed with a rubric aligned to the core competencies, focusing on collaborative practice, ethical decision-making, and patient-centered care. This stage reflects students' ability to internalize interprofessional identity and apply it in diverse, real-world contexts.

### ***Final destination: interprofessional practice at the student-led wellness centre***

After earning all four IPE Passport stamps, students “fly” to a student-led interprofessional wellness center, where they deliver collaborative care for community members. This capstone integrates their identity journey, with assessment via the RIPID, which evaluates the development of their interprofessional identity across eight criteria.

### ***Reimagining assessment: a dual-rubric approach for scaffolded identity development***

A defining feature of the re-routed IPE curriculum at UWC is its emphasis on purposeful, stage-appropriate assessment. Unlike traditional Entrustable Professional Activities, IP-EPAs explicitly require students to demonstrate interprofessional collaboration skills as part of the entrusted task. Therefore, assessment tools must be capable of capturing both task performance and the underlying identity transformation occurring throughout the learning journey. To achieve this, two distinct but complementary types of rubrics are utilized in the IPE Passport: the holistic rubric and the analytic rubric, as described by Secolsky and Denison (2012).

The holistic rubric assesses the IPE Passport as a whole, offering a summative view of interprofessional identity development, with RIPID as its foundation. However, because RIPID was developed in the Global North, it requires adaptation for Global South contexts. As Table 3 shows, gaps remain such as addressing multilingual realities in South Africa, to better capture competencies like communication and teamwork.

Analytic rubrics are applied throughout the curriculum to break down IP-EPAs into specific performance indicators, enabling assessment of students' progress at each stage of the Interprofessional Socialisation Framework. In Year 2, they evaluate students' articulation of interprofessional identity through reflective journaling; in Year 3, demonstration of teamwork in shared academic settings; and in Year 4, the ability to collaborate independently, reflecting confidence and maturity in their interprofessional role.

Each analytic rubric continues to draw from the interprofessional core competencies and the performance indicators

are explicitly tailored to the developmental goals of the respective socialization stage. This alignment ensures that assessment is not only skills-based but also identity-aware by combining holistic and analytic approaches.

## **Conclusion**

The study provides valuable insights into the effectiveness of the IPE curriculum at UWC in fostering and assessing interprofessional identity among healthcare students. Although the curriculum aligns well with the Interprofessional Socialisation Framework and the RIPID criteria, addressing gaps in the pre-socialization stage and enhancing early-stage interprofessional identity development are crucial for improving the overall educational experience. The findings highlight the potential of structured frameworks and adaptable rubrics to shape robust interprofessional learning and education, ultimately contributing to better collaborative practice in healthcare settings.

A proposed re-routing of the curriculum showcases how the IPE Passport can be intentionally designed to foreground interprofessional identity across the scaffolded curriculum. This re-routing introduces IP-EPAs, which integrate discipline-specific tasks with interprofessional collaboration skills aligned to the socialization stages. In tandem, a dual-rubric approach was adopted: analytic rubrics are used at each stage to track developmental progress at each point of the curriculum, and a holistic rubric assesses students' overall interprofessional identity at the end of their IPE journey.

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This paper was conceptualized by all authors.

## Declaration

The authors declare that this paper is original, has not been copied from another form of publication, and was not written for degree purposes.

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