



INTERPROFESSIONAL EDUCATION COLLABORATIVE

2021 VIRTUAL POSTER FAIR

POSTER PRESENTATIONS

OCTOBER 19, 2021 | 4:00-5:00 P.M. ET

USING VIDEOCONFERENCING TO PROMOTE GREATER ACCESS TO AND DIVERSITY OF PROFESSIONS IN A RECURRING INTERPROFESSIONAL EVENT INVOLVING THREE UNIVERSITIES



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(1)Quinnipiac University and (2)Southern Connecticut State University

BACKGROUND/INNOVATIVE USE OF TECHNOLOGY

- ❖ Four Year Family/Academic Partnership
- ❖ IPE teams and child with complex needs
- ❖ Live event pivoted to virtual activity
- ❖ Pre-recorded videos provided
- ❖ Insight into family and child's life/needs

RESEARCH QUESTIONS EMERGED

- ❖ What are the implications of instructional modalities [Online, Hybrid, In-Person]?
- ❖ How can family-academic partnerships be maintained with reciprocity and professional boundaries?
- ❖ How can the IP *education* team partner with the existing *care* team for the benefit of the patient and family?
- ❖ How do we expand student perspective about the lived experience of this child and family?



BEST IDEAS AND SUCCESSFUL PRACTICES

- ❖ **Adapting Technology**
 - ❖ Largest participation in this ongoing IPE Event [3 universities, 10 professions, 70 students]
- ❖ **Student Problem Solving**
 - ❖ Virtual team huddles [family strengths, needs, strategies, and implementation barriers]
- ❖ **Building Sustainable Relationships**
 - ❖ Discussions lead to usable recommendations for the family and foster an ongoing IPE relationship

LESSONS LEARNED

- ❖ Seminar is sustainable in-person and online
- ❖ COVID and other challenges provided a perspective of prioritization of needs
- ❖ Prerecorded video and live interaction provided structure and opportunity for meaningful conversation.



EPIC FAILS AND RECOVERIES

- ❖ The pandemic and social justice issues spurred the addition of a Diversity, Equity, and Inclusion (DEI) activity on impact of care.
- ❖ Activity felt "tacked on" based on student feedback.
- ❖ Will amend to include faculty input on ablism, stigma, and access.

WORKING DOCUMENT FOR STUDENT PROBLEM SOLVING

Students Teams Working Document During Event

Team members (names/profession)s _____

Part 1: Assign team roles within the group and consider: Notetakers: _____

1. Timekeepers: _____

2. Facilitator (keep group on task): _____

3. Arguer (Raises counterarguments and (constructive) objections, introduces alternative explanations and solutions) _____

4. Reporter/spokesperson: _____

a. At the end, this team member will email us their document- facilitators will share.

b. If group did not get to 4 themes- select the one solution you will share from completed work

Part 2: Thematic grid for brainstorming

Theme/Issue	Notes from video presentation	List strengths or assets the family already has	Ideas considered And by whom- include team members considered	Potential to implement based on strengths identified	Considerations: Constraints/Challenges to implementation (Financial/time/human resources/emotional energy required)	Selected solution to share
1. Life during pandemic 2. School 3. Out & About 4. Typical day 5. Planning for the future 6. Advocacy 7. Sibling						





"What's up DOCC?" Transitioning to a Virtual IPE Collaboration between Learners and Families

Gina Baugh¹, PharmD, Madison Moody², MPH

¹West Virginia University School of Pharmacy, West Virginia University Office of Interprofessional Education; ²West Virginia University School of Pharmacy, Center for Excellence in Disabilities



INTRODUCTION

- Project Delivery of Chronic Care (DOCC) is an established national curriculum developed for medical schools to educate learners about working with chronically ill or patients with special needs.
- The WVU Center for Excellence in Disabilities collaborated with the Office of Interprofessional Education, the Simulation Training for Education and Patient Safety (STEPS) Center, and WVU faculty to adapt this program for learners from multiple disciplines.
- The Patient Centered Medical Home (PCMH) Model is emphasized through this interprofessional education (IPE) activity.
- The Interprofessional Education Collaborative (IPEC) core competencies of professional roles and responsibilities, communication, teamwork, and values & ethics are foundational principles used to guide the experience.
- The activity was developed as an in person activity but was transitioned to a virtual setting via Zoom in 2020 due to the COVID-19 pandemic.
- Required part of the curriculum for all participating disciplines.

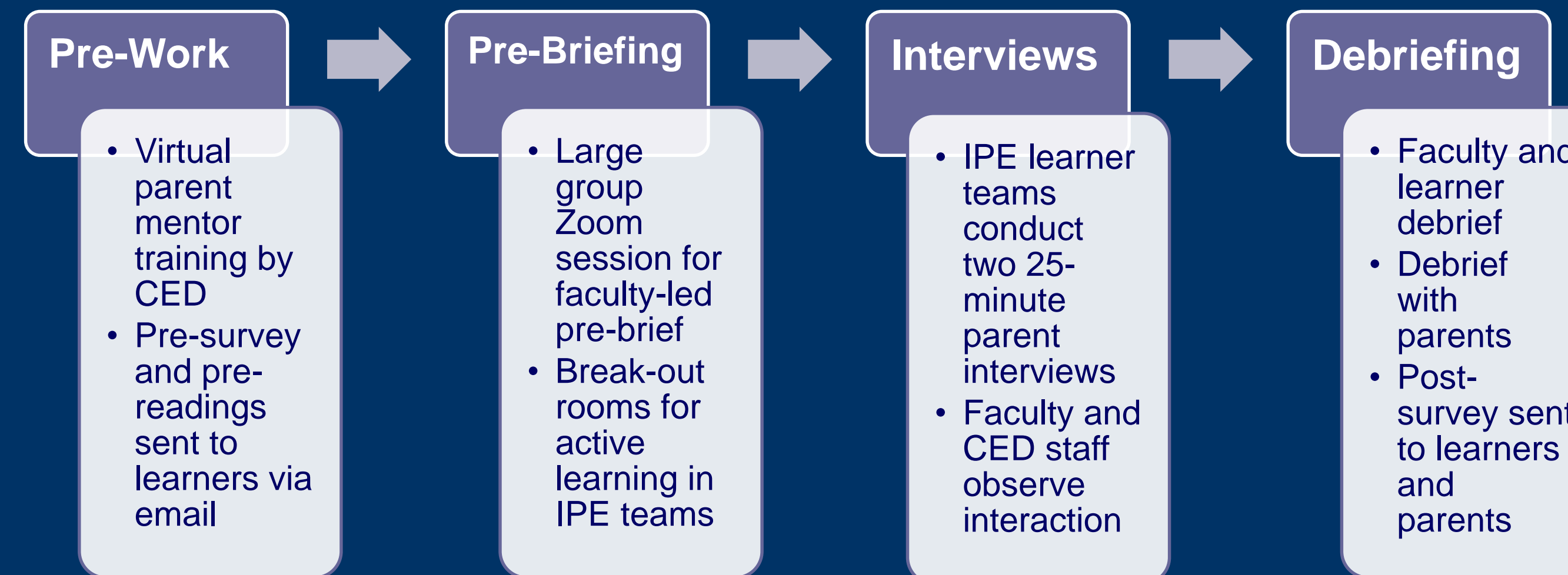
OBJECTIVE

- Understand the advantages of implementing the national Project Delivery of Chronic Care (DOCC) curriculum as a virtual interprofessional education session.



METHODS

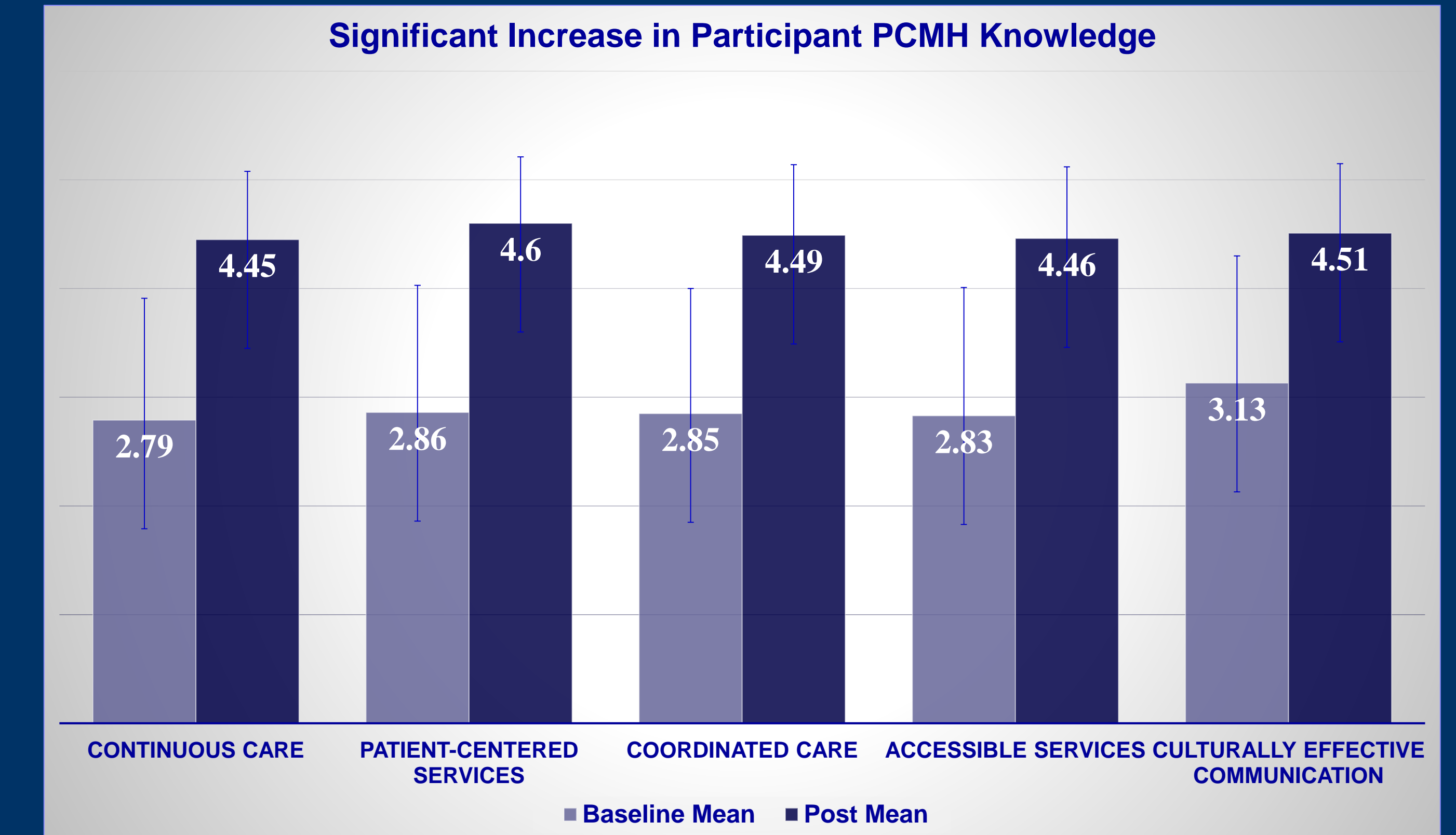
- Sessions were lead by interprofessional faculty facilitators, parents, and CED staff.
- A STEPS staff member coordinated the activity and data collection.
- A large group session via Zoom was used for the pre-brief and de-brief, and breakout rooms were utilized for learner activities and parent interviews.
- Parents participated from their homes often times allowing students to virtually meet their children.



RESULTS

	2018-19 (Pilot)	2019-2020	2020-2021
Delivery Method	In Person	In Person	Virtual
Number of Sessions	1	5	12
Number of Learners	14	51	311
Learner Disciplines	Pharmacy (P3 & P4) Medical Nursing	Pharmacy (P3 & P4) Medical Nursing	Pharmacy (P3) Medical Nursing Occupational Therapy Physician Assistant Public Health
Pharmacy Course	Voluntary Community Service	Voluntary Community Service	P3 IPPE Course
Number of Parents	5	11	12
Number of Campuses	1	1	4

RESULTS



CONCLUSION AND IMPLICATIONS

- The adapted virtual Project DOCC curriculum is an effective strategy to educate interprofessional teams of future healthcare professionals about the role of the patient and family in the provision of patient-centered care.
- The virtual model has several advantages including increasing the number of participating learners and parents while decreasing resource needs.

ACKNOWLEDGEMENTS

Acknowledgements: Lesley Cottrell PhD, Lori Heginbotham, M.Ed, Timothy Lefeber, MD, Linda Friebling, MD, Christy Barnhart, MSN/RN, Lee Ann Miller, EdD, CHSE, Katie Smalley, CHSE, and WV parents of children with special needs.

This project is funded by: U.S. Department of Health and Human Services, Maternal and Child Health Bureau Family to Family grant number H84MC31692.



The triangulation of IPE, Simulation and Telehealth in Health Professions Education: A pilot study

Gordes, K.L.¹, Retener, N.², Lee, M.C.³, & Horn, L.²

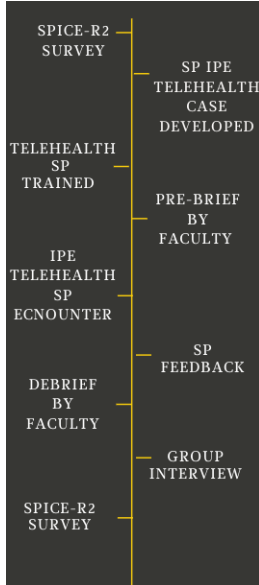
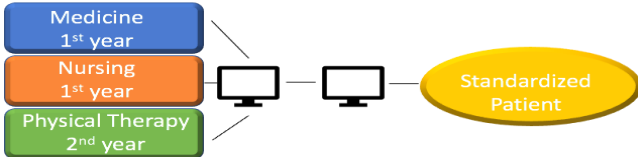
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PURPOSE

The COVID-19 pandemic has shined light on the necessity of implementing educational training opportunities for health profession education students on the use of telehealth enabled clinical care. While existing education literature supports both interprofessional education (IPE) and simulation as beneficial training platforms for HPE students, less is known regarding the utility of these approaches in training learners in the performance of telehealth. Further, the impact and value of the triangulation of IPE, simulation and telehealth is relatively unknown. This poster presentation will describe the development, implementation and assessment of a pilot study for simulated interprofessional education (IPE) telehealth experiences between health profession students in the fields of medicine, nursing, and physical therapy (PT).

METHODS

Faculty from medicine, nursing, and physical therapy developed a clinical case designed for a specific learner level using the *International Nursing Association for Clinical Simulation and Learning Standards of Best Practice: Simulation* as a guiding framework. Interprofessional student teams representing the fields of Medicine (1st year learner), Nursing (1st year learner) and PT (2nd year learner), engaged in completing a health history on a standardized patient (SP) using a telehealth delivery format. The interprofessional simulation experience included a pre-brief by faculty, interprofessional telehealth patient interview with a standardized patient, SP feedback, a post-experience debrief by faculty, and engagement in a semi-structured group interview. Assessment of learner's attitudes toward interprofessional teams and team-based care was measured using the SPICE-R2 survey distributed pre and post the IPE simulated telehealth experience and through thematic analysis of learner responses to the semi-structured post-experience interview questions.



SURVEY RESULTS

SPICE-R2 Survey	Pre IPE Telehealth Simulation (Student Agreeance)	Post IPE Telehealth Simulation (Student Agreeance)
Working with students from different disciplines enhances my education	X	X
Patient/client satisfaction is improved when care is delivered by an IP team	X	X
Health professional students from different disciplines should be educated to establish collaborative relationships with one another	X	X
During their education, health professional students should be involved in teamwork with students from different disciplines in order to understand their respective roles.	X	X
Participating in educational experiences with students from different disciplines enhances ability to work on IP team		X
I understand the roles of other health professionals within an IP team		X
Patient/client-centeredness increases when care is delivered by an IP team		X

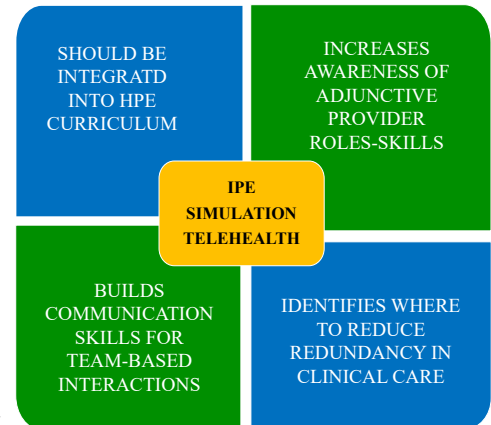
CONCLUSIONS

Based on both survey result and focus group interviews, the interprofessional students (PT, Nursing, Medicine) engaged in the interprofessional simulation telehealth pilot training study believe these types of learning activities should be formally integrated into their educational programs. Learners felt this type of training would prepare them in their future roles as healthcare providers and have an overall positive impact on patient/client experience. A key lesson learned from these training experiences was the importance of providing students opportunities to discuss their individual professional roles/skills prior to engaging in a "live" IPE simulation session. This pilot study serves to fill a gap in the educational literature by shedding light on the impact and value of using interprofessional simulation experiences to train future healthcare profession students in the use of telehealth. This pilot study represents how a skill-based educational training experience can influence learner attitudes and beliefs about team-based practice.

GROUP INTERVIEW RESULTS

Based on qualitative assessment of the group interview responses, it was identified that the learners believed interprofessional simulation-based telehealth training should be integrated into their educational programs as they saw this as a required skill for their future roles as a healthcare provider. Specifically, students felt the interprofessional simulated telehealth experiences provided an experiential based opportunity to: develop communication skills for collegial team-based interactions, learn how to streamline redundancy in clinical care through collaborative provider interactions with patients, and develop strategies such as tag-teaming to both support and learn from adjunctive providers. Learners did identify a gap in their understanding of the roles/skills of other disciplines prior to the experience, a concept supported in the pre-experience SPICE-R2 survey results. There was also strong support by learners that these types of learning experiences are warranted to enhance understanding of respective roles.

KEY THEMES

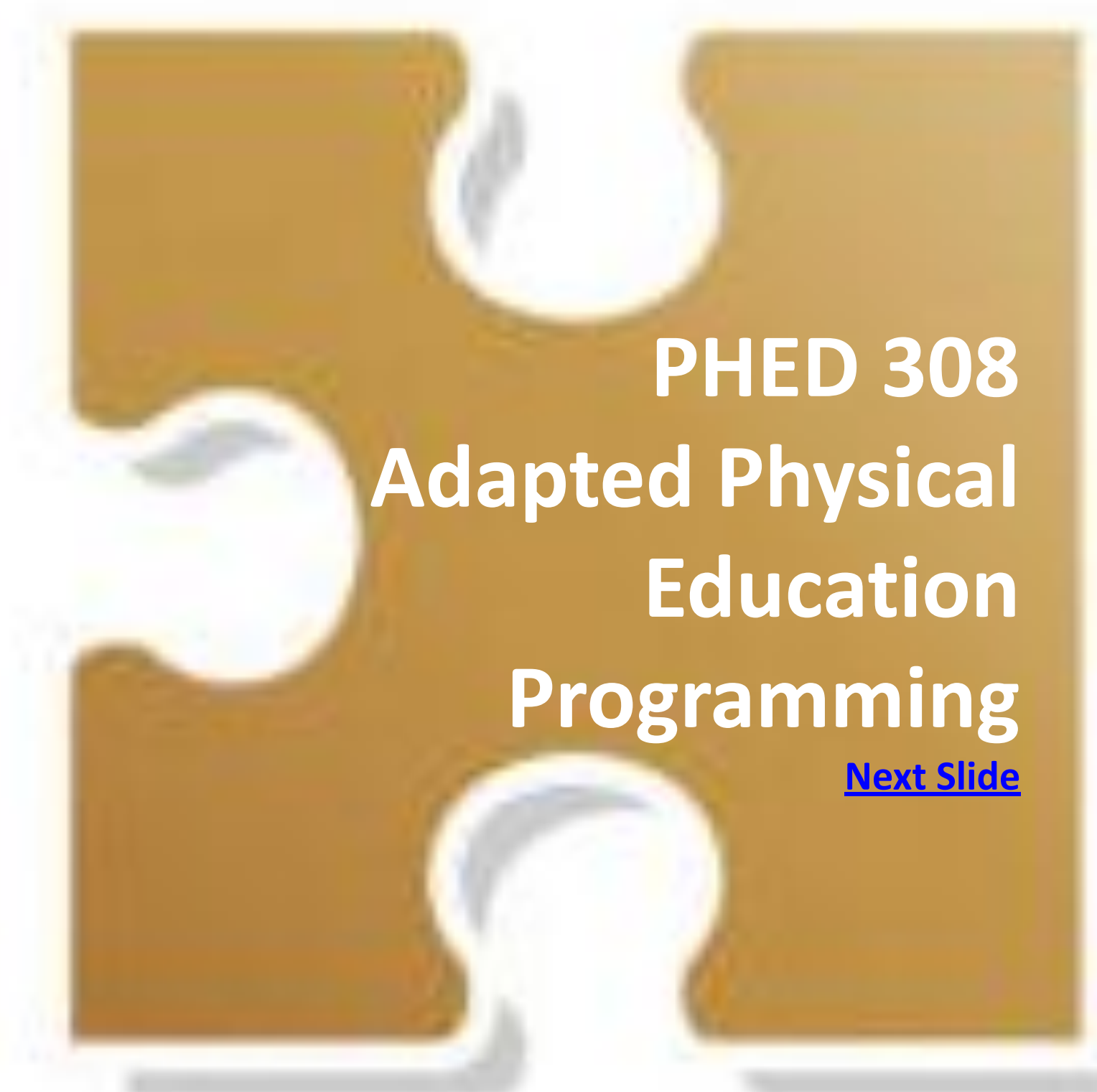
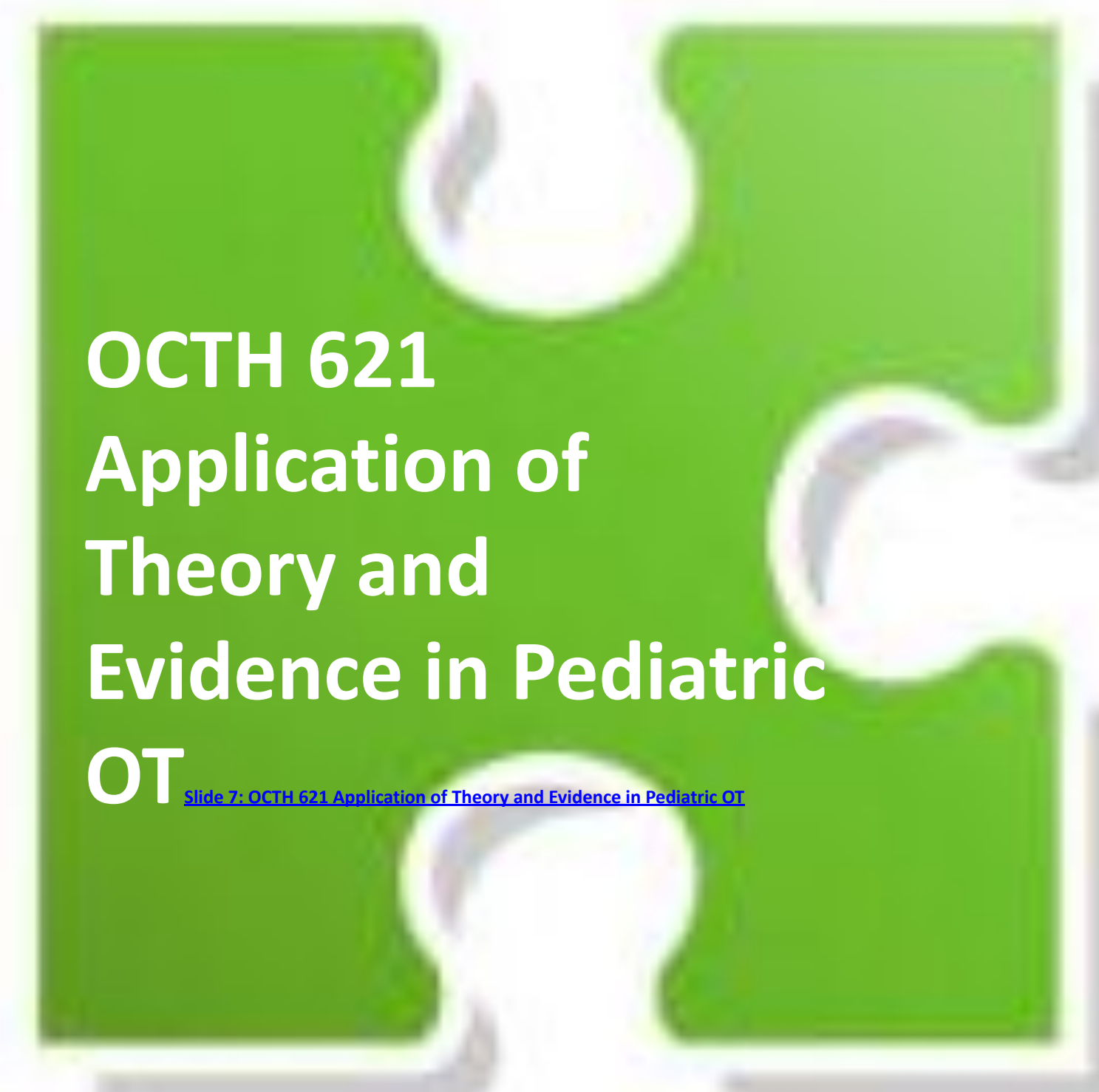


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Online IPE Assignment Modification: Adapted Physical Education and Occupational Therapy Collaboration During the Pandemic



Elizabeth McAnulty, OT, OTD, OTR; Lori Vaughn, OT, OTD, OTR; Nicole Wassel, APE
Springfield College, Springfield, Massachusetts



PHED 308

PHED 308, Adapted Physical Education Programming: an undergraduate class that teaches Physical Education majors pedagogical strategies for working with students with disabilities. [Slide 1](#)

Student Feedback

I am almost certain that at some point in my future endeavors I will have to work with either an OT, PT or another therapist. This early exposure to this relationship dynamic gave me some early insight into how something like this should go. ZA

...this project helped open my horizons to other professions and how they intertwine with adapted PE. My knowledge of OT increased throughout this project because of the realization of how similar our goals within our jobs are. We all want to increase our students' literacy physically, emotionally, and mentally. [although] we have differences on how to do this.... JC

While working with my group members and viewing other groups' video submissions, one of the main takeaways from this collaboration is the importance of reaching out to other disciplines to gain input and knowledge for concepts or observations you may have otherwise skipped past during your own intervention. As I approach practice/work, I think it will be important to keep this in mind, especially when I may be seeking adaptive techniques to incorporate into a child's intervention plan. It was interesting to notice that as we were discussing the skills and concepts developed in this activity our [APE] partner shared his perspective on our concepts, allowing us to have a more comprehensive understanding of various benefits addressed within one task. KK

After coming up with our intended activity, it felt very natural to collaborate with each other and talk through how we wanted each of our skills to be highlighted in the instructions....KK

Collaborating...came very easy. We reviewed the requirements for each discipline and shared ideas. In doing this, we were able to explain our disciplines and how they assist children. The three of us have an interest in working with children, so there was...a lot of enthusiasm when we were brainstorming ideas!

Now that I understand the role of...APE, I know how our disciplines can aid each other in the future. As an OT, I would like to work with children in the public school system. Having an APE as a colleague, I could discuss [a] student's needs ...seek advice on challenges with equipment and activities, and get ideas for modifications if necessary. AB

IPE Assignment:

“Tools for Learning and Growing”

APE and OT students collaborated to design intervention videos that integrated core competencies from each profession. Videos were targeted toward parents and teachers. Educational strategies included peer assessment, feedback, and reflection.

- **Each APE/OT team was assigned an age range and specific core concepts from PE and OT that needed to be addressed.**
- **Using Zoom, each team created a video that included PowerPoint, “live” video of the team, and, sometimes, links to other resources.**
- **Focus of videos: an activity that would provide a “brain break” for children engaged in remote learning. The activity also addressed multiple physical, social, and emotional development needs.**
- **In addition to faculty evaluation, students were assigned to peer review 3 of the final videos and provide feedback to the creators.**
- **All students completed a final reflection in response to questions about the experience.**
- **Intention is to post the videos in a public forum to be used by teachers and parents.**

IPE and IPP

- Greater impact on professional practice when students value teamwork and reflection and feel prepared for interprofessional collaboration and practice. This occurs when students recognize they are having “real life” practice experiences (McNaughton, 2018).
- Meaningful collaboration should be the primary focus of IPE. Instead of learning **about** collaboration, students and practitioners need to learn **how to** collaborate (Bainbridge, 2014).
- Much of the literature on IPE is related to the nursing field and to medical settings (Lutfiyya et al., 2019; McNaughton, 2018).

○ Bainbridge, L. (2014). Interprofessional education in allied health: Is this yet another silo? *Medical Education*, 48(3), 229-231.

○ Lutfiyya, M.N., Chang, L.F., McGrath, C., Dana, C., Lipsky, M.S. (2019). The state of the science of interprofessional collaborative practice: A scoping review of the patient health-related outcomes based literature published between 2010 and 2018. *PloS one*, 14(6), e0218578.

○ McNaughton, S. (2018). The long-term impact of undergraduate interprofessional education on graduate interprofessional practice: A scoping review. *Journal of Interprofessional Care*, 32(4), 426-435.

Future Plans

- Expand initial combined class meeting to further enhance understanding of each profession's training and role
- Continue the modified (new) learning activity, but allow additional time for IP collaboration in designing the video/treatment activity
- Streamline procedure for making videos available to the public.
- Conduct pre and post-experience survey/evaluation to collect data regarding collaborative experience

OCTH 621 Application of Theory and Evidence in Pediatric OT

- Second of two pediatric practice courses for OT graduate students
- Final academic year before clinical fieldwork
- Focus on assessment, intervention planning, and evidence-based practice in pediatric settings that serve children with special needs.

Introduction/Background

- Occupation Therapy (OT) graduate students and Adapted Physical Education (APE) undergraduate and graduate students at Springfield College have collaborated on an interprofessional learning activity for the past 3 years.
- The interprofessional learning activity is associated with classes in their respective disciplines and previously focused on role understanding and collaborative intervention planning and implementation with children in a local elementary school who received APE services.
- With the onset of the pandemic, OT and APE instructors had to redesign the activity so that learning, collaboration, and creation happened remotely and met pandemic restrictions while also meeting course objectives. Despite pandemic restrictions at the elementary schools and the college, APE and OT students needed to meet the initial assignment and course objectives.

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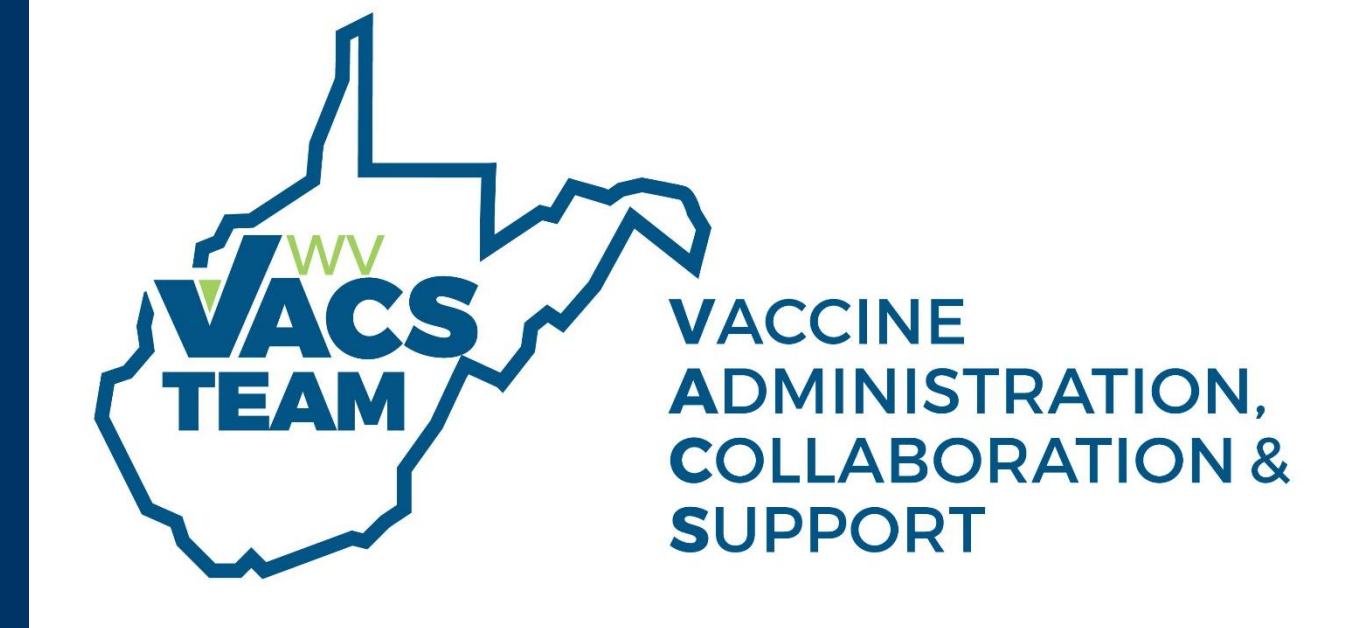
[Slide 1](#)



The West Virginia Vaccine Administration, Collaboration, and Support Team: A Statewide Collaboration to Respond to the Pandemic

Gina Baugh, PharmD^{1,2}, Krista Capehart, PharmD, MSParm, BCACP, FAPhA, AE-C¹, Lisa Costello, MD, MPH, FAAP³, Gretchen Garofoli, PharmD, BCACP, CTTS¹, Amy Summers, B.S.³, J. Skylar Upton, B.S.³

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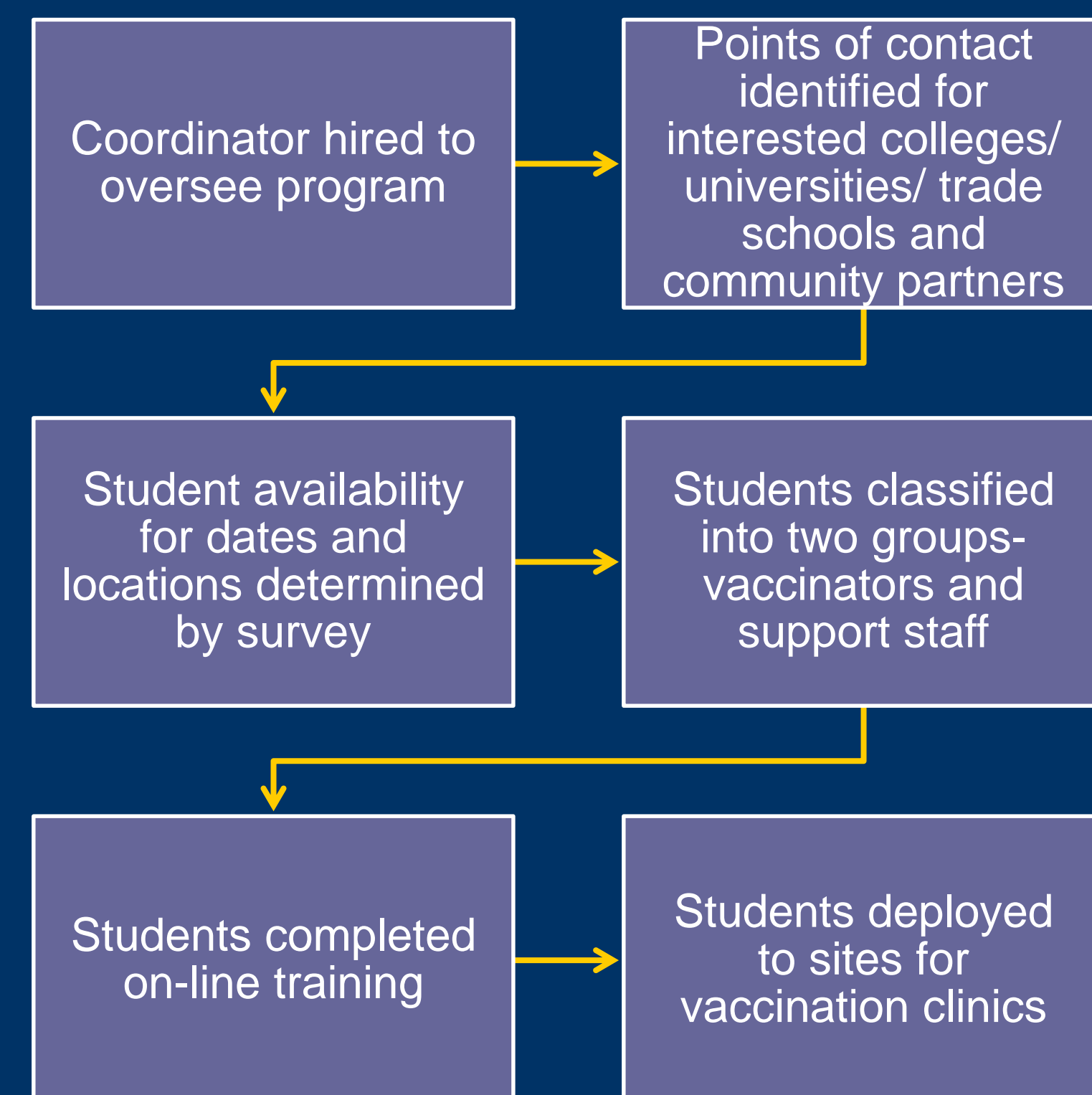
INTRODUCTION

- The COVID-19 pandemic and subsequent FDA Emergency Use Authorization (EUA) for vaccinations required states to mobilize rapidly for distribution efforts.
- The state of West Virginia (WV) received national and international attention for its success in distributing allotted vaccines efficiently.
- The WV Vaccine Administration, Collaboration, and Support (WV VACS) Team was created through a collaboration of the following groups to assist with these efforts:
 - WV National Guard (WVNG)
 - WV Department of Health and Human Resources (WV DHHR)
 - WV Higher Education Policy Commission (WV HEPC)
 - Faculty and staff from statewide colleges and universities
 - Community partners (hospitals, clinics)
- Grant funding to support this project was awarded by the WV HEPC.

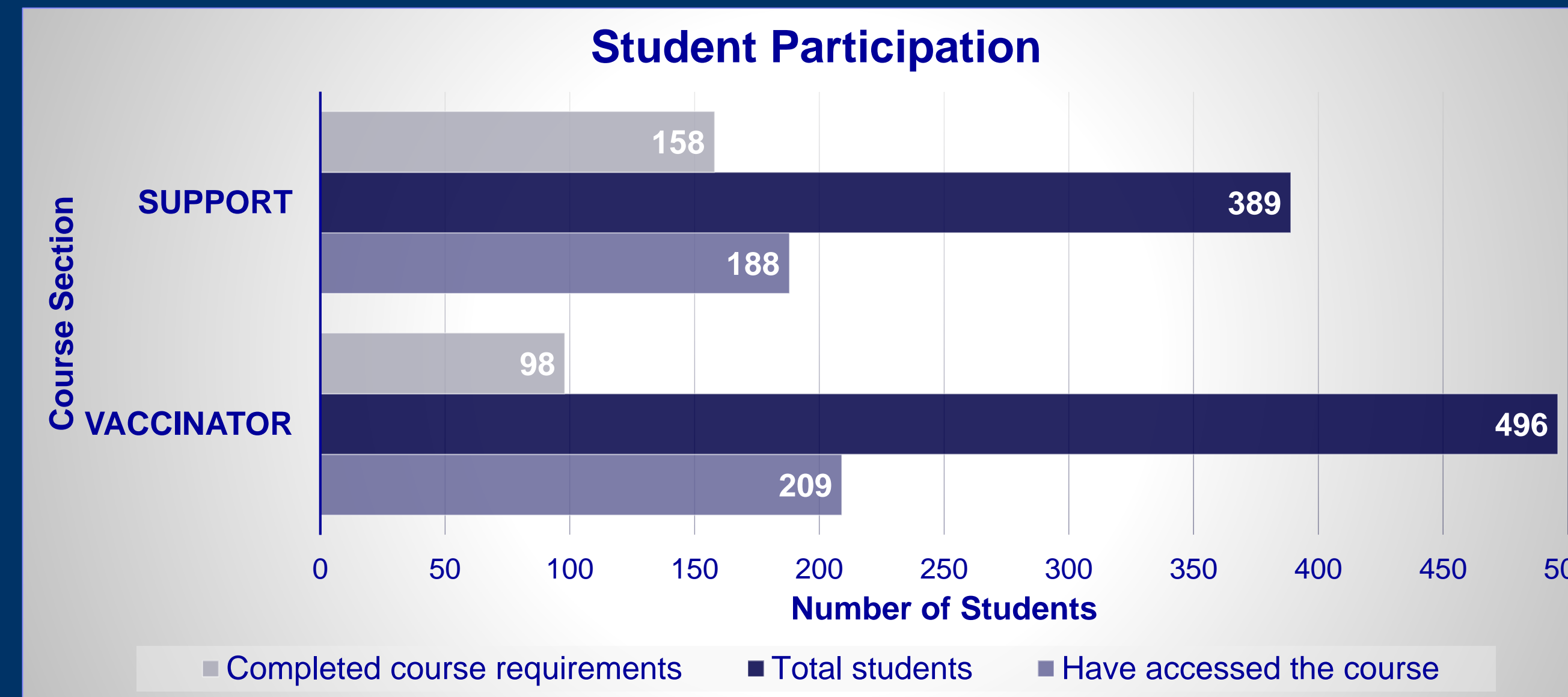
OBJECTIVE

- The objective of this project is to utilize interprofessional collaboration to mobilize health professional students to assist with the COVID-19 vaccination efforts.

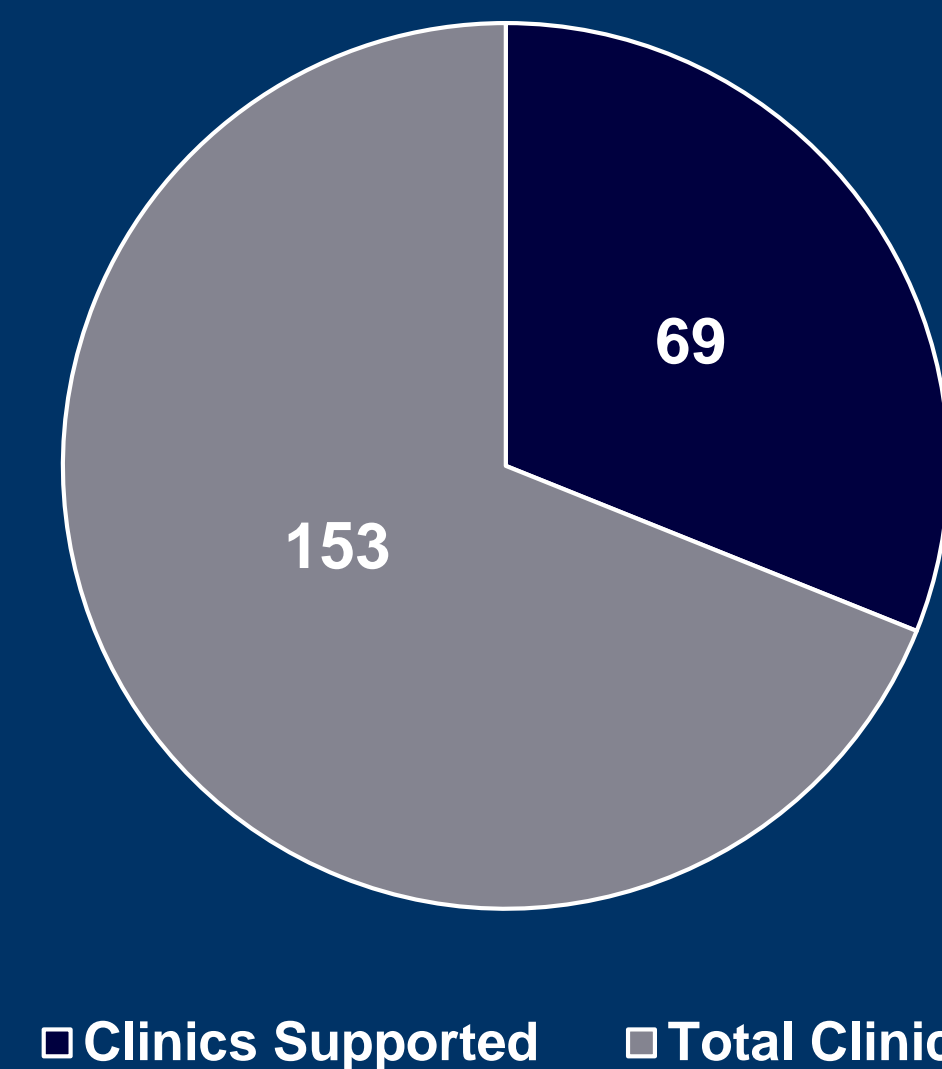
METHODS



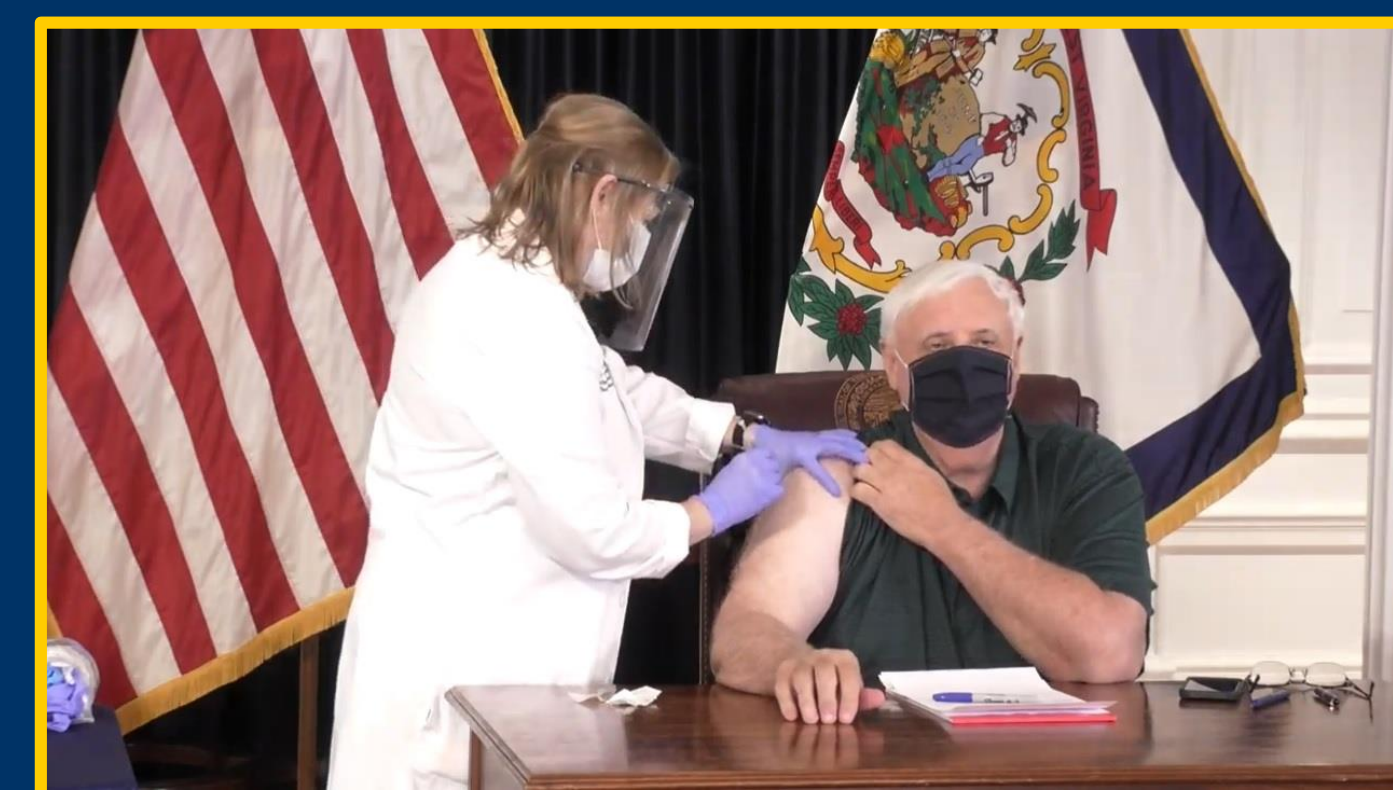
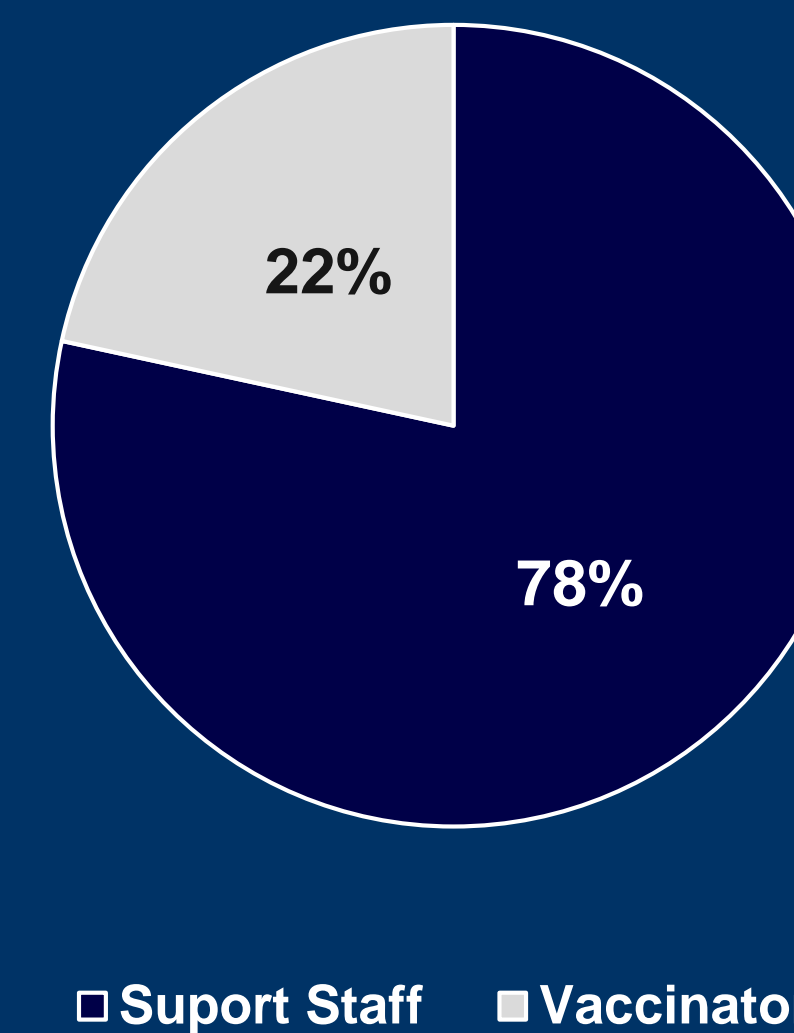
RESULTS



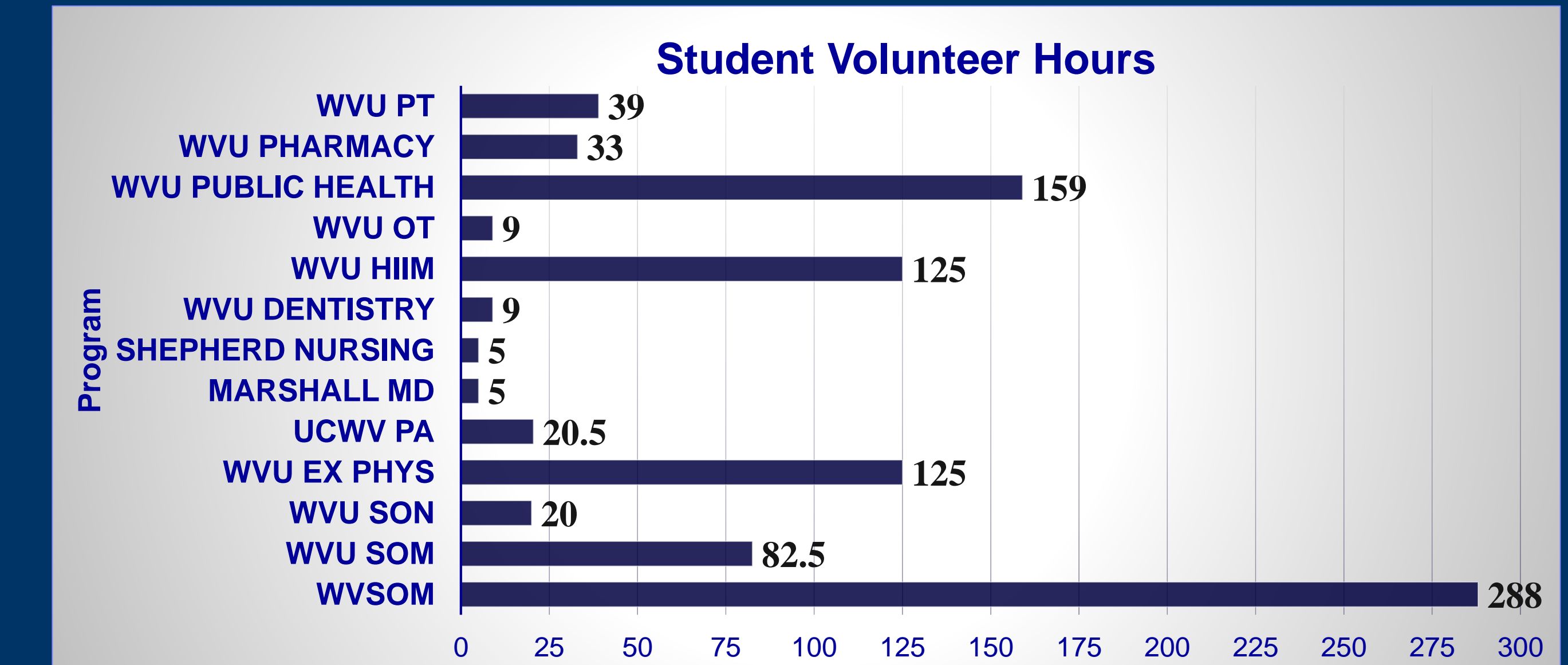
Clinic Volunteer Request



Volunteer Type Sent to Clinics



RESULTS



CONCLUSION AND IMPLICATIONS

- The WV VACS initiative has been successful at recruiting, training, and deploying interprofessional teams of student volunteers from across WV to assist with vaccination efforts.
- As points of contact have now been identified at all healthcare programs and community clinics across WV, there will be new opportunities for campus- community partnerships to help with statewide healthcare initiatives.



A Virtual, Interactive and Interprofessional Opioid Overdose Workshop for Healthcare Providers and Students

Marie Gilbert, DNP, RN, CHSE¹, Rebecca Leon, PharmD, APh², Stephanie Moore, PhD, ATC³, Nancy Nisbett, EdD, CTRS, RTC⁴, Scott Sailor, EdD, ATC³, Maya Leiva, PharmD, BCOP⁵

¹Fresno State – Central California Center for Excellence in Nursing; ²UCSF School of Pharmacy – Dept of Clinical Pharmacy; ³Fresno State – Athletic Training Program and Dept of Kinesiology; ⁴Fresno State – Dept of Recreation Administration; ⁵Inova Schar Cancer Institute, Fairfax, VA

SPICE:

Students and Practitioners for Interprofessional Collaboration and Education



Background

Success of SPICE.

The opioid epidemic is a growing public health concern in the region.

A traditional interprofessional in person workshop was not feasible due to the pandemic.



Pre-workshop

Advertised via email and social media.

Readiness material.

First-responder Naloxone kits.

Workshop

4-hour synchronous virtual.

Personal testimony.

Facilitator presentation.

Live demonstrations.

Small group practice.

Skill verification breakout rooms.

Purpose

To educate participants about the signs and symptoms of an opioid overdose, how to respond to an opioid overdose by administering naloxone and provide ongoing care until advanced life support arrives.

Outcomes

Knowledge of opioid overdose significantly improved.

Attitudes toward opioid overdose, with the exception of the readiness subscale, significantly improved.



Scan this QR code for more information about the project

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Project Evaluation – Method

Opioid Overdose Knowledge Scale (OOKS) were administered using a pre/post method.

Opioid Overdose Attitudes Scale (OOAS) were administered using a retrospective pre/post method.

Instruments

OOKS – Assesses knowledge about risk factors, signs and symptom, actions to be taken, naloxone effects, administration, adverse effects and aftercare.

OOAS – Assesses attitudes using 3 subscales:

- Competence (self-perceived ability to manage an overdose).
- Concerns (concerns on dealing with an overdose).
- Readiness (willingness to intervene in an overdose situation).

Project Evaluation – Results

80 health professional students, faculty and providers from 9 disciplines participated in the workshop.

All OOKS and OOAS scores, except the readiness subscale, were significantly improved following the workshop and Naloxone training ($p < 0.004$).





A College-wide Approach to Interprofessional Education

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WARREN WIECHMANN, MD, MBA²; ROBERT EDWARDS, MD, PHD²; KHANH-VAN LE-BUCKLIN, MD, MED²

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Needs Assessment

The University of California, Irvine College of Health Sciences (UCI CoHS) includes four professional programs: Medicine, Nursing, Pharmacy and Pharmaceutical Sciences, and Public and Population Health. In 2020, a committee inclusive of all four professions convened to begin plans for developing and implementing interprofessional education (IPE) across the CoHS.

CoHS IPE strengths include:

- Four health professions including the perspective of public health
- Committee focused on successful implementation of IPE
- Access to expertise for timely topics such as pandemic response and racism
- Available educational technologies such as Zoom and audience response
- Student and faculty comfort with distance education

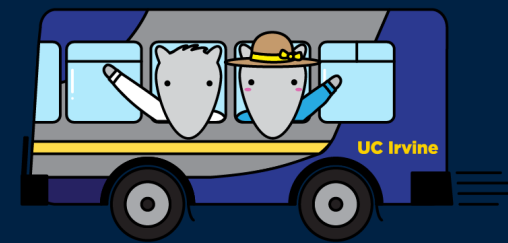
CoHS weaknesses include:

- Inconsistent student engagement from certain programs due to lack of incentive
- Difficulty in incorporating clinical simulations
- Scheduling between schools on different curricular calendars

Project Goals

The UCI CoHS IPE goals are:

- Implement IPE activities across medicine, nursing, pharmacy, and public health
- Ensure IPE topics are timely and relevant across four professions
- Improve health professional students comprehension of the four IPEC competencies
- Promote future interprofessional collaboration across the College of Health Sciences



Collaborative, intentional planning ensures IPE relevance across professions.

Distance education minimizes logistical challenges.



Educational Strategies

The IPE committee planned the launch of an inaugural CoHS IPE series aligned with these strategies:

- To designate a lead school(s) to facilitate the coordination of each session and alleviate administrative burdens
- To include the perspective and participation from all four health professions schools to ensure topic relevance
- To identify a curricular anchor within each school (where possible), e.g., a course or clerkship to provide context and motivation for students to attend each session.

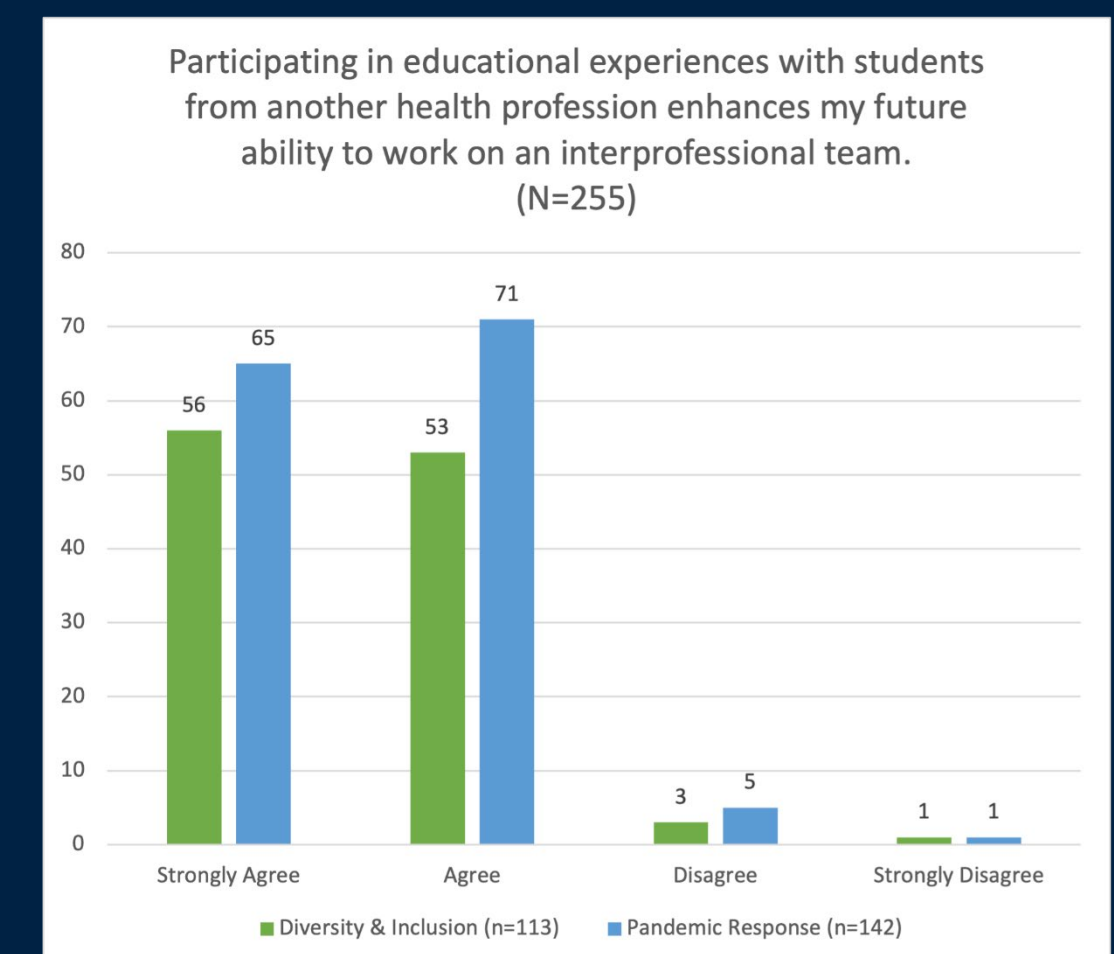
Following these strategies, the sessions were developed as follows:

- Session 1, Fall 2020: Led by the School of Medicine and focused on diversity and inclusion in health sciences research and practice.
- Session 2: Spring 2021: Led by the Program in Public Health and focused on pandemic disease response.

Outcomes

The use of Zoom enabled remote participation which alleviated some of the scheduling and teaching space needs. The need to engage students and participation was addressed by aligning the sessions with a clinical skills foundation course for medical students and participation credit for nursing and public health students.

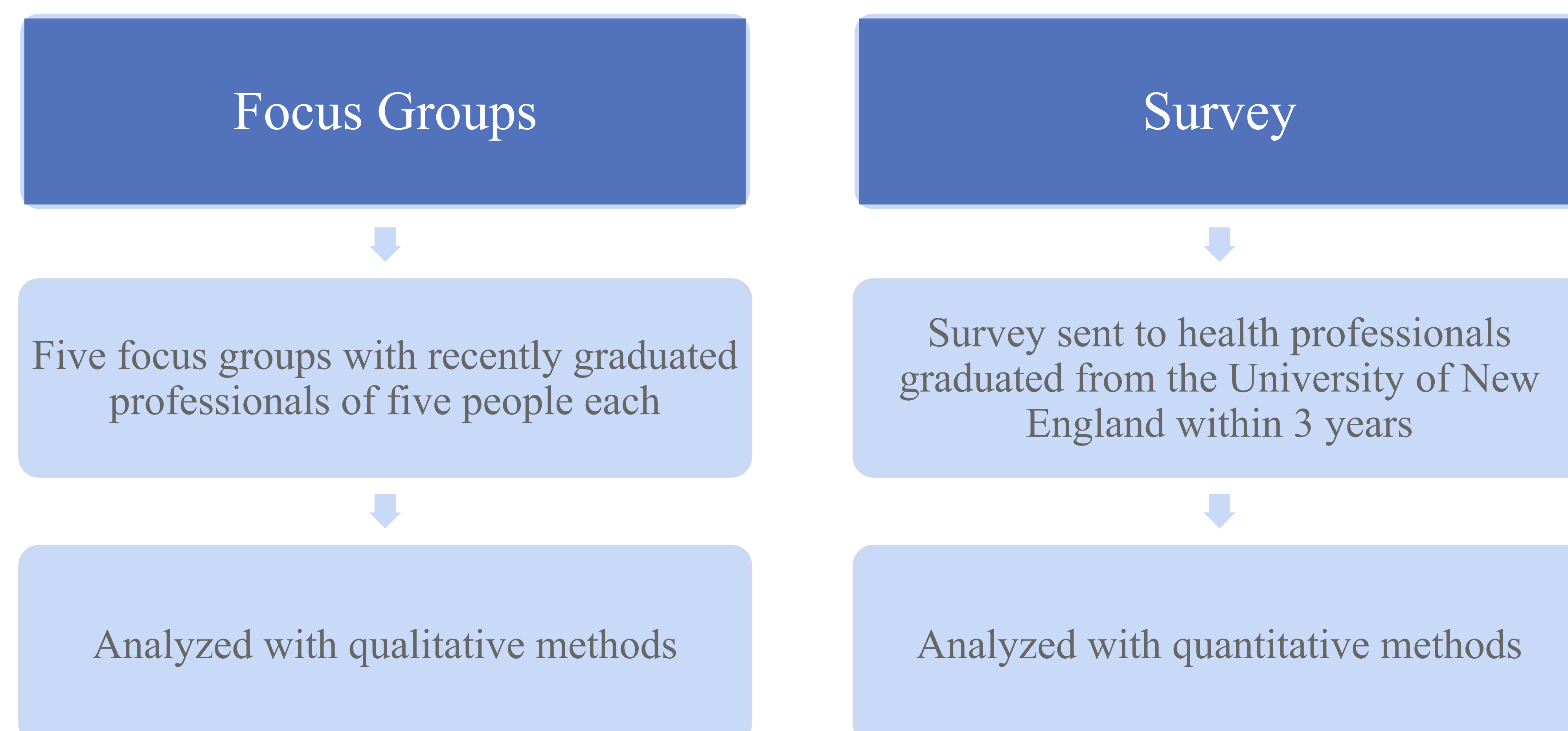
In total, 255 CoHS students responded to the evaluations from the two IPE sessions. A greater number of students participated during the Zoom session. Overall, CoHS students agreed that these IPE sessions enhanced their ability to work on an interprofessional team.



Background

We believe interprofessional education (IPE) has benefited clinical practice because our experience taught us a collaborative approach to healthcare. We seek to understand if our experiences align with the broader population. We believe that interprofessional approaches to educating future healthcare leaders/ early emphasis on collaborative education can improve the delivery of services/ patient care from future providers through enhanced collaboration with health professionals. IPE may reduce interprofessional challenges, which hinder professional practice.

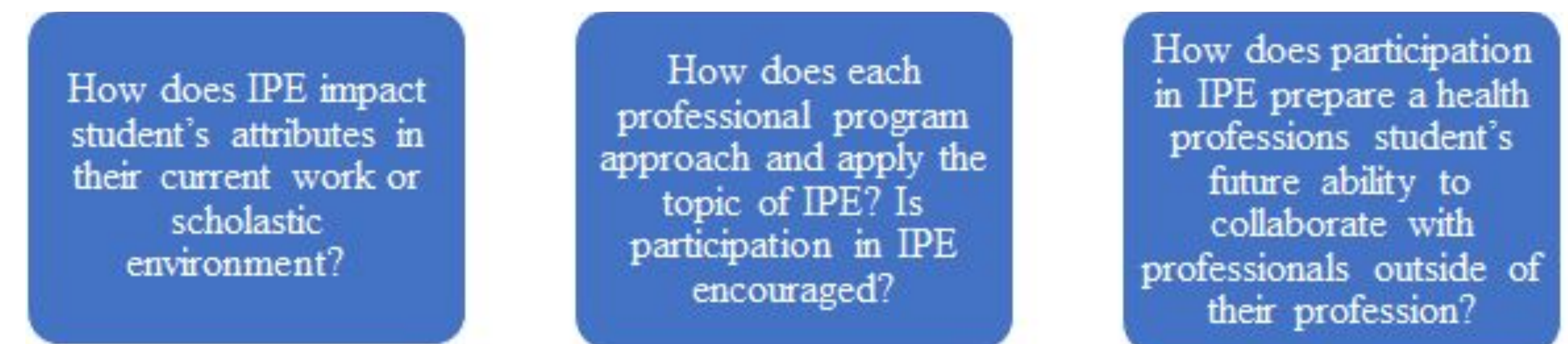
Methodology



Purpose

- (1) Determine post-graduate preparedness and comfort with collaboration in the workplace;
- (2) Analyze pedagogical methods of each discipline and impact of integrated IPE;
- (3) Assess if an interprofessional opportunity improves the students' preparedness to collaborate with professionals outside discipline.

Research Questions



Results

This study is currently in progress.

Disclosures

None of the authors of this presentation have anything to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.



The Boxer Case: An Interprofessional Investigation of Medical, Legal and Ethical Issues Surrounding an Athlete Fighting with a Special Abilities Visa

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Background

- Frequently, patients present with complex medical issues that require a diverse care team. Currently, educational training provides a medical focus of team-based patient-centered, losing sight of social and legal issues.
- Members of the Quinnipiac University Center for Interprofessional Healthcare Education recognized this gap and developed an interprofessional case-based simulation seminar to expose student teams to the complex legal system and to promote holistic and empathetic care while respecting the legal boundaries of healthcare professionals.

Description / Methods

- Faculty in the Schools of Health Sciences and Law created a complex case focusing on an uninsured immigrant boxer, boxing under a special abilities visa.
- The boxer presents to the emergency department with a subdural hematoma and, as a result, may no longer be able to continue as a professional athlete.
- Interprofessional teams of students observed the simulated case utilizing a standardized patient and an interprofessional team of healthcare and law professionals.
- Medical issues including concussions, subdural hematoma, cervical and facial fractures were discussed.
- Legal issues including consent, competence, right to refuse treatment, immigration and Emergency Medical Treatment and Active Labor Act were also discussed.
- The interprofessional student teams communicated to identify roles and responsibilities of team members and to identify medical, legal and ethical issues of the case.

Purpose

- The Boxer Case was developed to:
- foster interprofessional teamwork, communication and critical thinking skills regarding medical, legal and ethical concerns in a simulated case.
 - recognize the unique roles and responsibilities of an interprofessional team when working with a medically complex patient with other social and legal considerations.
 - understand the power of embedding legal issues in a complex interprofessional healthcare education simulation.



Outcomes

Outcome survey quantitative data showed a high percentage of students reflected that the case improved their teamwork, communication and critical thinking skills (100%, 97.5%, 100% respectively). Qualitative data indicated that students valued the exposure and the new perspective to the complexities of the legal system as related to patient care.

"The Boxer Case" Evaluation

1. This experience allowed me to work within a team of individuals to maintain a climate of mutual respect and shared values. Please check one.
Strongly Disagree Disagree Neutral Agree Strongly Agree
2. This experience enhanced my interprofessional and general communication skills. Please check one.
Strongly Disagree Disagree Neutral Agree Strongly Agree
3. This experience allowed me to critically think about a case and analyze the situation to recognize the medical, legal and ethical issues involved.
Strongly Disagree Disagree Neutral Agree Strongly Agree
4. Please comment on what you learned or what you think was beneficial in this IPE experience.

5. Please comment on what you think should have been included or anything else you think should have been addressed in this IPE experience.

Interprofessional Team

Faculty and students from:
Physician Assistant, Occupational Therapy, Law, Athletic Training, Diagnostic Imaging, Pharmacy, Social Work

Conclusion

Implementing medically, legally and ethically complex seminars and simulation expands students' teamwork, communication and critical thinking skills while filling gaps in interprofessional education.

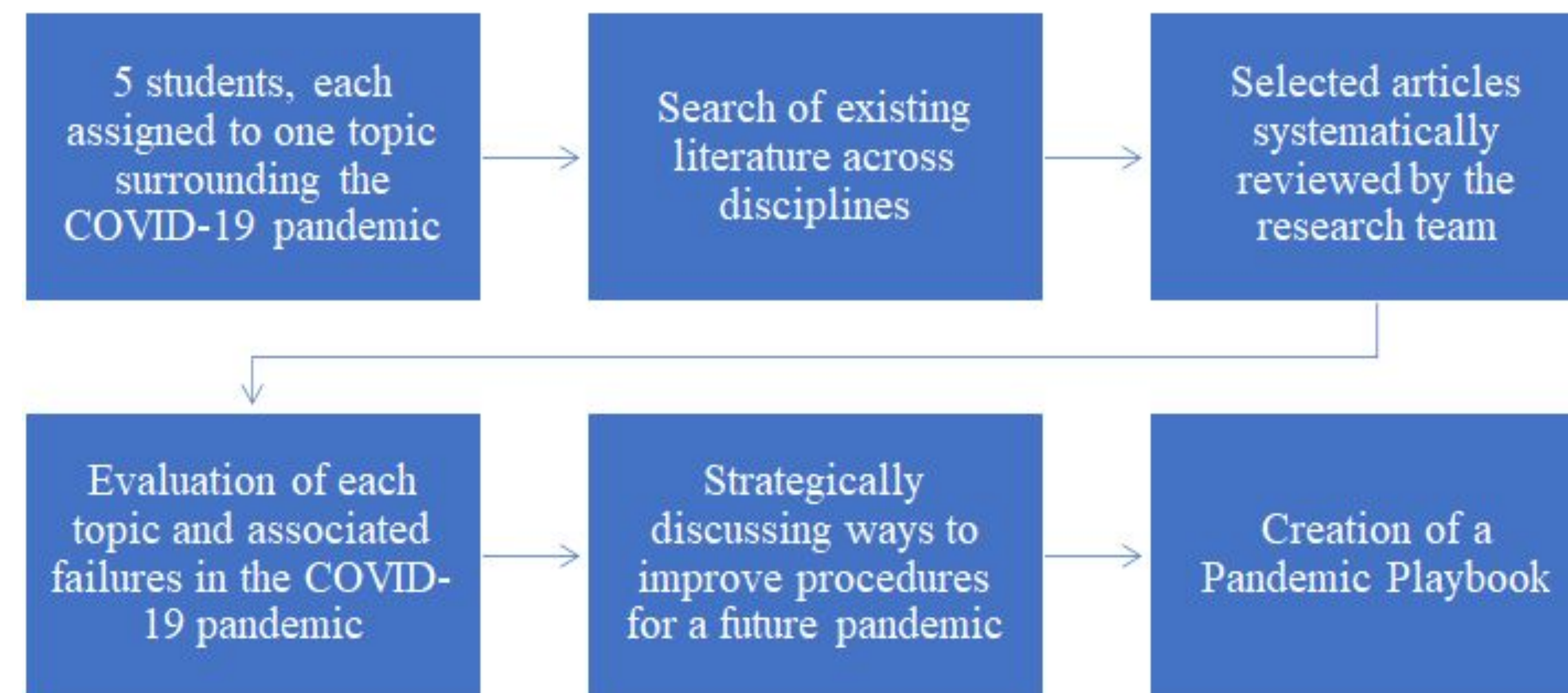
Purpose

In light of the recent pandemic, 2019-nCoV, the team developed a multi-disciplinary plan to analyze best practices in client-centered care after evaluating failed performance indicators across:

- (1) education,
- (2) public health,
- (3) infrastructure, and
- (4) mental health, which underlies all of these.

While hindsight is 2020, we reference highlighted research to indicate what measures should be implemented in order to combat fallout if such catastrophes occur in the future.

Methodology



Conclusions & Implications

At the time of this research (April 2021), the state of Maine was reporting 57,545 reported cases and 33% of the adult population was fully vaccinated. As of the end of August, a mere four months later, Maine shows an uptick to 73,659 cases and 65% of all ages population are fully vaccinated, with the 65+ age group at 97%. The implication of these numbers highlights new information.

- Maine ranks 11th-lowest in vaccine hesitancy among U.S. states, according to survey data analyzed by the U.S. Department of Health and Human Services, with 12.3% of the adult population considered hesitant and 7.8% strongly hesitant.
- As of August 2021, a CDC analysis of current data from the v-safe pregnancy registry assessed vaccination early in pregnancy and did not find an increased risk of miscarriage among nearly 2,500 pregnant women who received an mRNA COVID-19 vaccine before 20 weeks of pregnancy.
- The U.S. Food and Drug Administration (FDA) has authorized the use of three COVID-19 vaccines in the United States:
 - The Pfizer vaccine is authorized for people 12 years of age and older and has full FDA approval for those over the age of 16..
 - The Johnson & Johnson and Moderna vaccines have emergency use authorization for people aged 18 and over.
 - There is no vaccine authorized yet for children under age 12.
- The Delta Variant causes more infections and spreads faster than early forms of SARS-CoV-2;
 - (1) The Delta variant is highly contagious, more than 2x as contagious as previous variants.
 - (2) Some data suggest the Delta variant might cause more severe illness than previous strains in unvaccinated individuals. In two different studies from Canada and Scotland, patients infected with the Delta variant were more likely to be hospitalized than patients infected with Alpha or the original virus strains.
 - (3) Unvaccinated people remain the greatest concern.
- The recent FDA approval of Pfizer-BioNTech COVID-19 Vaccine is an achievement for public/ community health and interprofessional progress in our efforts toward dealing with the fallout from the pandemic.
- These trends indicate that this work is crucial and poses a need for continued research.

Results

Pandemic Playbook

Education

Public Health

Infrastructure

Mental Health

Recommendations

- Hybrid model: This is the best way to assure that we can keep schools open for students that need access to vital biological resources, a safe and productive learning environment, and the necessary tools to ensure for a maximal learning experience.
- Specifically for urban schools, one future direction may be to develop and maintain partnerships with community organizations to prevent food insecurities during school closures due to pandemics or natural disasters.
- Cohort Model- A part online/part in-person plan that will promote integrative and efficient learning for all students, regardless of their social backgrounds.

- Grassroots organizations and investment in them is necessary in order to garner community engagement. Decentralization of recommendations is the key in order to effectively communicate with many, diverse communities.
- Accurate and timely information sharing that impacts the health of the population must be mandated by global entities
- Best practices and globally shared protocol must be available on an easily accessible platform in order to decrease morbidity and mortality regarding illness research, treatment and/or immunization

- In order to maintain public health while preserving the economy, our government must:
- Provide aligned, early public health messaging from public health officials and government officials
 - Create a strong, sufficient unemployment plan with incentives for businesses to stay open
 - Offer support for businesses converting to telework
 - Enforce the requirement of adequate safety measures for employees who must physically attend work
 - Offer childcare support for parents who are working to keep employees in their roles

- Studies show mental illness may soon be the most common pre-existing condition - we must continue to train the next generation of healthcare providers in an interprofession manner to provide client care.
- Integrate mental health into the preparedness and response plans for public health emergencies from onset.
- Gather more data and conduct research on at-risk populations across disciplines (e.g. Census, insurance, social service data) for pain points to access, usage, stigma.

Citations

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Disclosures

None of the authors of this presentation have anything to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

Background/Objectives

Inter-professional Education (IPE) is defined as a learning activity when two or more professions learn with, from, and/or about each other to improve collaboration and quality of care. In creating an IPE experience, we searched for other model curricula but found there was a lack of educational IPE activities in neurology clerkships with physical therapy (PT). Thus, we created a unique IPE experience that incorporated patients with neurological problems admitted to the hospital and afforded an opportunity for neurologic PT residents, PT students, and medical students to interact.

The **primary purpose** of our study was to determine if there were pre-post changes in core competencies for interprofessional collaborative practice for the participants of this IPE experience. The **secondary purpose** was to determine if the participants' self-efficacy to engage in interprofessional experiential learning changed after this IPE experience.

Methods

- The IPE activity involved neurologic PT residents, PT students, and MS2-3 examining patients admitted for neurological disorders and discussed goals of care. PT and medical students self-assessed their ability before and after on select core IPE competencies. Wilcoxon Signed-Rank test was utilized to assess before and after differences. Neurologic PT residents facilitated and were not included in the data analysis (Figure 1).
- Students completed the Self-Efficacy for Interprofessional Experiential Learning (SEIEL) survey before and after the activity. Scores for the total SEIEL, interprofessional interaction and feedback domains were analyzed with paired t-tests (see Table 1). After examining the patients together, a debriefing session followed.
- The group was encouraged to communicate their roles in the care of the patient, provide medical or therapy updates, and discuss patients' goals of care (Figure 2).

Inter-Professional Education on the Neurology Clerkship Involving Physical Therapy and Medical Students

Baylor
College of
Medicine

Doris H. Kung, DO; Victor Oyelami, PT, DPT; Wayne Brewer, PT, PhD, MPH; Stephanie Hessel, PT, DPT; Laurie Bramlett, PT, DPT; Anne Gill, DrPH, MS, RN

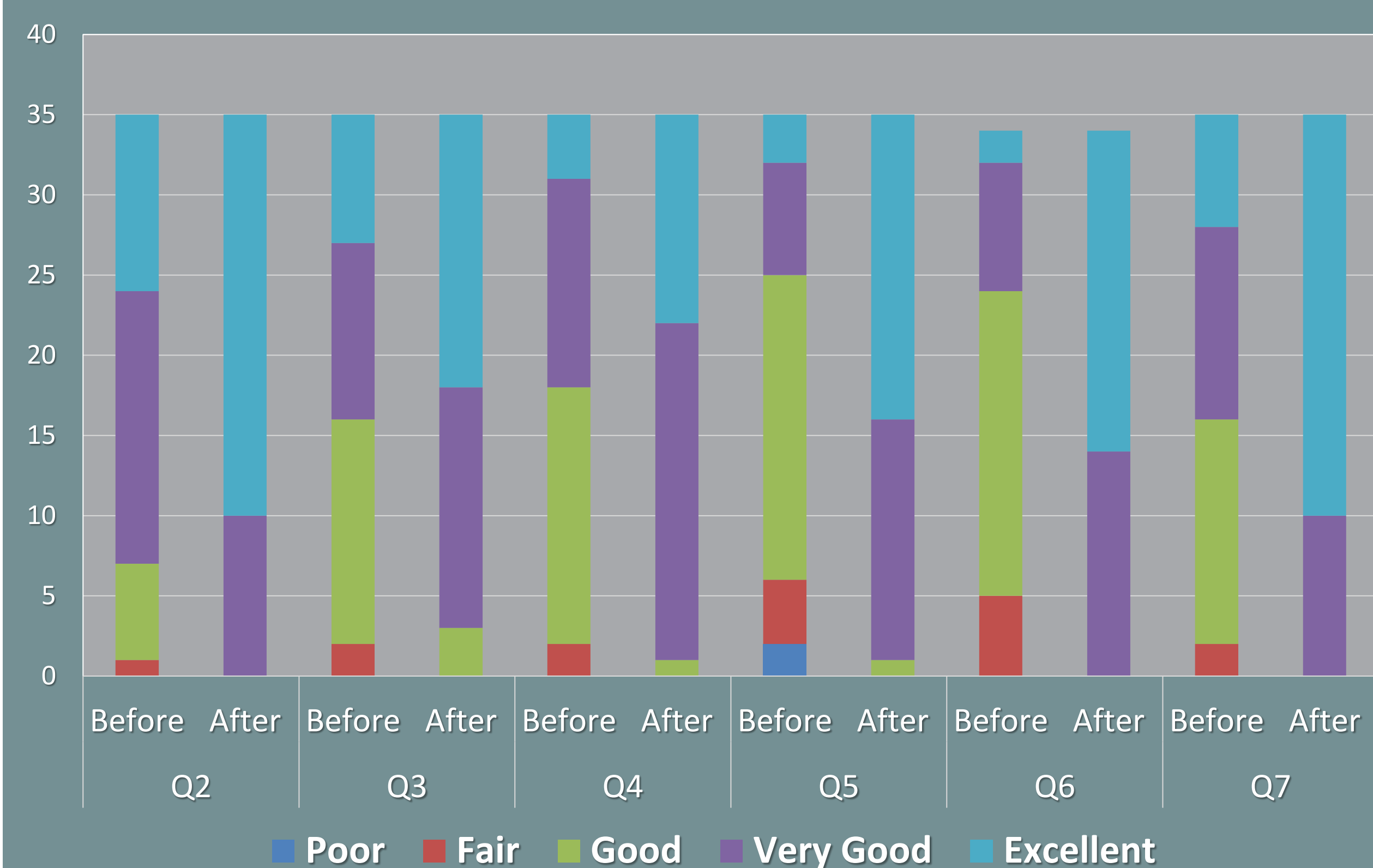
HARRISHEALTH
SYSTEM

Results

PT students (n = 9) and medical students (n = 26) completed a questionnaire using select IPE competencies before and after the activity (Figure 1). All learners exhibited significant increase in their ability to understand and recognize the importance of IPE and their individual roles and responsibilities on an interprofessional collaborative team after completion of the activity ($p < 0.0005$).

PT students (n = 10) and Medical Students (n = 24) completed the SEIEL questionnaire before and after the IPE activity (Table 1). Significant increases were seen in SEIEL total, Inter-Professional (IP) Interaction, and IP Team Feedback scores after completion of the IPE activity.

Figure 1. Frequency of Response Type to Questions 2-7 Before and After



- Q2. Actively listen to IPE team member's ideas and concerns.
 Q3. Express my ideas and concerns in a clear, concise manner.
 Q4. Identify and describe my abilities and contributions to the IPE team.
 Q5. Understand the abilities and contributions of IPE team members.
 Q6. Recognize how others' skills and knowledge complement and overlap with my own.
 Q7. Take into account the ideas of IPE team members.

Table 1. SEIEL Before and After - Paired T-Test ^

	Before	After	Difference
Total SEIEL	117.12 (24.49)	142.58 (18.43)	25.47 (15.58)*
IP-Interaction	61.09 (12.38)	73.24 (8.67)	12.15 (7.41)*
IP-Team Feedback	56.03 (12.96)	69.35 (10.23)	13.32 (9.04)*

^ Values given as mean (SD). * $p < 0.0001$

Figure 2. Open Text Comments and Themes Represented



Discussion

Overall, students appreciated the opportunity to interact with each other. All learners felt it was helpful to see how the other profession examined the patient and their approach to patient care. Medical students felt they better understood the goals of therapy and its relation to disposition planning. PT residents and students alike felt they were able to gain an understanding of the patient from a medical perspective. Some of the weaknesses of the IPE activity were the low number of learners. We showed that all learners exhibited significant change in their ability to understand and recognize the importance of interprofessional education and their individual roles and responsibilities on an interprofessional collaborative team. Students demonstrated improvement in self-efficacy in interprofessional interactions. This certainly will increase the likelihood of collaboration for these future professionals. Qualitative data demonstrated that learners were particularly impressed by the other profession's approach to patient care and that the experience would help them in the future. A representative comment expressed that the student wished the activity had occurred earlier in their medical school career in order to "use this knowledge to provide better patient care throughout [their] rotations".

Future Directions

Our IPE activity gives students a broader perspective of the unique interplay between physical therapy and medicine. Students appreciate this experience because we incorporate real patients into an IPE experience with medical students, neurologic PT residents, and PT students. Moving forward, our goal is to publish this curriculum so that other Neurology clerkships and PT trainees can implement and/or expand upon our model. IPE activities like this should be encouraged and developed to reach more students in the Neurology clerkships but also in other areas of medicine. (Scan QR code for abstract details.)





Developing Leadership and Patient Advocacy Skills Utilizing a Virtual Interprofessional Simulation

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INTRODUCTION

- Interprofessional Education (IPE) is an essential component to the curricula of health professional programs.^{1,2,3}
- IPE develops students into “collaborative-practice ready” professionals supported by collaboration, leadership, and patient centered care.⁴
- Health professionals, such as pharmacists and nurses, approach patient care and advocacy differently, but it is vital to build relationships between them.⁵
- Virtual simulation is an increasingly popular teaching tool during the current health climate.⁶
- This method can be applied to teach the interprofessional skills of leadership, patient advocacy, understanding the role of other professions, and interprofessional communication.

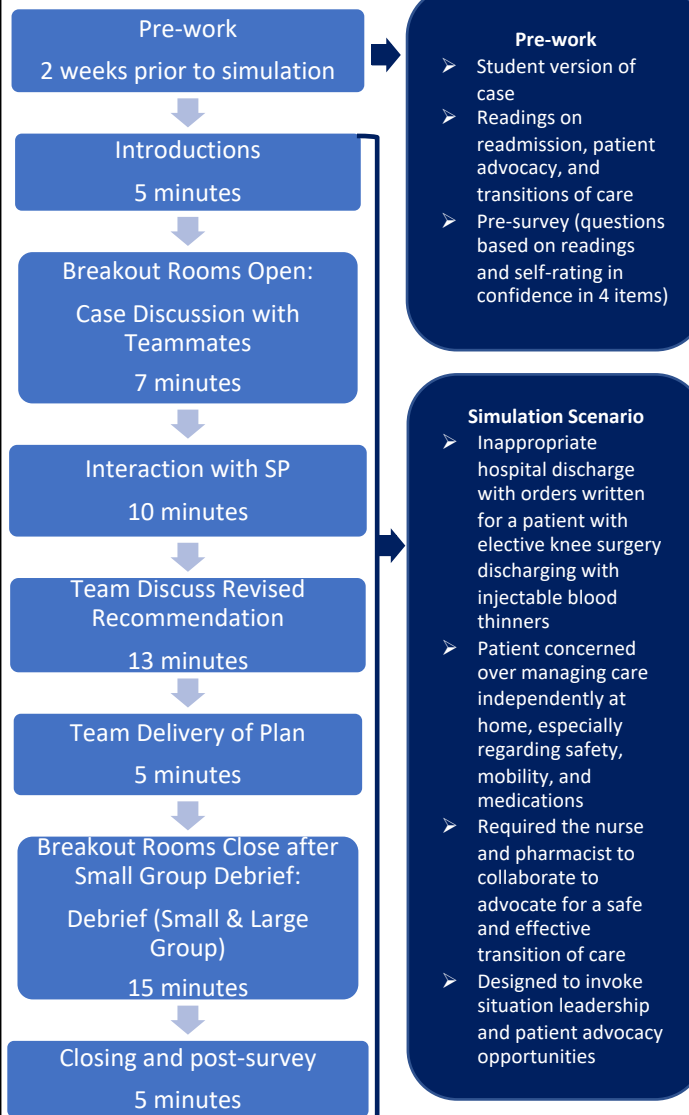
OBJECTIVE

- To assess students’ self-perception of leadership ability, patient advocacy skills, understanding the role of other professions, and interprofessional communication skills pre- and post- virtual simulation activity

METHODS

- Second-year pharmacy students and senior nursing students were assigned to interprofessional teams of 4-5 students (at least 2 individuals from each profession)
- The simulation design included (Figure 1):
 - 1) Pre-work and pre-survey (sent 2 weeks prior)
 - 2) 1 hour virtual simulation, with debriefs, on Zoom interacting with a standardized patient (SP)
 - Small group debrief: SP feedback to respective student teams
 - Large group debrief: Discussion on leadership and patient advocacy
 - 3) Post-survey
- Pre- and post surveys administered via Qualtrics
 - Self-rating on students’ confidence in 4 items utilizing a 6-point Likert scale: **leadership abilities, patient advocacy, understanding the other profession’s role, and interprofessional communication skills**
 - Wilcoxon signed rank test analyzed survey data

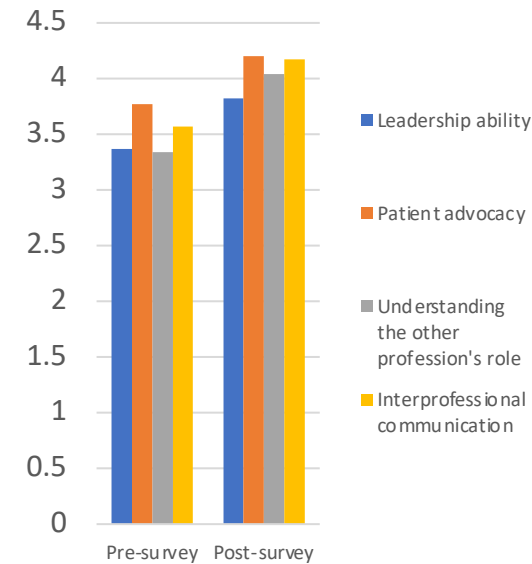
Figure 1. Simulation Design



RESULTS

- 36 pharmacy students and 37 nursing students participated in the simulation and completed the pre- and post-surveys.
- Increase in confidence in all four items (Fig. 2)
- All respondents recommended this experience to future students

Figure 2. Student Self-rated Confidence in 4 Items (6: Most confident, 0: No confidence)



Item Measured	Pre-survey Means	Post-survey Means
Leadership	3.37	3.82
Patient Advocacy	3.77	4.2
Understanding the other profession's role	3.34	4.04
Interprofessional communication	3.57	4.17

CONCLUSIONS

- Participation in an interprofessional virtual simulation focused on leadership development and patient advocacy is an effective method to increase students’ confidence in leadership, patient advocacy skills, understanding the other profession’s role, and interprofessional communication.
- The experience provides an opportunity to improve patient care through offering insight into healthcare resource limitations, patient concerns and preferences, and consideration of students’ roles as healthcare professionals to advocate for patients.
- The experience exposes students to a virtual setting, which is vital in the current healthcare climate, and offers an option when remote learning is required.
- Other health profession programs can replicate and tailor the experience to their learning needs.
- Some exposure to clinical rotations and healthcare settings prior to the simulation is ideal to maximize effectiveness of the experience.

RECOMMENDATIONS

- Larger sample size to assess generalizability of findings and impact of the intervention
- Application of a validated survey tool

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Creation of an IPE Health System Science, Strengths-Based Leadership Elective

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Bryan R. Hansen, PhD, RN, APRN-CNS, ACNS-BC and Nicole Mollenkopf, PharmD, MBA, BCPS, BCPPS, Johns Hopkins School of Nursing
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INTRODUCTION & NEEDS ASSESSMENT

An existing 2-semester, geriatric-focused IPE elective did not meet the goals or needs of all health professions making it difficult to obtain faculty facilitators and equal student recruitment from all three professions (nursing, medicine, and pharmacy).

Challenges & Weaknesses

- Low medical student recruitment
- Commute to class from different campuses
- Scheduling health mentor home visits
- Specialty-focus
- Loss of grant funding
- Time required for planning
- Faculty turnover
- New geriatric fellows recruitment each year
- Differing leadership support, priorities, and incentives

Strengths

- Committed faculty
- Core pool of students passionate about IPE
- Pre-existing, granted-funded IPE course to use as a framework

PROJECT GOALS

1. Equal student recruitment from each profession
2. Alignment with expertise of faculty facilitators
3. Refine course content to meet IPEC core competencies

Summary of Interventions for New IPE Elective

Challenges	Solutions
Low medical student recruitment	<ul style="list-style-type: none"> • Consistent application process across all three schools • Open to all years of medical students • Academic credit
Commute to class	<ul style="list-style-type: none"> • Virtual format for evening classes
Scheduling mentor home visits	<ul style="list-style-type: none"> • Hybrid format for mentor visits
Specialty-focus	<ul style="list-style-type: none"> • Emphasis on IPEC core competencies • Transition to life-span perspective • Addition of Health Systems Science and strength-based learning
Loss of grant funding	<ul style="list-style-type: none"> • Removed group meals • Leveraged in-house resources
Time required for planning	<ul style="list-style-type: none"> • Core stakeholders attended IPEC annual meeting
Faculty turnover and recruitment	<ul style="list-style-type: none"> • Course content aligned with faculty strengths • Geriatric fellows incorporated as guest speakers instead of course facilitators

EDUCATIONAL INTERVENTION

The faculty stakeholders from each profession met regularly to identify each school's goals and requirements, challenges with current elective, and areas for improvement from student feedback. Thus a new IPE elective course was created.

The course was shifted to incorporate strengths-based leadership and Health Systems Science (HSS), which includes the study of how health professionals work together to deliver care. These changes maximize the expertise of faculty and open new opportunities for assessment and scholarship.

EVALUATION

This pilot course will be run for the first time in Spring 2022. Students will be assessed with a survey instrument at baseline on their knowledge of HSS, its importance, their goals for the course, and how they expect the program to help them throughout their career. They will also be surveyed at the end of the course to assess for changes.

ACKNOWLEDGEMENTS

The authors of this presentation would like to acknowledge Elizabeth Tanner, PhD, RN, FAAN, creator of the Daniels Interprofessional Education Elective, and the Daniels family for the funding of this original program



Implementing Interprofessional Education (IPE) Initiatives

Faculty Experiences

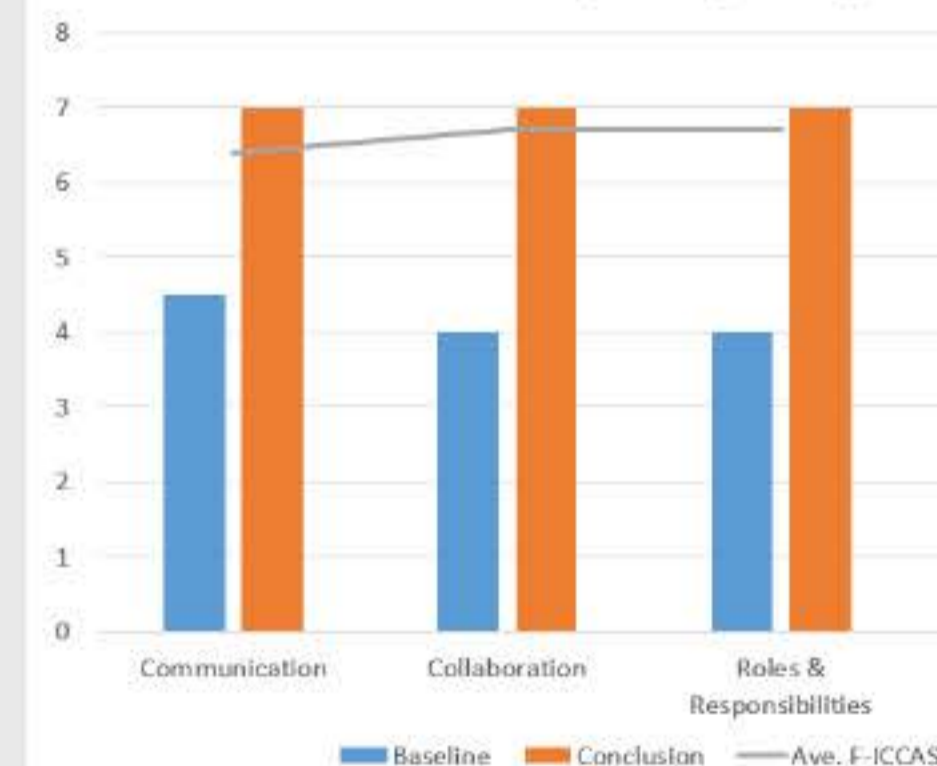
Valerie U. Oji, PharmD, BCPP, Associate Professor of Clinical Medicine; Adrienne Loftis, DO, MS, FACOOG, Director of IPE
NYITCOM at A-State University, Jonesboro, Arkansas

Research

Designing Interdisciplinary Research Activities:

- IRB application processes, CITI certification
- Local and regional institution collaborations
- Health services focused projects
- Qualitative, Quantitative, Mixed-Methods
- Scholarly Dissemination (conferences, posters(1), manuscript development for publication)
- Social media (ResearchGate) global profile posts
- Health Services Research Lab development for future learning experiences and future npreceptor identification

ICCAS IPE Competency Scores:
Student Competency Strengths



Vision

Strategically educate, develop, collaborate to transform "real-world" challenges

Issues

Educational experiences may not translate to actual practice post-training due to health sector factors, structural barriers (e.g. healthcare worker shortages, multidisciplinary friction, insurance reimbursement, legislative rules, etc.). Yet these issues as well as current events (e.g. pandemic, natural disasters, etc.) may spark opportunities to overcome the challenges.

Strategies: Planned and Ongoing

Faculty Development:

- Shadow and participate in other regional IPE program activities
- Virtual IPEC Institute attendance :

Address institutional priorities [e.g. Administration, COCA(2) accreditation guidelines]

- Developing program framework and solicit institutional buy-in (on-going)

Small activity pilots within faculty effort domains

Initiatives: Strategic Planning

Design problem-based learning activities that find and groom change agents

Teaching and Mentoring



Exploring Teaching & Learning Methods

- Ongoing curriculum development with stepwise implementation planning
- Identifying IPE concepts at all learning levels across the existing program courses
- Mentor-Mentee Discussions (journal article and IPE/career topic discussion)
- Virtual IPE elective clerkship design
- Assessments (e.g. ICCAS, learner self-reflections, facilitator debriefs/reflections): REDCap storage (Research electronic data capture)

Service



Planning to Impact Policy & Practice:

- Strategic collaborative community partners – potential sites and preceptors for future development and manpower mobilization
- CME and CE program planning (e.g. MHFA* for State health professions)
- SCOPE of Practice legislation watch (eg. Pandemic-related, telehealth, provider reimbursement, innovative team models)



References:

- (1) Oji, Loftis, Knight, Woodard, Vutam & Ansari. (2020). Comprehensive Medication Management (CMM) for anesthesiology & interprofessional team liaison. NVivo Virtual Conference.
- (2) COCA (2019). Commission on Osteopathic College Accreditation.. Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards.

Acronyms

CE - Continuing Education, CITI - Collaborative Institutional Training Initiative, CME - Continuing Medical Education, ICCAS - Interprofessional Collaborative Competencies Attainment Survey, IRB - Institutional Review Board, MHFA - Mental Health First Aid, REDCap - Research Electronic Data Capture

From Day 1: Peer Teachers Educate, Role Model, & Immerse Undergraduate First-Years in Interprofessional Competencies

University of New England – Collyn J. Baeder, MPH; Karen T. Pardue, PhD, RN, CNE, FNAP, ANEF; Bernice Mills, RDH, MS

Background

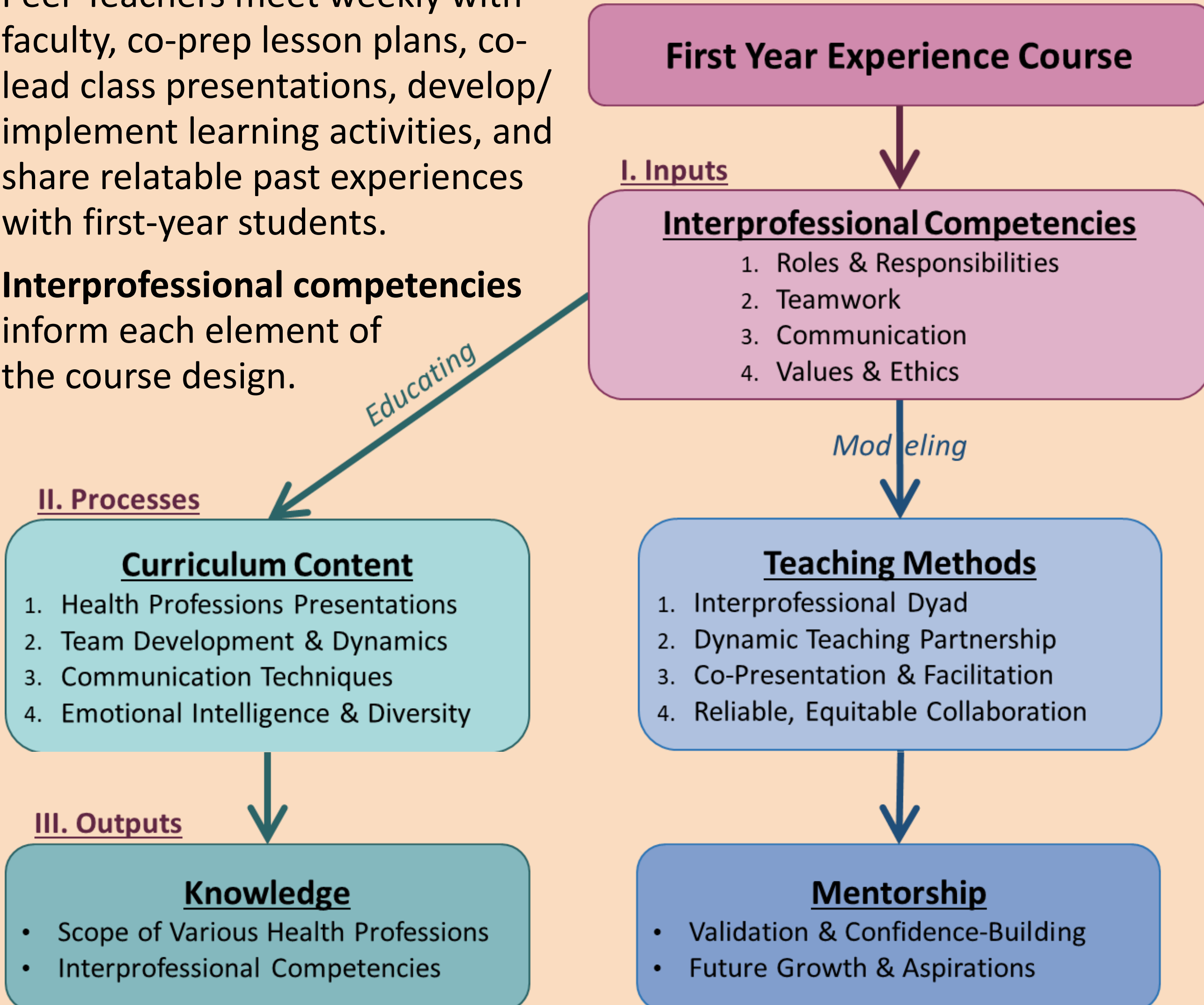
Every fall since 2016, the UNE **First-Year Experience (FYE)** course enrolls 200-300 first-year health professions students. Capped at 18 students, each course section comprises an interprofessional mix from nine health professions:

- Health, Wellness, & Occupational Studies
- Applied Exercise Science
- Athletic Training
- Nursing
- Pre-Pharmacy
- Social Work
- Public Health
- Dental Hygiene
- Nutrition

From Fall 2017 onward, **Peer Teachers** have been integrated across all course sections. Peer Teachers are older health professions students partnered with FYE faculty to co-teach the curriculum.

Peer Teachers meet weekly with faculty, co-prep lesson plans, co-lead class presentations, develop/implement learning activities, and share relatable past experiences with first-year students.

Interprofessional competencies inform each element of the course design.



Methods

Peer Teaching methods are assessed annually, via a qualitative question embedded within students' FYE course evaluations. In the initial 2017 semester, focus groups conversations augmented this data.

"If applicable, describe the nature of your experience and the perceived value of having an older student ("Peer Teacher") co-teaching this class."

Results

Qualitative analysis of course evaluation data suggests that first-year students benefit from Peer Teaching methods via growth in interprofessional **Knowledge, Mentorship, & Engagement**.

Knowledge

"This course was really helpful in understanding each of the medical fields in a much deeper way. I was able to understand what happens in each health profession, and I tried to picture myself in each area."

Mentorship

"I liked having a 'Peer Teacher' ... because you got to hear about their stories about being a student in the health sciences, and got to hear about it from a perspective that we are more likely to relate to."

Engagement

"[The Peer Teacher] would tell us about all these different events on campus ... and said we should try to get more involved here because the more connections you make, the better your chances of eventually being a successful person in your field."

Discussion

Through exposure to interprofessional competencies in the **Curriculum Content** taught by Peer Teachers, the **Teaching Methods** employed, and the design of the **Experiential Learning Community**, the first-year students reported growth in interprofessional **Knowledge**, "near-peer" **Mentorship**, and **Engagement** with each other and the UNE community (Rees et al., 2016).

More than faculty, Peer Teachers are uniquely positioned to share their "insider" **first-hand knowledge** of the student experience, thus hastening first-year engagement with this new framework. Through both formal instruction and informal mentoring, Peer Teachers extend to first-year students an "insider" **invitation** to become part of the UNE student and interprofessional learning community.

Thus, by **Educating, Role Modeling, & Immersing** first-years in interprofessional competencies during their earliest undergraduate experiences, Peer Teachers and faculty respond to international calls for further integration of robust interprofessional strategies into health professions education (IOM, 2003; WHO, 2010).



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An introductory IPE curriculum can increase interprofessional interactions and help ensure that all students receive appropriate education on each IPEC competency.



Needs Assessment:

- Minimal IPEC background information was covered in our current IPE events due to time constraints.
- While programs may cover the IPEC competencies in their individual curricula, it often varies in depth.

Project Goals:

- Short-term: expand the number of IPE events to describe the IPEC domains in more depth and increase interprofessional interactions
- Long-term: increase interprofessional confidence and interactions during experiential rotations by increasing didactic exposure

Project Educational Strategies:

- An introductory IPE course was designed that was composed of asynchronous online ITEACH modules and synchronous live events.
- The course is one year long and consists of two blocks in the fall and two blocks in the spring, with each block focusing on one of the four IPEC core competencies.

Project Evaluation:

- Students complete a pre-survey prior to the first block and a post-survey after completion of all four blocks to assess changes in perceptions of interprofessional practice.
- A reflection is also completed after each synchronous event to gauge how it will impact their future practice and gain event feedback.

Building the Foundation:

An Introductory IPE Curriculum for All Health Science Students

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Figure 1: Synchronous Events

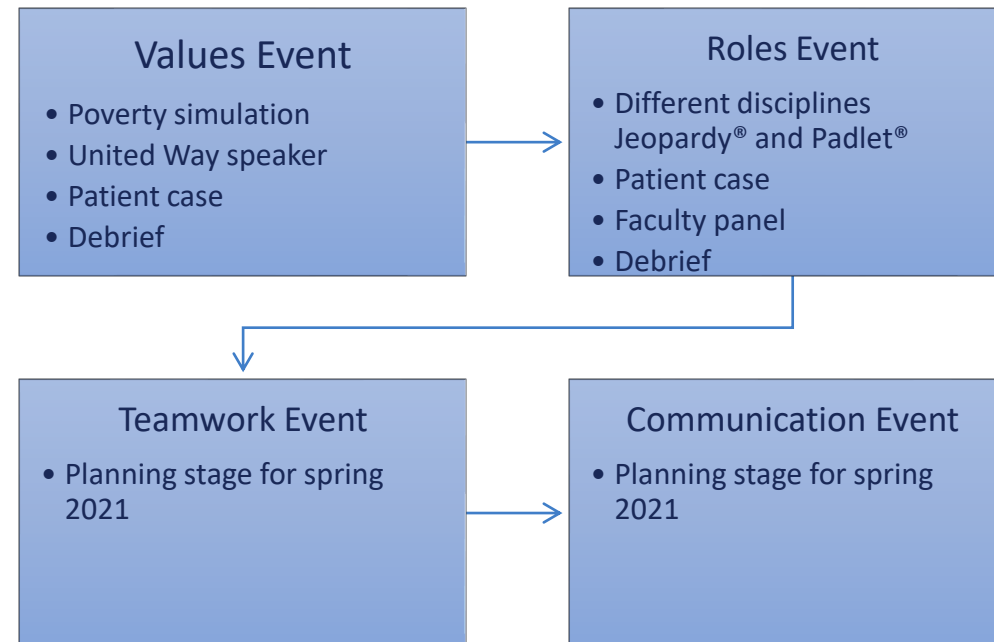


Figure 2: Tips for Success

Gain buy-in from key stakeholders
Advocate for resources
Identify a common block time
Determine appropriate approval process

The Effectiveness of Integrating Public Health Students into a Large-scale IPE Program

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Introduction

Public Health (PH) has been a key contributor to the Interprofessional Education Collaborative (IPEC) expert panel for Interprofessional Education (IPE) programs. However only a limited number of IPE programs have enrolled PH students and intentionally incorporated population health concepts such as social determinants of health (SDOH) into the curriculum.

Purpose

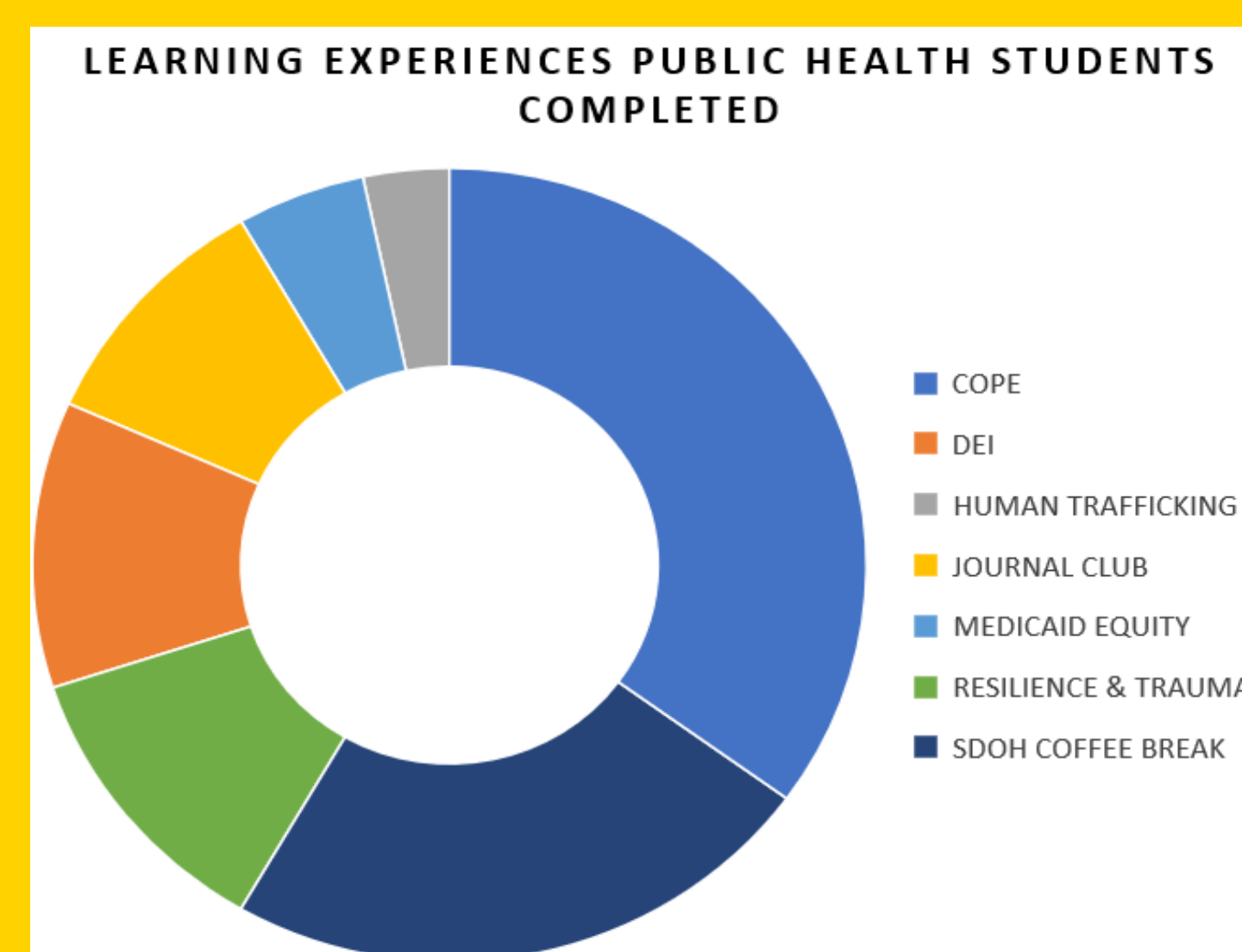
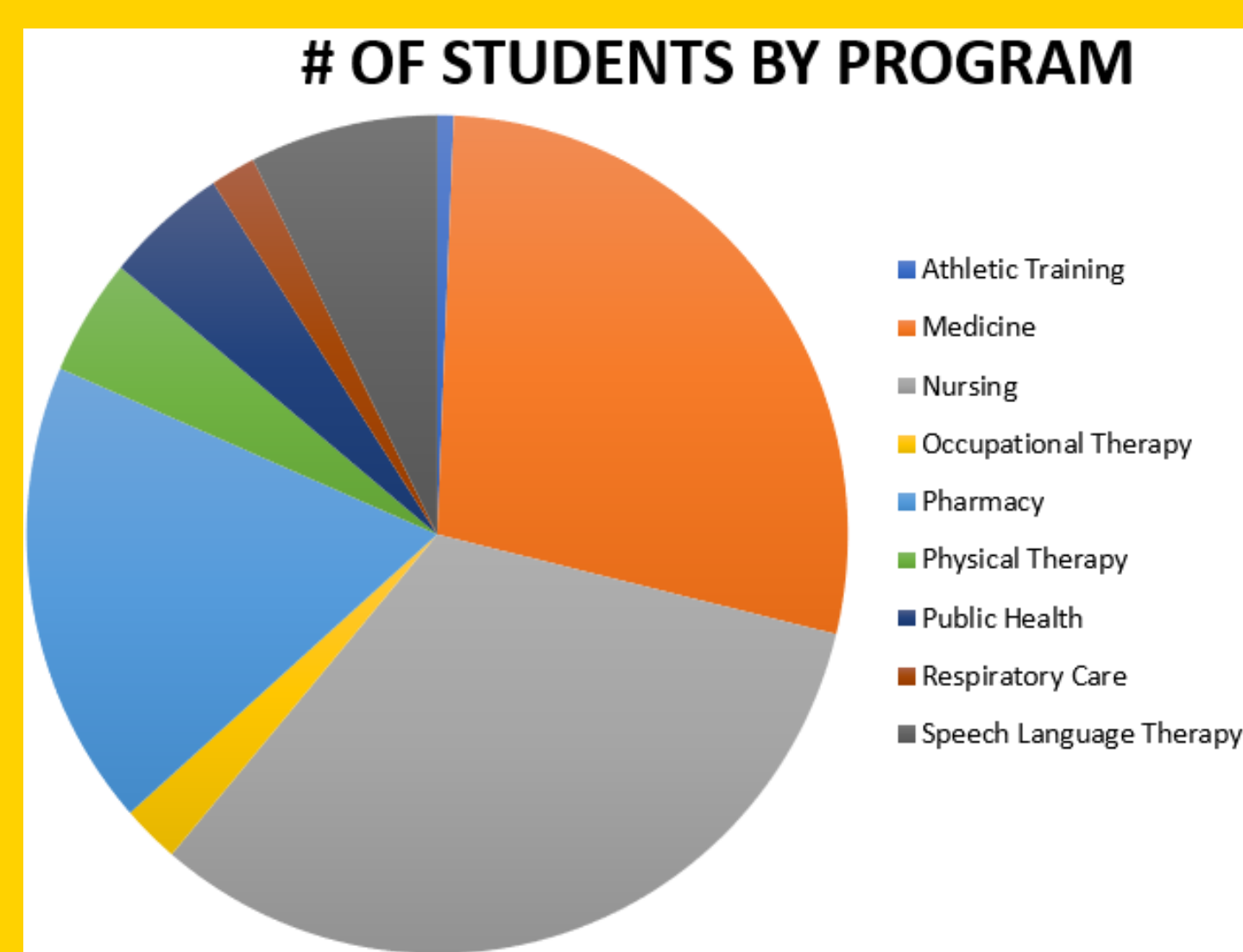
- The **purpose** of our project was to require PH student attendance in a large-scale IPE program and evaluate the effectiveness of modifying course content to be more inclusive of population health concepts, to include the SDOH.
- The **goals** were to provide PH students with a meaningful learning experience and to improve their knowledge of IPE.

Methods

Over 600 students from nine healthcare professions (PH=30) participated in learning experiences related to SDOH and other population health concepts.

Students chose from options that included:

- Poverty and homelessness simulations
- Workshops on trauma-informed care; human trafficking; and diversity, equity and inclusion
- Neighborhood assessments



PROGRAM	# OF STUDENTS	LEARNING EXPERIENCES							
		COPE	DEI	HUMAN TRAFFICKING	JOURNAL CLUB	IISC SIMULATION	MEDICAID EQUITY	RESILIENCE & TRAUMA	SDOH COFFEE BREAK
Athletic Training	4	4	0	0	1	0	0	0	3
Medicine	175	46	16	18	7	52	10	10	16
Nursing	201	96	42	25	15	138	18	25	38
Occupational Therapy	14	14	1	5	3	0	2	3	0
Pharmacy	112	65	7	4	22	111	7	8	0
Physical Therapy	28	12	6	0	12	5	0	4	17
Public Health	30	24	4	2	7	0	3	7	13
Respiratory Care	11	5	1	1	0	11	1	3	0
Speech Language Therapy	46	15	10	5	5	0	4	4	3
TOTALS	621	278	90	60	71	317	45	60	91

Results

- Survey comments revealed that diverse perspectives and interprofessional collaboration are essential to address health disparities and advocate for patients. Select take-away comments included:
 - "Learning to see things from other's eyes."
 - "Disparities require a collaborative approach."
 - "Need to advocate for patients with other professionals."
- Over 95% agreed or strongly agreed that all but one improved their knowledge in the IPEC Core Competencies.

Question	# of Public Health Students Attended	LEARNING EXPERIENCES					
		COPE	DEI	JOURNAL CLUB	MEDICAID EQUITY	RESILIENCE & TRAUMA	SDOH COFFEE BREAK
Q1. Improved my ability to work with individuals of other professions to maintain a climate of mutual respect and shared values. (IPEC Core Competency 1: Values and Ethics)	24	5	7	1	7	13	
Q2. Improved my knowledge of my own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (IPEC Core Competency 2: Roles and Responsibilities)	Strongly Agree	65	40	72.7	100	50	53.8
	Agree	31	60	27.3	0	50	38.5
	Total %	96	100	100	100	100	92
Q3. Improved my ability to communicate in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (IPEC Core Competency 3: Interprofessional Communication)	Strongly Agree	58.6	60	63.6	100	62.5	46.2
	Agree	39.9	40	36.4	0	37.5	53.8
	Total %	99	100	100	100	100	100
Q4. Improved my ability to apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (IPEC Core Competency 4: Teams and Teamwork)	Strongly Agree	58.6	60	72.7	100	62.5	30.8
	Agree	41.4	40	27.3	0	37.5	53.8
	Total %	100	100	100	100	100	85
Q5. Was an effective learning experience to improve my knowledge and skills for interprofessional collaborative practice (IPCP) in the future.	Strongly Agree	51.7	40	72.7	100	37.5	38.5
	Agree	44.8	60	27.3	0	62.5	46.1
	Total %	97	100	100	100	100	85
Q6. AFTER PARTICIPATING IN THIS LEARNING EXPERIENCE: I would recommend this learning experience to other students.	% Yes	96.3	100	100	100	100	92.3



Conclusion

Developing innovative experiential learning experiences that include population health concepts within an IPE-program creates a fulfilling and enriched curriculum that prepares our future health professionals to better serve patients and the community.

Acknowledgements

We thank the University of Toledo IPE Faculty Steering Committee, which represents 11 healthcare professional programs, for including public health students and modifying curricular content to more explicitly address population health concepts.



Retrospective Analysis to Demonstrate Improved Student Outcomes in Communication Skills Following an Interprofessional Telehealth Simulation

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PURPOSE

The purpose of this study is to provide physician assistant, medical, and pharmacy students a simulation-based IPE experience incorporating telehealth for improvement of communication and collaboration between health care providers in different physical locations and application to clinical education phases and future professional practice.

OBJECTIVES

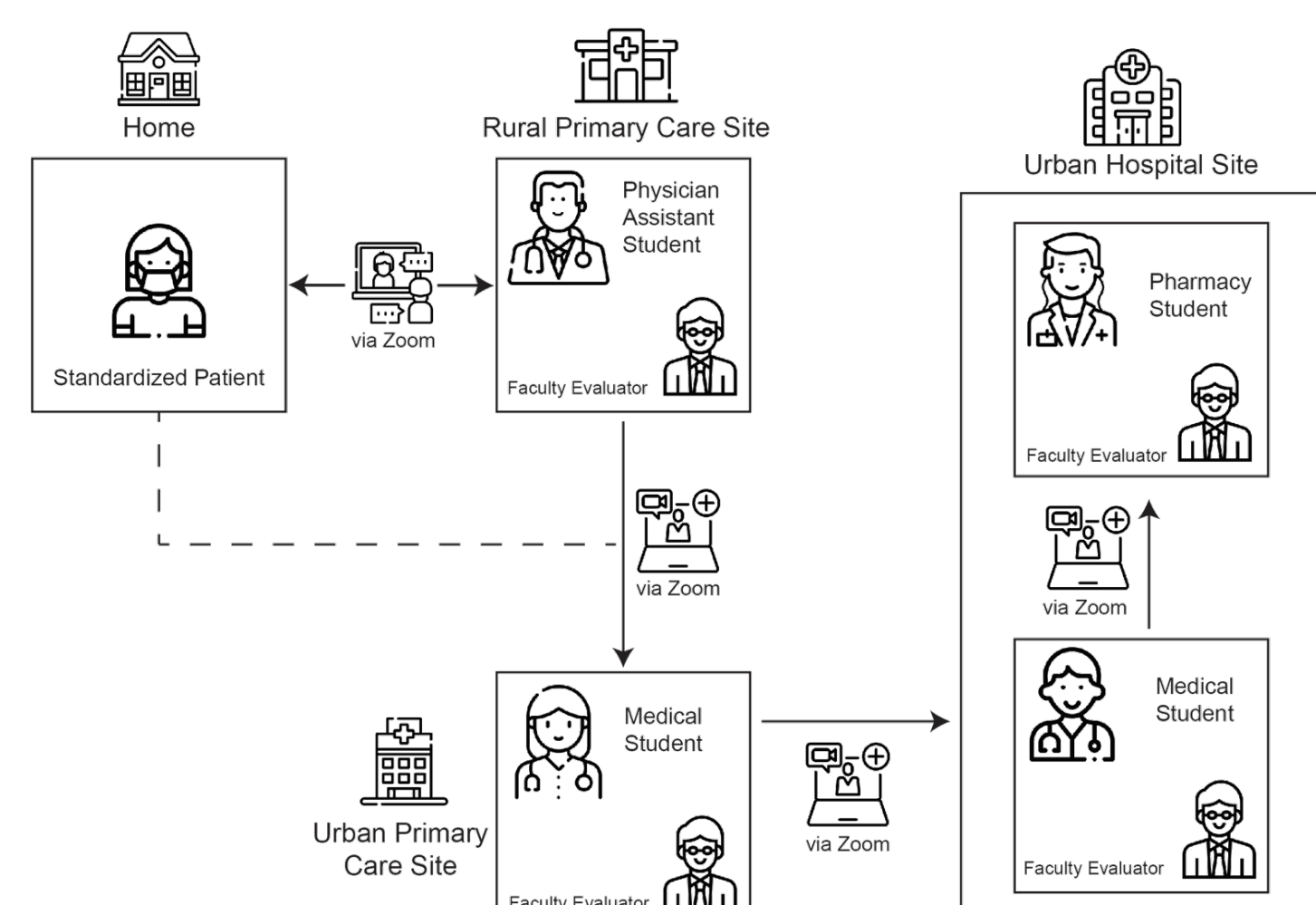
This telehealth simulation incorporates students from three health professions programs, physician assistant, medicine, and pharmacy, and standardized patients (SP) working in collaboration via remote video platform, to facilitate the evolution of patient care from a rural primary care clinic to an inpatient setting for complex care of a diabetic wound. Specific objectives include the following:

- Introduce students to telehealth concepts and remote patient encounter techniques to ensure effective and patient-centered care.
- Demonstrate communication and interview skills with patients through telehealth.
- Demonstrate interprofessional communication and collaboration skills with members of the health care team through a telehealth consultation.

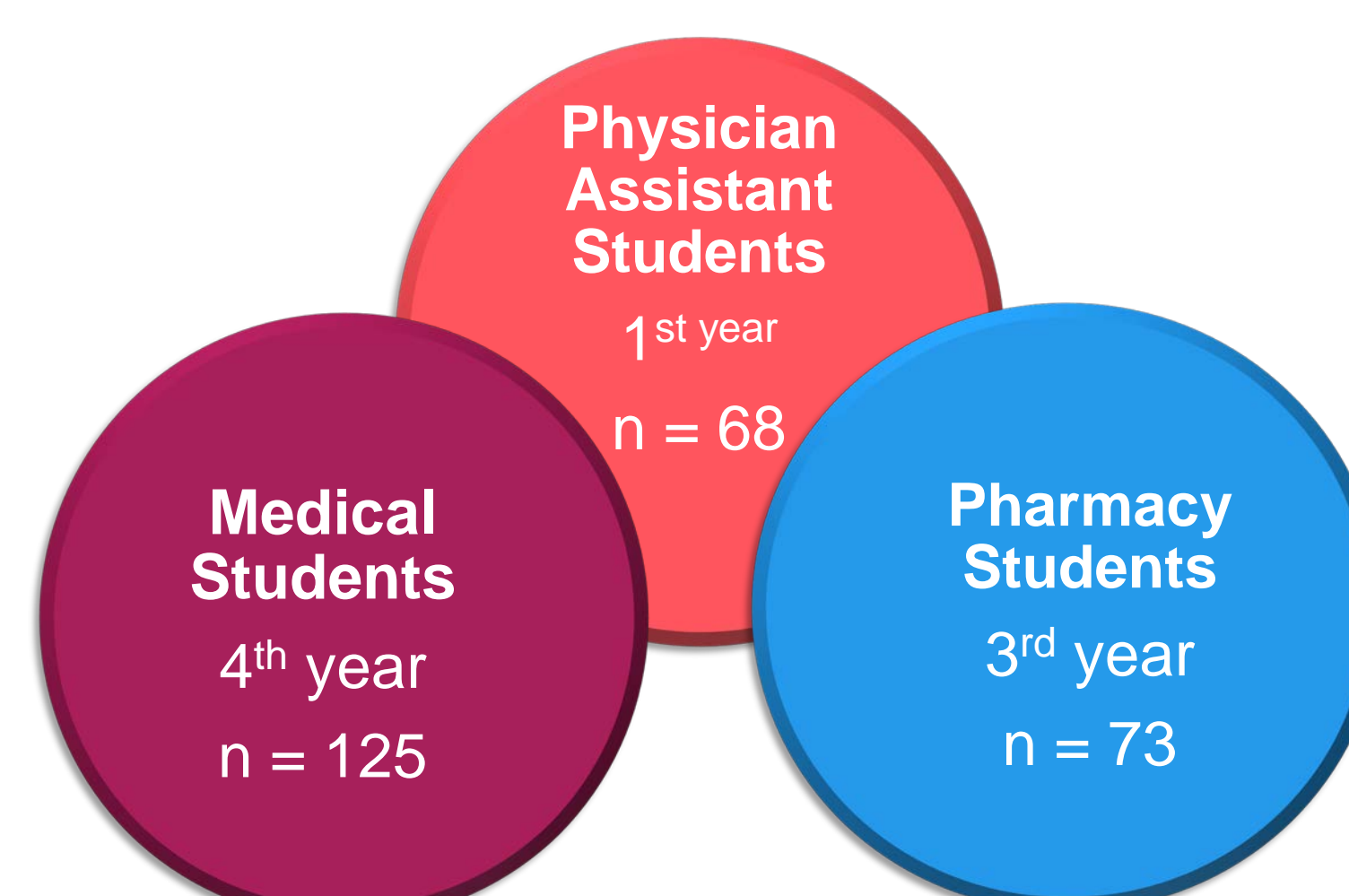
METHODS

- Pre-Survey**
- Likert Scale questionnaire rating student experience with health care team collaboration and telehealth resources
 - Qualitative feedback regarding perceptions of telehealth benefits, barriers, and challenges
- Simulation**
- Facilitator observation tool utilized during simulation event based on objectives
 - Post-event group debriefing discussion including all student, SP and facilitator session participants
- Post-Survey**
- Likert Scale questionnaire rating student comfort level using telehealth, collaboration via telemedicine with other health care team members and value of experience in application to future clinical practice.
 - Reflection regarding roles/responsibilities, value of telemedicine resource, communication and collaboration of health care team members

EVENT SCHEMATIC

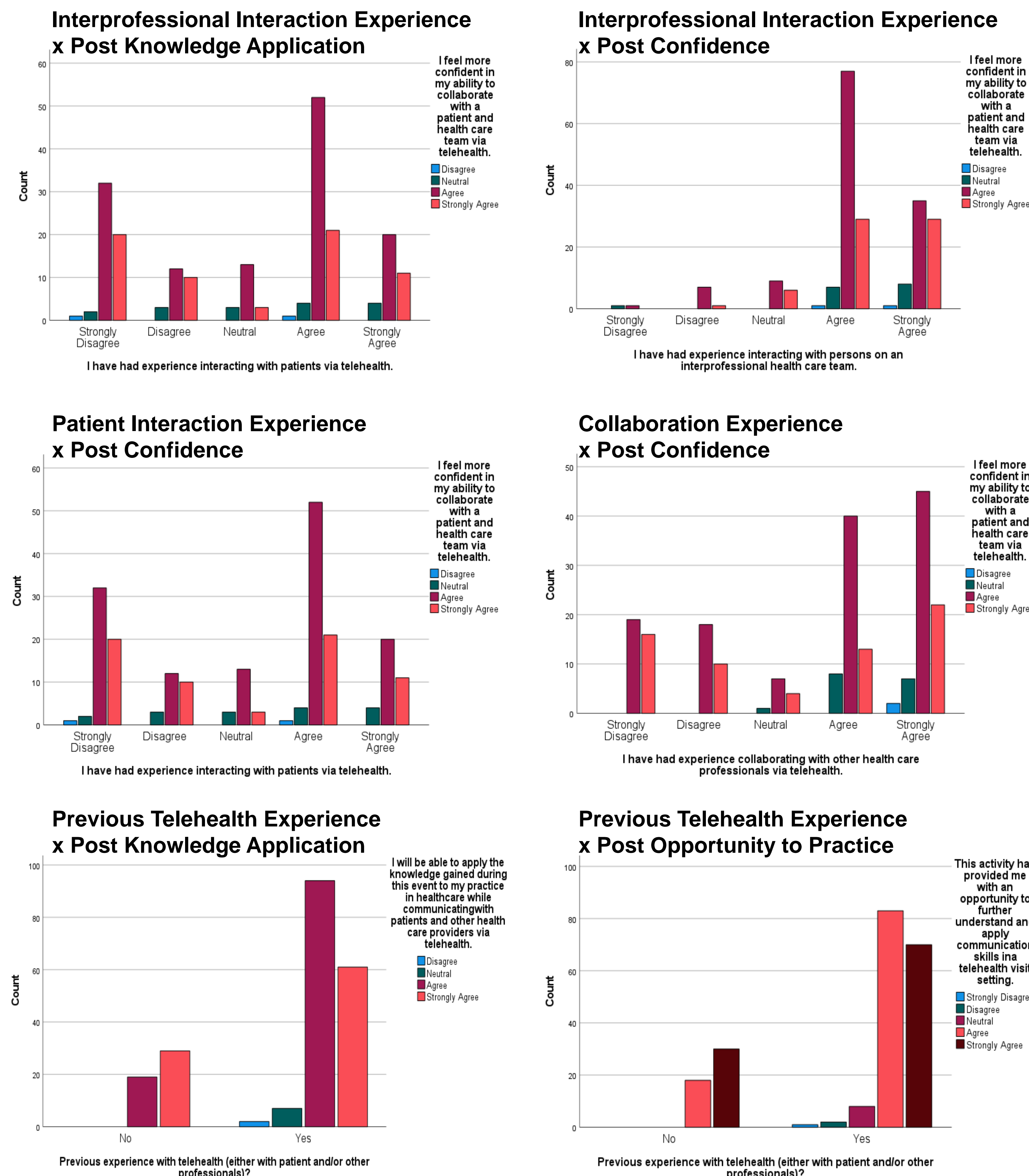


PARTICIPANTS



QUANTITATIVE RESULTS

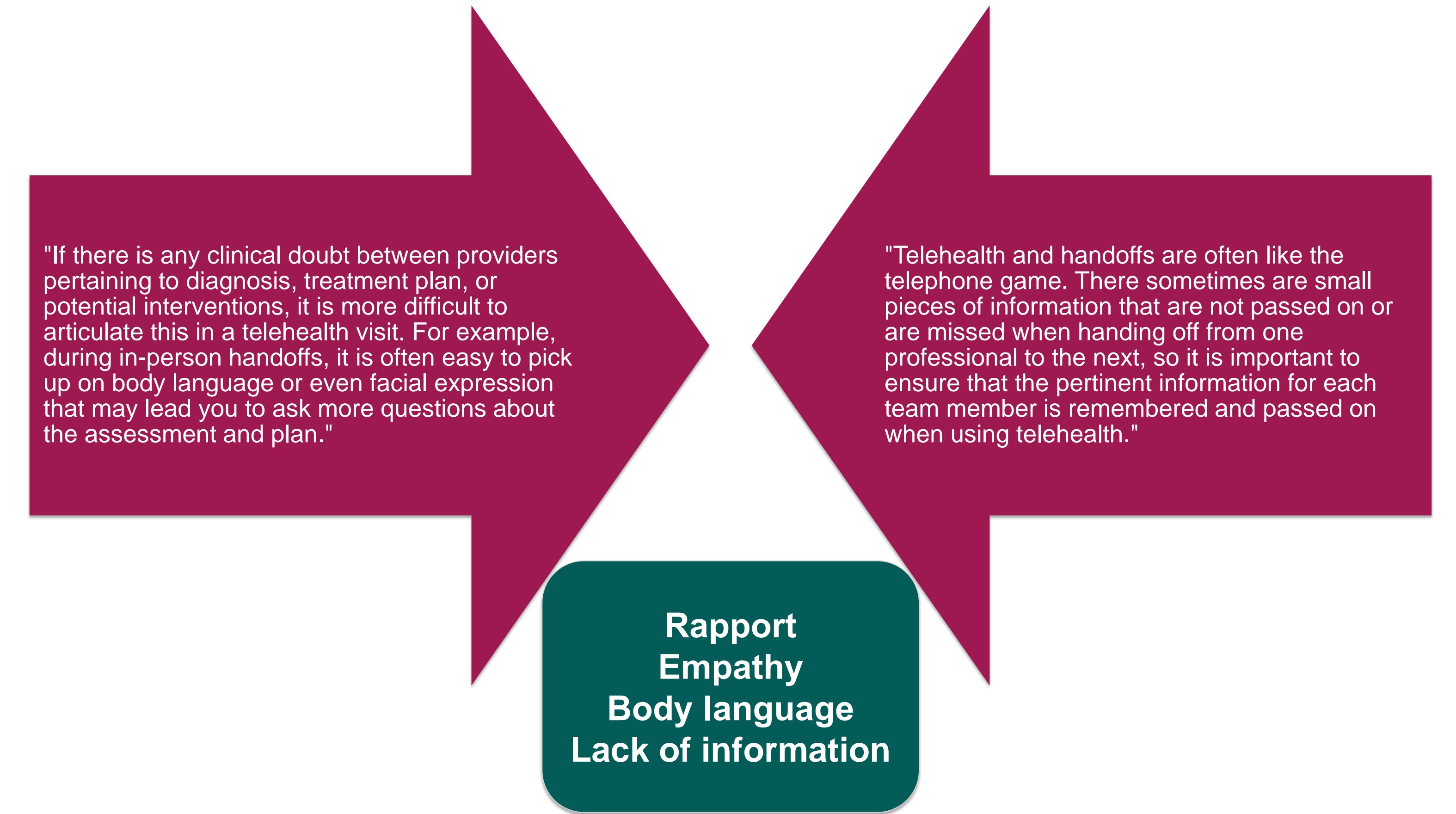
The tables and graphs below present the relationships between some of the Pre- and Post-questions and students' self-reported confidence and ability to apply knowledge following the simulation.



QUALITATIVE RESULTS

The participants in the activity provided written feedback to several open-ended questions Pre- and Post- activity. The Pre- activity questions focused on perceptions of benefits and challenges of telehealth. The Post- activity questions focused on interprofessional communication and collaboration skills via telehealth.

Communication Challenges in Telehealth



Encounter Successes and Interprofessional Communication Skills



CONCLUSION & FUTURE DIRECTIONS

Research regarding the incorporation of telehealth and telehealth interprofessional simulation in health care profession curriculum is very limited. To our knowledge, this is the first study to evaluate the use of interprofessional telehealth simulation between physician assistant, medical and pharmacy students to educate and prepare students for clinical education application and future professional practice. Several studies have expressed the need for medical educators to continue to adapt to technological advances in medicine and to incorporate the use of telehealth earlier in the didactic phase of health profession student training.

Further research on telehealth-enhanced IPE simulation is paramount. It provides formative experience in informatics and overcomes barriers in patient care and educational opportunities. The University of Nebraska Medical Center Physician Assistant program, College of Medicine and College of Pharmacy will plan to continue this event as a curricular component and gather ongoing data and student feedback for program improvement and innovation.

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Interprofessional 'Virtual Medication Rounds' for Nursing and Pharmacy Students

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Sujin Weinstein, PharmD, BCPP; Nicole Warren, PhD, MPH, CNM, FAAN

Needs Assessment

- Opportunities are needed for nursing and pharmacy students to practice working collaboratively to solve patients' medication-related problems.
- Strategies to increase interprofessional student collaboration that provide clarity on how to best interact to improve care need to be developed and tested.
- Pharmacology course in prelicensure nursing program taught by Nurse-Pharmacist team
- Course includes 'Virtual Rounds' Assignment where students work in clinical groups to develop a presentation on one patient where they thoroughly discuss all the nursing interventions related to medications
- Decided to investigate opportunities to integrate pharmacy students into this assignment to enhance medication management proficiency, as well as interprofessional collaboration skills

Project Goals

Develop, implement and evaluate an interprofessional education activity for pharmacy and nursing students designed to improve students' ability to solve medication-related problems through interprofessional collaborative practice

Educational Strategies

- We developed a 2-hour, synchronous, virtual interprofessional education activity
- Nursing students (130) enrolled in pharmacology course, grouped into clinical groups (~6-8 nursing students per group)
- Pharmacy students (42) completing summer internship (PY-1) or clinical rotations (PY-4) at the Johns Hopkins Hospital (2 pharmacy students per group)
- Small groups were facilitated by Doctor of Nursing Practice (DNP) students (24)

Pre-work

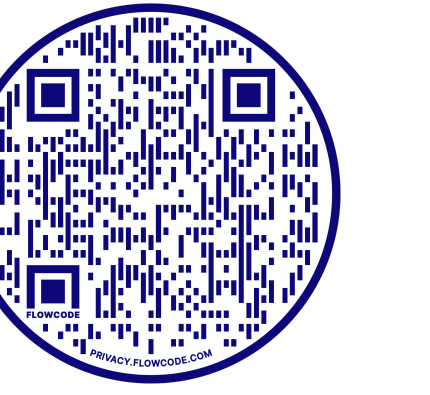
- Nursing students prepared one page summary of patient case, provided to pharmacy students
- All students watched event preparation video and videos on professions approach to care
- Students asked to develop a list of questions for the other profession

Event details

- Welcome and overview (15 mins)
- Teambuilding activity (15 min)
- Discussion of how professions approach care (15 mins)
- Patient case discussion, including discharge planning (45 mins)
- Debrief (15 mins)
- Closing and survey (10 mins)

Evaluation

IPEC Competency Self-Assessment Tool Version 3



- Used to assess student participants' self-efficacy in interprofessional education collaboration competencies pre and post event
- Statistical analysis was performed using the Wilcoxon signed and ranked test

Statistical Analysis

	Student Nurses	Student Pharmacists	Both
n=	95	30	125
Wilcoxon signed and ranked, Values	.000	0.002	.000
Wilcoxon signed and ranked, Interaction	.000	0.000	.000

- Statistically significant increase in the students' pre-test and post-test values, indicating that the students did gain self-efficacy in the IPE competencies

Survey Feedback

- An analysis of free text comments found that students found the event to be highly beneficial and appreciated
- Criticisms were related to the length of the event, timing or the need for more complete information prior to the event

Next Steps

This IPE event will be a required assignment in our nursing pharmacology course. We are working with the Notre Dame of Maryland University School of Pharmacy to include 3rd semester pharmacy students in addition to interns/students from the Johns Hopkins Hospital.

COMPREHENSIVE MEDICATION MANAGEMENT (CMM) FOR ANESTHESIOLOGY & INTERPROFESSIONAL TEAM LIAISON

A Case for Practice Innovation

Valerie U Oji, PharmD, BCPP (1), Adrienne Loftis, DO, MS (1), Debbie Knight, PharmD (2),
Alexis Woodard, BS (2), Michael Vutam, BA (1), Abdul Ansari, BS (1)
(1) - NYIT College of Osteopathic Medicine, (2) - Harding University College of Pharmacy

BACKGROUND: Challenges with communication and risk management across multiple in-house and contracted health providers for day surgery or outpatient procedures



METHODS:
Qualitative
Observational
Case Study
Interviews

Theoretical Framework:
Roger's Diffusion of
Innovation Theory

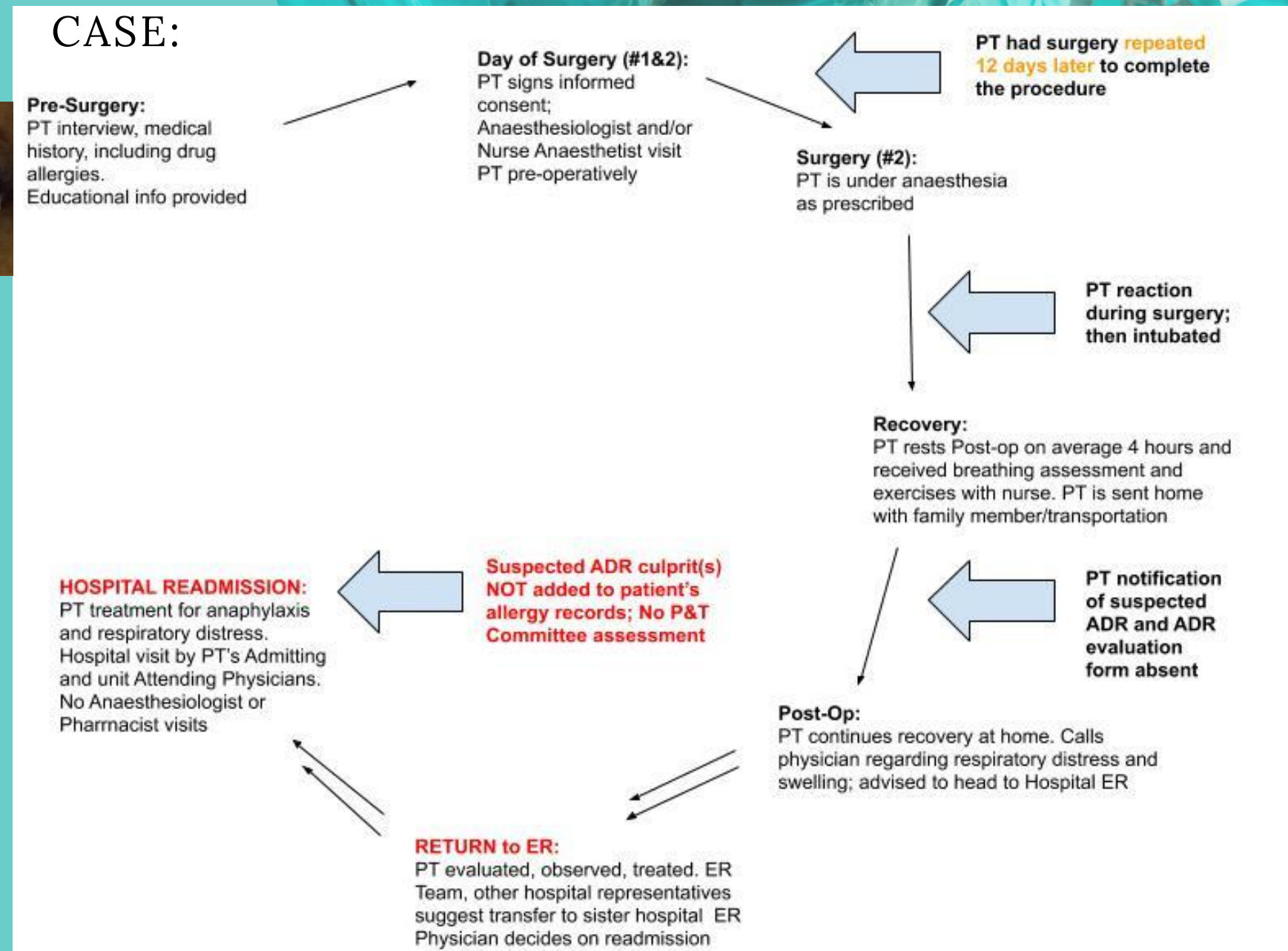
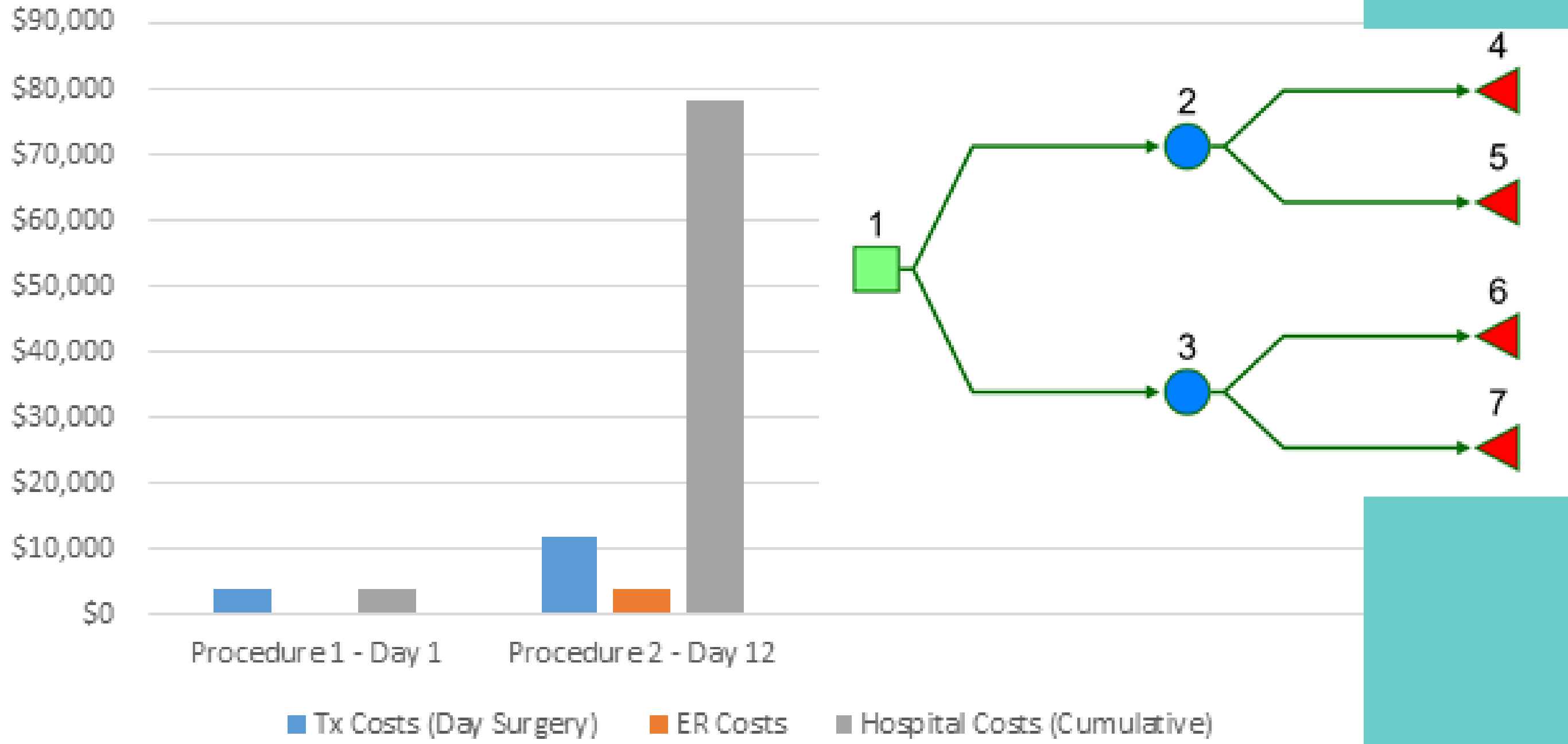


Fig. 1. - Problem Scope & Cost Estimates



CASE: Clinical Outcome Measures (e.g. ADE, Hospital bed days, hospitalizations, ER visits)

Box 1 (Green) – Patient (PT); [ADE/ADR] – Adverse Drug Event/Adverse Drug Reaction

Option 2 (Blue) – Procedure with Treatment as usual (TAU)

Option 3 (Blue)– Procedure with CMM Liaison role (CMM)

Outcome 4 (Red) – No ADE, Outcome 5 (Red) – ADE [% incidence and \$ cost]

Outcome 6 (Red) – No ADE, Outcome 7 (Red)– ADE [% incidence and \$ cost]

METHODS: Preliminary Coding

Fig 2.

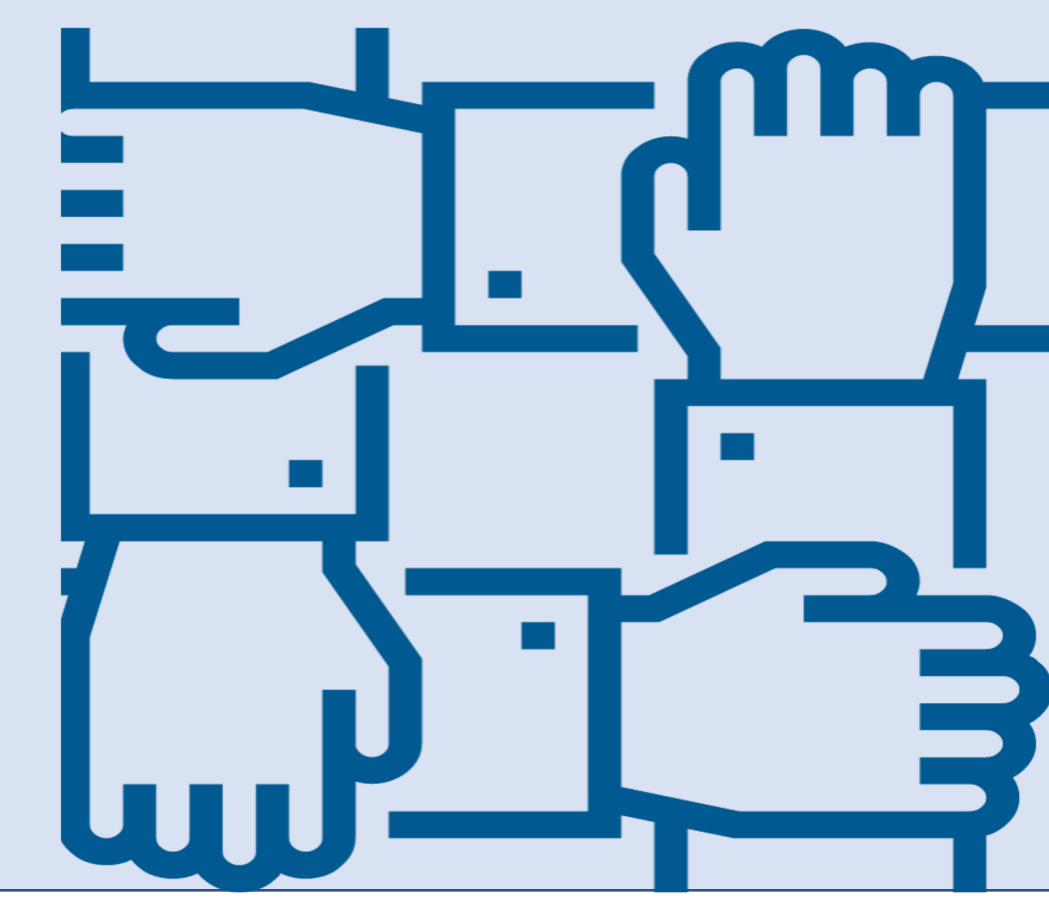
Codes	Categories
Patient Advocacy	Importance of CMM Liaison
Touchpoints	
Competency	Qualifications of CMM Liaison
Training	
Expertise	
Critical Care Credentialing	
Interprofessional Teams	Empowerment of CMM Liaison
Autonomy	
Trust	
Responsibility	
Accountability	
Value-Based Reimbursement	Financial Viability of CMM Liaison

RESEARCH-IN-PROGRESS: Next Steps

Qualitative Interviews
 Focus groups
 Coding- NVivo
 Health Service Model Design

Multimodal Pedagogical Approach in Rehabilitation Programs’ Interprofessional Curricula

Riopel MA, PhD, DPT and Wyncarz KD, PhD, DPT
Doctor of Physical Therapy Program



Background/Objective:

- Interprofessional education (IPE) guidelines exist for student education on roles and responsibilities, mutual respect and values, teamwork, and communication (IPEC)
- No superior method of delivery has been elucidated

Objective:

To describe the impact of a multimodal educational approach to IPE

Methods:

- Retrospective analysis of data collected 2019-2021
- IPEC Self-Assessment Tool (Version 3) measured students' self-efficacy of interprofessionalism pre-post IPE curricula
- IPEC scores compared pre-post using Kruskal Wallace

Results:

- 69 students randomly assigned to 12 IPE teams
- Statistically significant improvements in:
 - communication
 - leadership practices
 - constructively managing disagreements
 - using evidence to inform teamwork
 - understanding the expertise of other professionals
 - shared problem-solving
- No differences in trust, honesty, ethical conduct, respect, ability to maintain competence, ability to integrate knowledge, and awareness of strategies to increase care effectiveness

- Fifteen IPE sessions embedded in the curricula of master of athletic training (MSAT), master of occupational therapy (MSOT), and master of speech language pathology (MSLP) programs
- 3-4 IPE sessions per semester over 5 consecutive semesters (one semester with only 2 sessions)
- Each IPE session is coordinated by 3-4 interprofessional faculty
- Students assigned to teams of 5-6 students including MSAT, MSOT, and MSLP
- First 3 semesters of programming occurred in person
- Final 2 semesters shifted online due to COVID-19
- Curricula included small team problem solving exercises, case-based activities, clinical simulations, and reflective presentations

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- Image By Maxim Basinski - The Noun Project, CC

IPEC Question	Initial Mean Rating	SD	Final Mean Rating	SD	Significance
I am able to choose communication tools and techniques that facilitate effective team interactions.	3.49	.535	3.81	.401	.003**
I am able to engage other health professionals in shared problem-solving appropriate to the specific care situation.	3.51	.592	3.78	.422	.022**
I am able to apply leadership practices that support effective collaborative practice.	3.41	.586	3.64	.639	.031**
I am able to engage other health professionals to constructively manage disagreements about patient care.	3.24	.734	3.64	.487	.008**
I am able to use available evidence to inform effective teamwork and team-based practices.	3.49	.592	3.75	.439	.031**
I am able to understand the responsibilities and expertise of other health professions.	3.51	.592	3.75	.439	.044**

Conclusions: A multimodal approach may be an effective and efficient way to teach graduate rehabilitation science students IPE. Further research may examine program longitudinally and include multiple outcome measures.

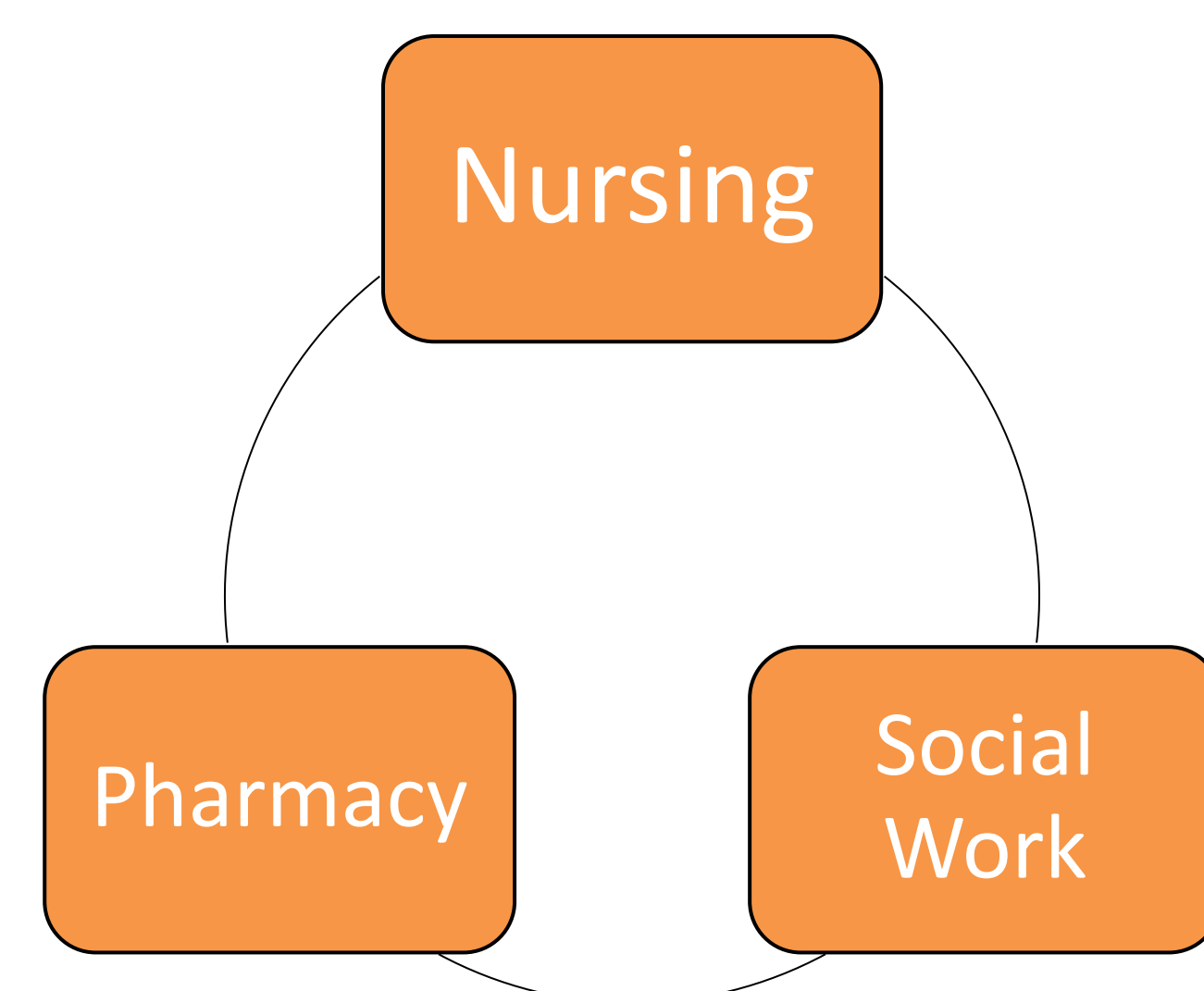
Background

Seminars are the foundation of the Interprofessional Education (IPE) program, as it prepares students for future interprofessional interactions. IPE seminars were previously delivered in-person, but restrictions related to COVID forced faculty to be creative in delivery. A comparable learning experience for health professions students was created and a series of interactive virtual seminars were implemented.

Goals

Introduce nursing, social work, and pharmacy students to Core Competencies established by IPEC (2016) successfully in an online capacity.

Team Make-Up



Surveys

All health professions students were given a pretest prior to the first seminar and immediately following the second seminar. The pre- and post-tests utilized the validated 10-item tool, Student Perceptions of Interprofessional Clinical Education-Revised (**SPICE-R**). All responses were collected anonymously via an online **Qualtrics** survey.

Results

Data was collected during one semester and included one cohorts of students that participated in the IPE program.

Pretest participants (N = 149)

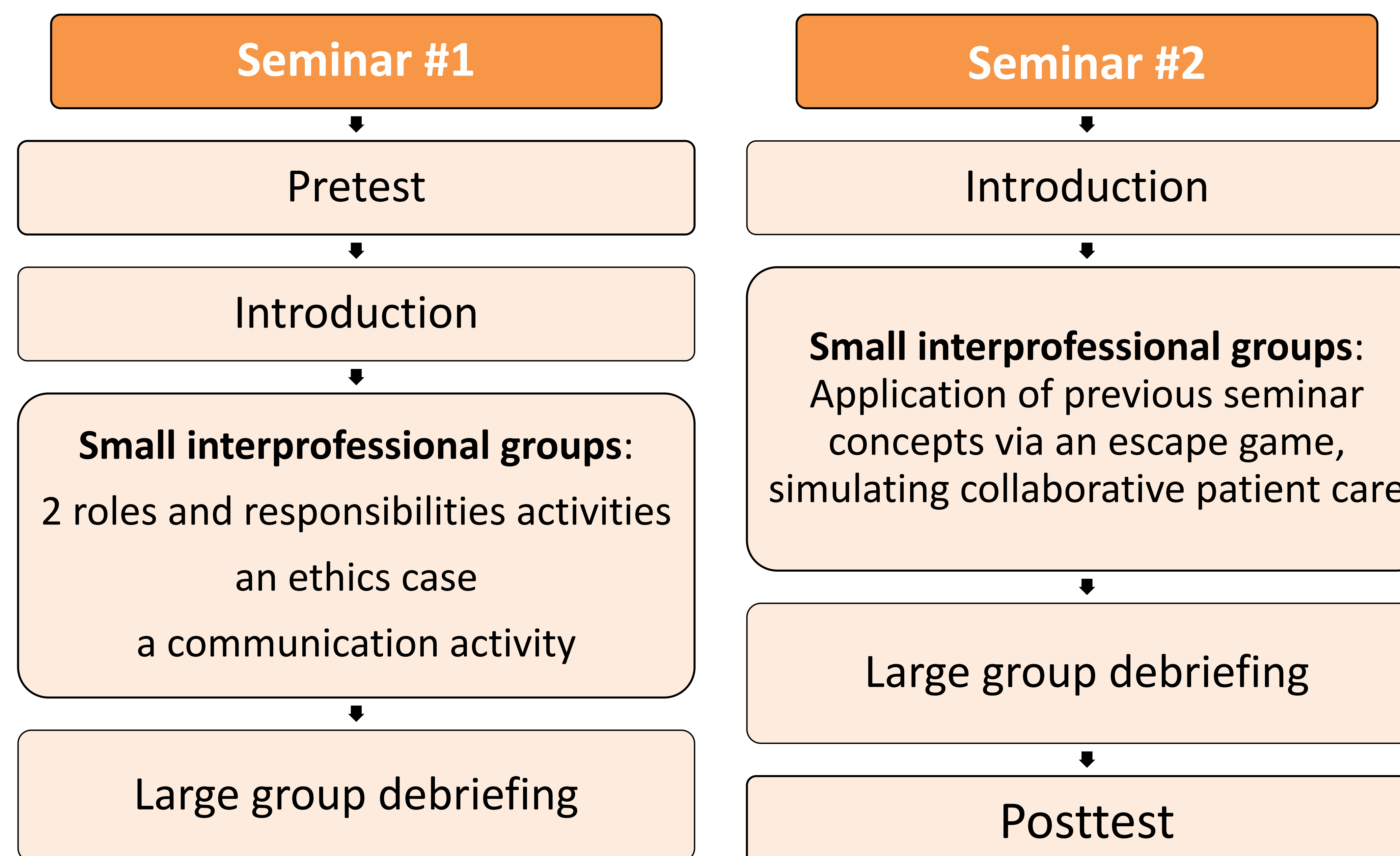
Posttest participants (N = 143)

Online delivery: All 10 items on the tool demonstrated statistically significant improvements.

Online Tools Utilized

- **Zoom** facilitated large group discussions in lieu of an Active Learning Classroom.
- **Break out rooms** allowed small interprofessional teams to complete activities.
- Live surveying tools, such as **PollEverywhere** or **Kahoot!** were utilized to ensure active participation.
- **Google Forms** was used for the escape room game.

Seminar Design



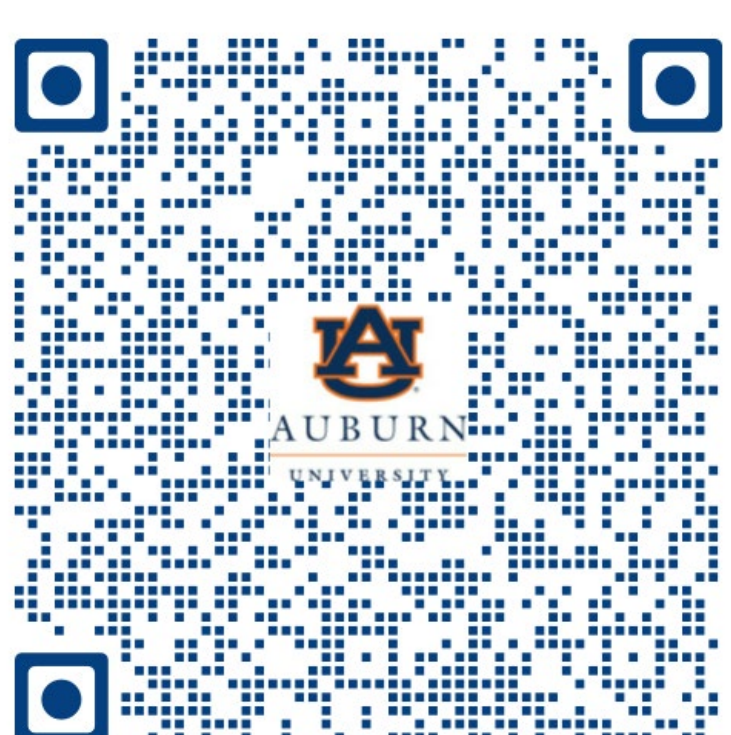
Results

Questions	pre/ post test	N	Mean	t	P value
Enhanced education	Pre	149	2.63	-	<.001*
	Post	143	4.54	12.559	
Clear role	Pre	149	2.63	-	<.001*
	Post	143	4.41	11.602	
Improved health outcomes	Pre	149	2.63	-	<.001*
	Post	143	4.57	12.796	
Improved patient satisfaction	Pre	149	2.63	-	<.001*
	Post	143	4.58	12.792	
Enhanced future ability	Pre	149	2.63	-	<.001*
	Post	143	4.52	12.444	
All students should be educated	Pre	149	2.63	-	<.001*
	Post	143	4.56	12.675	
Understanding roles	Pre	149	2.63	-	<.001*
	Post	143	4.31	11.026	
Clinical roles	Pre	149	2.63	-	<.001*
	Post	143	4.34	10.827	
Professionals should collaborate	Pre	149	2.63	-	<.001*
	Post	143	4.65	13.420	
Involve in teamwork during school	Pre	149	2.63	-	<.001*
	Post	143	4.53	12.435	

Discussion

Delivery of IPE competency material through virtual seminars is an effective means of introduction to interprofessional concepts.

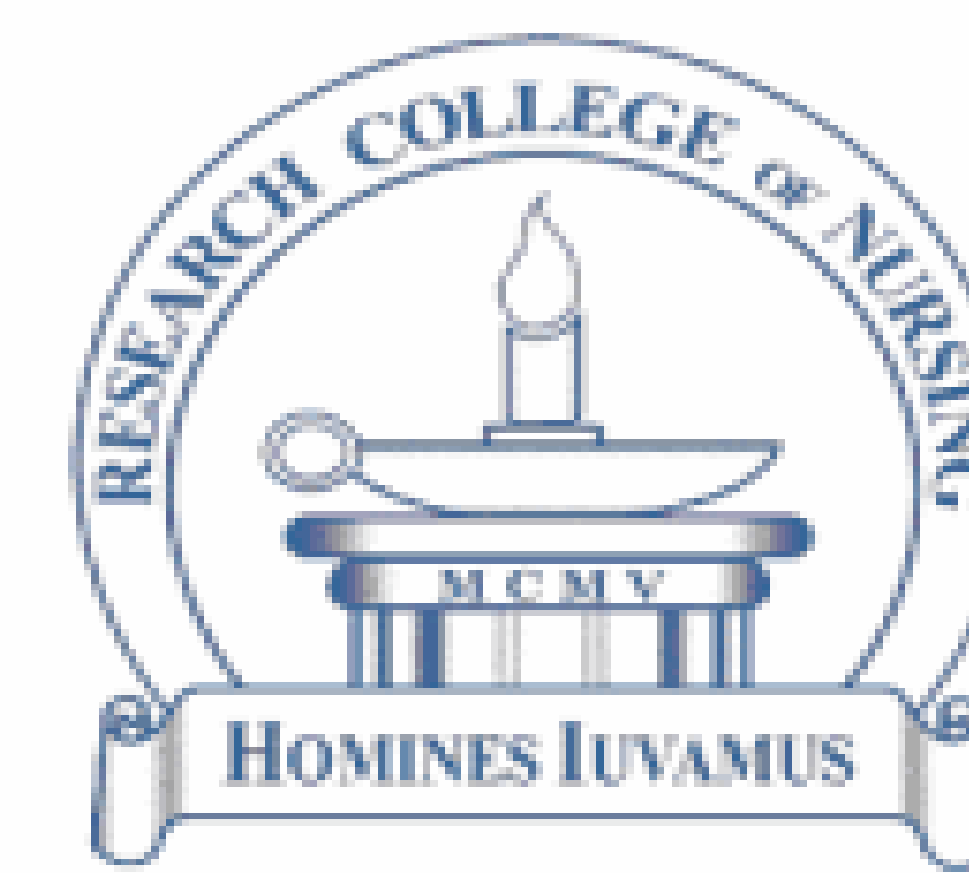
References





Companions on a Journey: Evaluation of Learning & Programming, Virtual vs Face to Face

April Jardes, SLPD, CCC-SLP; Joan Delahunt, OTD, MS, OTR/L; Christina Wisdom, PT, DPT; Dave Heller, PhD;
Tobey Stosberg, MSN, MAE, RN; Caroline Olawaiye, DNP, RN, CRRN; Andrew Bayne, DNP, MSN, RN, CCRN-K; Debra Rico, PT, DPT
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Purpose & Background

Purpose: Compare a virtual and face to face (F2F) interprofessional case study activity to facilitate collaborative dialogue and interprofessional education (IPE) for undergraduate and graduate students

- Addressing IPEC Institute's objective of assessing student learner competence in educational programming

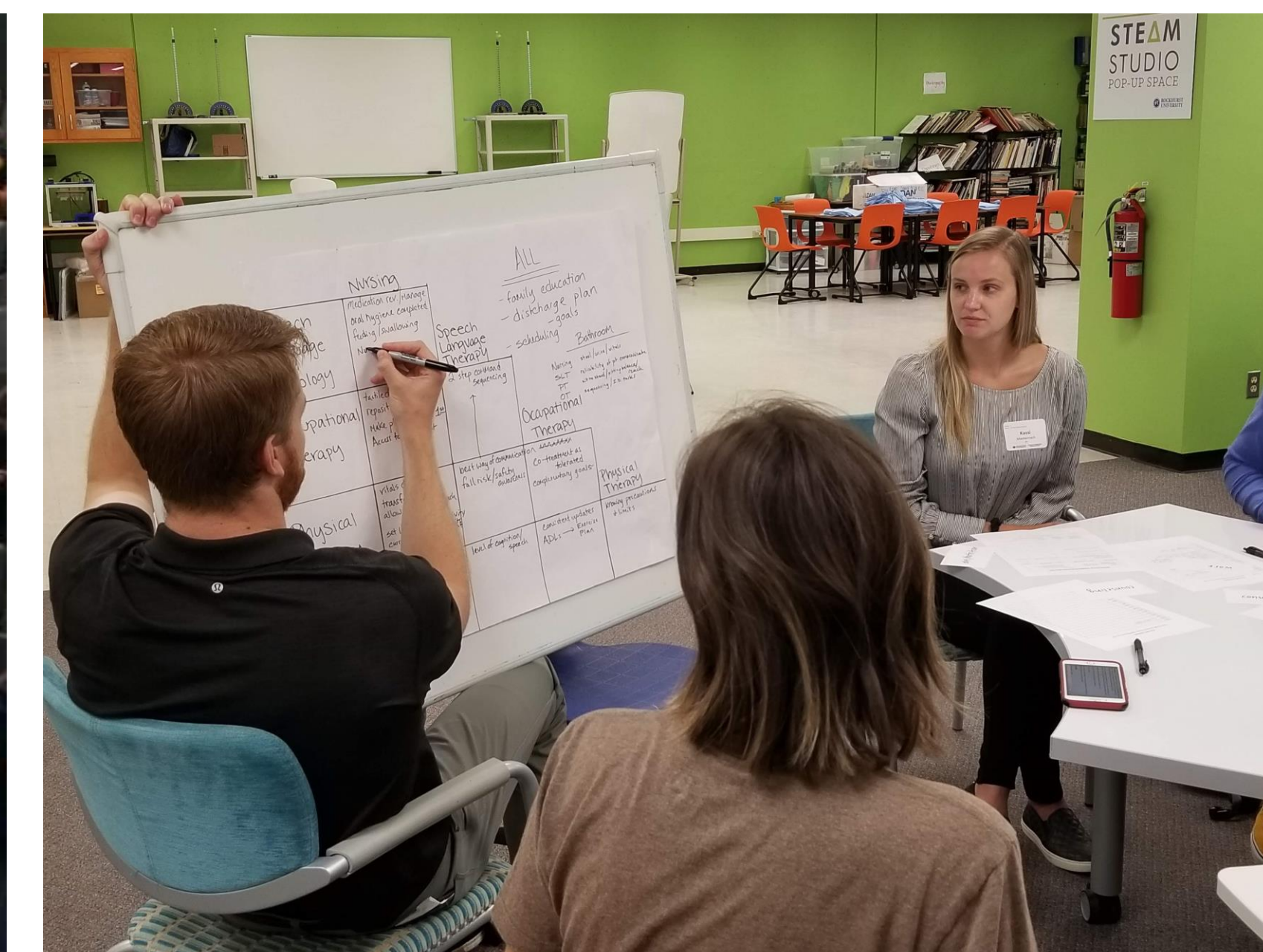
Background:

- In 2019, a F2F version of this event was conducted.
- In 2020, the event was hosted virtually. Changes were made to accommodate a completely online platform, utilizing Canvas, for the faculty training, event agenda, case materials, case activities, and student learning aids.
- Nearly 200 students and faculty participated from
 - Communication sciences & disorders
 - Exercise science
 - Nursing
 - Occupational therapy
 - Physical therapy

Methods

The Activity: Core components of the activity were the same in 2019 and 2020.

1. As a large group, students were **introduced to IPE**, watched a video of an actor simulating a patient recovering from a left hemisphere CVA, and reviewed patient medical charts.
2. In **small groups**, faculty facilitators guided multi-disciplinary groups of students in a **team building** activity, **discussions** about how each profession could work together on a simulated patient case, and a **debriefing**.
3. In a **large group**, everyone **debriefed** about their experience.
4. Students **provided feedback** via a survey.

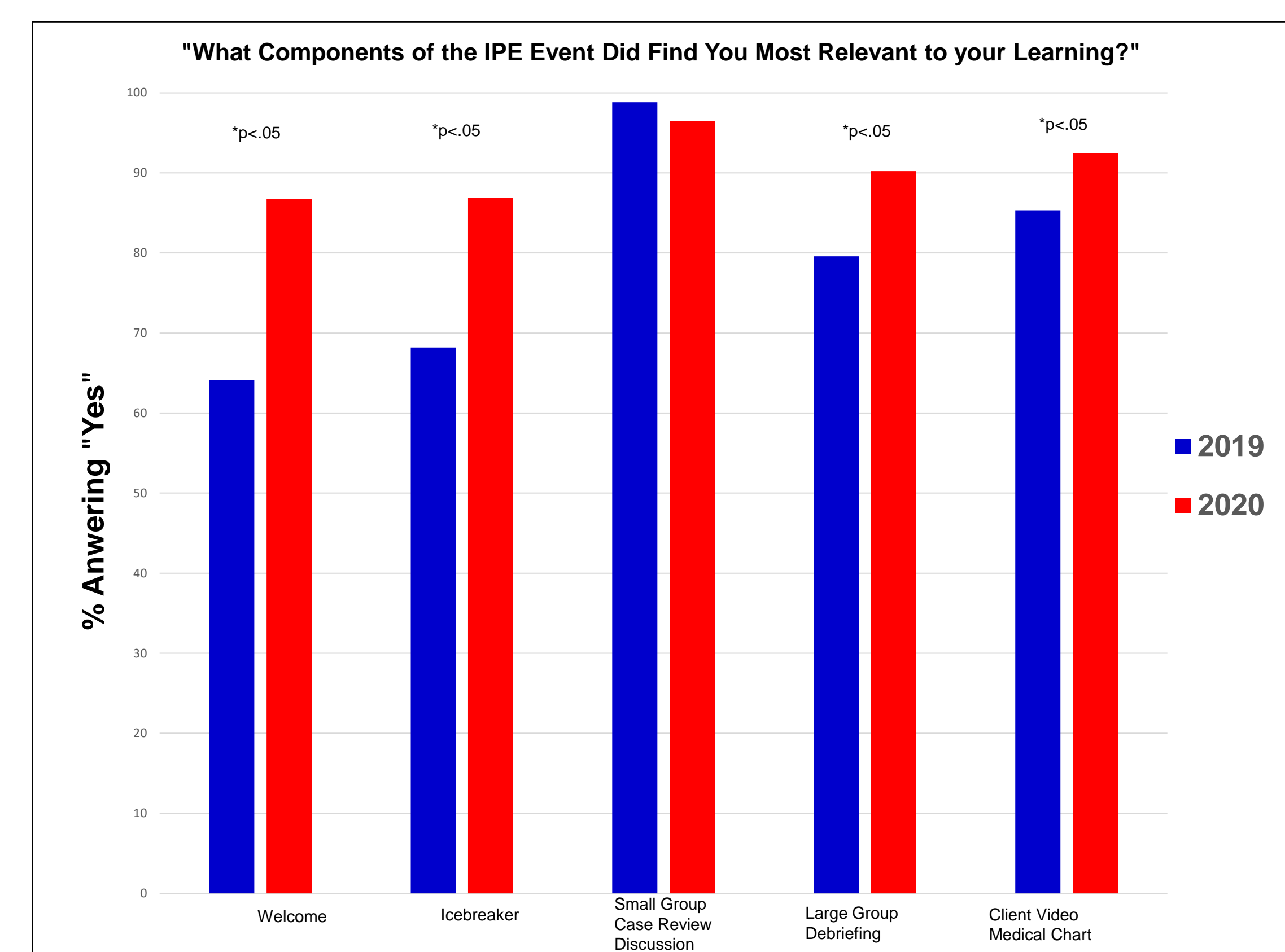


Outcomes

- **Students' perceptions of the virtual experience (2020) were significantly more negative than face to face (2019)**
- **Students felt that small group discussions were most beneficial to their learning**
- **Despite the online platform, students still reported that the experience was relevant to their learning**

"Companions on a Journey": An IPE Event Student Survey Results			
	2019 (F2F) (N = 170) (mean ± SD)	2020 (Virtual) (N = 212) (mean ± SD)	t-test p - value
How Satisfied were you with your IPE learning experience today? (1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Neutral, 4 = Satisfied, 5 = Very Satisfied)	4.5 ± 0.6	4.0 ± 0.8	<0.0001*
Shared Learning Experiences will help me think more positively about other professions.	4.8 ± 0.5	4.3 ± 0.7	<0.0001*
Learning with Students from other disciplines will help me become a more effective member of the health team.	4.9 ± 0.3	4.6 ± 0.6	<0.0001*
Shared learning with other health sciences students will increase my ability to understand clinical problems.	4.7 ± 0.6	4.5 ± 0.6	0.002*
Patients would ultimately benefit if health sciences students worked together to solve patient problems.	4.9 ± 0.3	4.7 ± 0.5	<0.0001*
Shared learning with other health science students will help me communicate better with patients and other professionals.	4.8 ± 0.4	4.6 ± 0.6	<0.0001*
I would welcome the opportunity to work on small group projects with other health science students.	4.6 ± 0.7	4.3 ± 0.7	0.001*
It is NOT necessary for health science students to work together. ^	1.2 ± 0.7	1.8 ± 1.0	<0.0001*
Shared learning will help me understand my own limitations.	4.4 ± 0.7	4.3 ± 0.7	0.013*
Health Professionals from other disciplines have prejudices or make negative assumptions about me because of my discipline.	3.0 ± 1.2	3.5 ± 1.2	<0.0001*

(1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)
^note negative phrasing; *denotes significance, p < 0.05



Conclusions

- Data analysis revealed a statistically significant shift in student ratings of the experience and their beliefs about the benefits of interprofessionalism from 2019 (F2F) to 2020 (virtual), with more negative perceptions in 2020.
- However, a significantly higher percentage of 2020's participants found each part of the experience relevant to their learning than 2019 participants (except for the small group case review discussion, where students rated it highly relevant both years).
- Technology and time management challenges impacted participant satisfaction in the virtual environment.

Lessons Learned and Future Directions

- Be aware that experiences and outcomes may not be as positive when conducting virtual events compared to F2F events.
- The loss of nonverbal communication and physical presence in a virtual space may impact results.
- In virtual environments, small group discussions may be more limited in flow and participation.
- Future research could include how students' experiences and perceptions change after clinical rotations.

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