2023 POSTER FAIR

NOVEMBER 29, 2023 | 4:00-5:00 P.M. ET

POSTER PRESENTATIONS
Mutual Teaching of Screening for Dysphagia and Malnutrition Skills Between Speech-Language Pathology and Nutrition Students

Mara Steinberg Lowe, Ph.D., CCC-SLP & Victoria Fischer, Ph.D., RDN, CDN

**BACKGROUND**

Team-based collaboration is essential when providing care for people with dysphagia (difficulty swallowing) and malnutrition.

Integrated perspectives from dietitians and speech language pathologists are needed to provide access to a safe and nutritious diet.

**Project goals**
- Provide an opportunity for SLP and nutrition students to learn collaboratively about assessment of clients with suspected dysphagia and potential malnutrition.
- Promote a team-based and holistic approach to care and to improve outcomes and quality of life for patients.

Approved by Queens College IRB.

**APPROACH**

Collaborative workshop
- Faculty-led discussion re: roles & responsibilities of each profession
- Student simulations:
  - Oral mechanism examination
  - Yale Swallow Screen
  - Mini Nutrition Assessment
- Debrief – guided reflection about interprofessional learning

Data collection and analysis
- SPICE-R2 given immediately before and after event
- R used to visualize data
- Qualitative and quantitative analysis is ongoing

**RESULTS**

Q5: “I have an understanding of the courses taken by, and training requirements of, other health professionals”

Q6: “Healthcare costs are reduced when patient/clients are treated by an interprofessional team”

**CONCLUSIONS**

Results
- Students were already well prepared for interprofessional collaborative practice (IPCP).
- ceiling effect for most questions
- After the workshop students reported increased awareness of:
  - their understanding of roles & responsibilities of other healthcare professions (Q5, Q8)
  - benefits of IPCP to the patient in terms of cost (Q6)

A 1-hour event for senior nutrition and graduate-level SLP students increases the students’ appreciation of a) other healthcare professions, and b) benefits of IPCP to patients.

Long-term impact will be assessed via surveys 1 year after the event.

Scan for references
Promoting Innovative Interprofessional Learning Through the Use of 3D Printed Orthotics

Erica Pugh, OTD, OTR/L, Kimberly Pachik, OTD, OTR/L, Jamie Mansell PhD, LAT, ATC & Elizabeth Neil PhD, LAT, ATC

Project Background

• Early-stage, pilot project
• Funded through a university awarded grant that supports using technology to promote innovative teaching practice
• Athletic training (AT) and occupational therapy (OT) students are fabricating 3D-printed upper extremity orthotics

Needs Assessment

The AT and OT accrediting bodies require:
• Programs demonstrate the incorporation of IPE
• Students to assess for, design and fabricate orthoses

Increased collaboration in healthcare improves patient outcomes

Project Objectives

1. Students will be able to describe the interprofessional opportunities for ATs and OTs to collaborate on orthotic fabrication.
2. Students will be able to demonstrate the application of innovative orthotic fabrication methods for increased accessibility.

Project Phases

Phase 1
- Student completed pre-perception survey on IPE and knowledge of other professions

Phase 2
- In IPE pairs/trios students fabricate 3D orthotics

Phase 3
- Students wear their orthotic and complete discussion board on IPE and client orthotic experience

Phase 4
- Students complete post-perception survey

Next Steps

• Review the process for quality improvement.
• Evaluate materials and orthotic patterns to determine most effective.
• Explore interprofessional service-learning project in the North Philadelphia community.

Project Outcomes

Pre-intervention data were collected and analyzed with modes of central tendency.

• “I have an understanding of the courses taken by, and training requirements of, other health professionals.”
  Group Average: 3.27/5

• “I understand the roles of other health professionals within an interprofessional team.”
  Group Average: 3.63/5

• “Health professional students from different disciplines should be educated to establish collaborative relationships with one another.”
  Group Average 4.5/5
A Student Pharmacist and Student Physician Assistant Longitudinal Interprofessional Education Event

Blake R. Johnson, PharmD, MPH, BCACP\textsuperscript{1}; Amanda Breeden, MPA, PA-C\textsuperscript{2}; Jordan Khail, PharmD\textsuperscript{1}; Mary Kate Steinbeck, MEd\textsuperscript{1}; Alicia Elam, PharmD\textsuperscript{2}; Tim R. Brown, PharmD, BCACP, FASHP\textsuperscript{1}

\textsuperscript{1}University of Georgia College of Pharmacy, Athens, GA
\textsuperscript{2}Augusta University College of Allied Health Sciences, Augusta, GA

**Background**
While interprofessional education (IPE) events between student pharmacists and physician assistants are found in the literature,\textsuperscript{1-4} there is a scarcity of longitudinal interprofessional education events between these two professions.\textsuperscript{5} Additionally, the only longitudinal IPE event found in the literature was a curricular integration, rather than a co-curricular model.\textsuperscript{5}

**Purpose**
This study evaluated the longitudinal, co-curricular programming of a PA-S and student pharmacist IPE event. The purpose is to allow student pharmacists and physician assistants the opportunity to learn with, from, and about one another's professions and the clinical acumen each profession brings to the patient care team, while simultaneously relying on each profession's strengths to develop and deliver a patient care plan.

**Methods**
- Interprofessional Collaborative Competency Attainment Survey
- Interprofessional Collaborative Competency Attainment Survey
- 6 Faculty Pods
- 21 Student Teams
- PA-S / Student Pharmacist Virtual Roundtable #1
- PA-S / Student Pharmacist Virtual Roundtable #2
- Care Plan Presentations
- Simulated Patient Case Follow Up Visit
- Student Focus Groups

**Results**
Using the ICCAS validated survey tool,\textsuperscript{6} we observed gains in the average scores across all six key areas of the 20-question survey for each profession.

**Discussion**
Student perceived self-attainment of the ICCAS core competencies improved over the two-semester IPE event. Faculty planning and IPE steering committee oversight greatly contributes to the success of this programming.

**Limitations:**
- Singular cohort evaluation
- Many logistical considerations for successful program delivery
- Reliance on facilitator and student technological skills

**Conclusion**
Implementing a PA-S and student pharmacist longitudinal, co-curricular IPE event increases student self-perceived attainment of interprofessional collaboration-related competencies. The longitudinal, co-curricular programming style is an effective method for attaining these competencies.
Fostering Leadership Using Solution-Focused Learning: An Interprofessional Experience Across Disciplines

Tina A. Mankey, Ed.D., OTR/L, Janet Filer, PhD., Margaret McGee, PhD, PT
University of Central Arkansas, Conway, AR
L.E.N.D. University of Arkansas for Medical Sciences, Little Rock, AR

Overview of LEND: Interprofessional

The Arkansas Leadership Education in Neurodevelopmental Disorders (LEND) program uses interprofessional education to develop leaders that value interdisciplinary collaboration and diversity with over 15 professions involved. LEND uses Solution-Focused Learning to facilitate active learning and build future leaders in healthcare.

LEND faculty and students:
1. Become actively engaged in the learning process
2. Develop ownership of the learning process
3. Integrate previous knowledge and experiences with new problems
4. Apply theory to practical issues, enhance their problem-solving skills
5. Learn approaches they will use throughout a process of life-long learning

Using SFL to Foster Leadership

Solution-focused learning provides opportunities and activities for the development of entry-level practitioners who can be leaders in the field. Using SFL with the greatest possible mix of faculty and students from various disciplines allows for the group to learn from one another and work as a team throughout the experience. By collaborating on everyone’s strengths, competency on how to work in an interprofessional setting is gained.

Leadership in LEND

The overall goal of LEND is to develop leaders that value interprofessional collaboration and diversity. The activities are specifically designed to:
1. Enhance leadership skills of interprofessional students through focused learning;
2. Utilize solution focus learning to address interprofessional student learning and family’s needs;
3. Provide opportunities for interprofessional activities to address family needs and resources.

Disciplines:
OT, PT, SLP, Special Education, Pediatrics, Nutrition, Family Advocacy, Health Services, Psychiatry, Nursing, Social Work, Genetics, Audiology, Dentistry, Psychology, Law

Program Outcomes

The Arkansas LEND program has developed into a nationally-recognized program for its innovative approach to develop leaders in interprofessional education. Feedback from participating students and faculty has indicated positive outcomes as evident with comments like:

“As a LEND trainee, I’ve moved beyond what my program demands. I’ve looked beyond the limits of my profession and learned how it interacts with other professions in the realm of working with children”

“LEND has given me the opportunity to expand my perspective and understand the concerns of multiple disciplines which will undoubtedly make me a more effective clinician and communicator.”

“More knowledge + the opportunity to apply it=better clinician!”

“LEND has given me the opportunity to expand my perspective and understand the concerns of multiple disciplines which will undoubtedly make me a more effective clinician and communicator.”

“It has provided the opportunity to expand my knowledge of topics that are important to not only the current family but also to possible future families that I will work with in my field.”

Overall, students and faculty gain greater knowledge and skills related to both their own discipline, as well as other professions.

Reference & Additional Information on AR LEND


Contact information: Tina A. Mankey, EdD., OTR/L, tinam@uca.edu; Janet Filer, PhD, janetf@uca.edu; Margaret McGee, PhD., PT, mmcgee@uca.edu
Creating an inter-professional patient educational series for diabetic patients as a capstone project for a Bachelor of Science in Nursing (BSN) program

Diane Calderon-Villanueva, OD, FAAO, John Gentile, RN, BSN

PROJECT NEEDS ASSESSMENT

All diabetic patients are required to have a comprehensive ocular examination annually. Oftentimes during primary eye care exams, there are limited opportunities to educate these patients on the systemic and ocular complications of diabetes. Nurses and technicians often work in larger hospitals and community health centers and can help both identify, as well as lead and coordinate efforts to educate this patient population. In addition, eye care practitioners, like optometrists and ophthalmologists, as well as endocrinologists, podiatrists, and nutritionists can collaborate by providing real time educational seminars and webinars that patients can attend to obtain further information and ask questions they may not have had an opportunity to in the exam room.

PROJECT GOALS

There were 3 primary goals of this project:
(1) To provide the BSN student an opportunity to lead and coordinate this as his capstone project.
(2) To see how many diabetic patients would register and how many would attend in-person versus via Zoom for the educational seminars.
(3) To see if health literacy was improved after patients attended each of these educational seminars.

PROJECT EDUCATIONAL STRATEGIES

• Weekly meetings would take place via Zoom between the BSN student and the Service Chief of Primary Care at the College of Optometry to review their progress and provide guidance for moving this project forward.
• Nurse intake form revised to better identify diabetic and pre-diabetic patients.
• A registration link and QR code was created to keep track of all registrants.
• In-person attendance was taken and Zoom attendance was tracked by meeting reports.
• Presenters included an endocrinologist, an optometrist, a nutritionist, and a nurse.
• The audience members would be surveyed immediately following the educational presentations for feedback on the content and impact of the presentation.

PROJECT EVALUATION

The first goal would be qualitatively measured by (1) progress noted in weekly meetings with the BSN student and the Service Chief of Primary Care at the College of Optometry to review their progress and provide guidance for moving this project forward. (2) A formative final evaluation at the completion of the semester.
• A registration link and QR code was created to keep track of all registrants.
• In-person attendance was taken and Zoom attendance was tracked by meeting reports.
• Presenters included an endocrinologist, an optometrist, a nutritionist, and a nurse.
• The audience members would be surveyed immediately following the educational presentations for feedback on the content and impact of the presentation.

RESULTS

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<tr>
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*UEC Walk-ins = staff, interns, residents, faculty

CONCLUSIONS

• BSN student completed a capstone project that allowed him to lead and coordinate a project to help enhance patient care at the UEC.
• Revised ‘Nurse Intake Form’ to better identify diabetic and pre-diabetic patients.
• Developed a diabetes interdisciplinary pilot program: emphasized the importance of interprofessional diabetes care to UEC patients, staff, students, residents, and faculty.
• Survey results showed that patients’ health literacy could potentially be improved with these kinds of educational programs.
• Learned strengths and weaknesses of pilot program strategy.
• Established an interprofessional network.

FREE DIABETES EDUCATIONAL SERIES

ALL SESSIONS WILL TAKE PLACE AT SUNY College of Optometry IN ROOM: 222 FROM 2:00PM-3:00PM

RESULTS

Survey & Results: Diabetes education

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<thead>
<tr>
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<th>Topic</th>
<th>Surveys Collected</th>
<th>Results</th>
<th>Requested Topics</th>
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<td>Foot Care</td>
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</table>

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• Survey results showed that patients’ health literacy could potentially be improved with these kinds of educational programs.
• Learned strengths and weaknesses of pilot program strategy.
• Established an interprofessional network.
Impact of Just-in-time TEAMSTEPPS Training on Observed Teamwork Skills and Interprofessional Attitudes

Deepthi Vyas PharmD1, Jahnnavi Yalamanchili PharmD1, Tracey DelNero DMSc, PA-C2, Alyssa Hoang PharmD candidate1, Anh Vo PharmD candidate1, Ashley Manisap PharmD candidate1, Tara Tran PharmD candidate1, Gladys Davalos Garcia PharmD candidate1, Nicholas Ha PharmD candidate1

1. Thomas J Long School of Pharmacy, University of the Pacific, Stockton, California, USA, 2. School of Health Sciences, University of the Pacific, Sacramento, California, USA

BACKGROUND

- Interprofessional education (IPE) is crucial in improving students’ teamwork and collaboration skills.
- However, it is unknown whether simply participating in IPE activities enhances students’ observed teamwork or whether deliberate instruction on teamwork principles is necessary.
- Additionally, it is unclear whether providing instruction on teamwork principles, at the time of or right before an IPE interaction, can have an impact on team dynamics and performance.

METHODS

- Thirty four physician assistant (PA) and 165 pharmacy students.
- Thirty four students were divided into teams of 1 PA and 1 pharmacy student. Due to the mismatch in numbers, PA students participated in more than 2 simulations.
- Teams were randomized to a control or intervention arm

INTERVENTION

- Team Strategies & Tools to Enhance Performance and Patient Safety (TeamSTEPPS) was utilized for this study.
- A telehealth-based one-on-one format was chosen for the IPE collaboration.

STUDY POPULATION (N=183)

- Thirty four physician assistant (PA) and 165 pharmacy students.
- Students were divided into teams of 1 PA and 1 pharmacy student. Due to the mismatch in numbers, PA students participated in more than 2 simulations.
- Teams were randomized to a control or intervention arm

RESULTS

- To determine whether deliberate instruction on teamwork prior to an IPE activity can enhance observed and self-reported teamwork in a telehealth-based IPE experience:

STUDY OBJECTIVE

- Abbreviated self-reported Performance Assessment Communication and Teamwork (PACT) tool (validated)
- Peer evaluation
- Self-reflection on the prompt: “What were the most important takeaways from today’s interprofessional activity?”

STATISTICAL ANALYSIS

- The Mann-Whitney U test was used to analyse the differences between control and intervention groups.

REFERENCES

2. Sample size was small and from one institution.
3. Statistically significant movement in student attitudes on the PACT tool was encouraging and showed that the intervention group demonstrated more positive team behaviors.
4. Disproportionate numbers of PA and pharmacy students required that PA students participate in the simulations more than once.
5. Sample size was small and from one institution.

CONCLUSION

- On the self-reflections: 43.5% (n=87) students mentioned interprofessional collaboration as most important takeaway. Thirty nine percent (n=78) students mentioned they felt communication was the most important learning experience from the IPE.

STUDY STRENGTHS

- Use of the PACT tool which is validated provided objective data on teamwork dynamics and communication.
- Statistically significant movement in student attitudes on the PACT tool was encouraging and showed that the intervention group demonstrated more positive team behaviors.

STUDY LIMITATIONS

- Disproportionate numbers of PA and pharmacy students required that PA students participate in the simulations more than once.
- Sample size was small and from one institution.

CONCLUSION

- In this study, just-in-time TeamSTEPPS training improved self-reported teamwork and communication skills.
- Reinforcing the training just before an IPE event may enhance team performance and overall student experience.
TeamSTEPPS®: A Framework to Improve Student’s Capacity for Interprofessional Collaboration

Dr. Donna J. Copeland-Streeter, DNP, RN, NE-BC, CPN, CPON, AE-C, Associate Professor, Adult Health Nursing and Dr. Margaret Moore-Nadler DNP, RN; Associate Professor, Community Mental Health Nursing
University of South Alabama College of Nursing

Introduction

- Effective clinical practice involves critical information that needs to be accurately communicated among health care professionals.
- If healthcare professionals do not work together and communicate effectively, patient safety is at risk.
- Hence, communication and team collaboration is essential to preventing medical errors and improving patient outcomes.

Needs Assessment

- Academic challenges in interprofessional education includes interprofessional education delivered in discipline-specific silos, often hidden within the curriculum.
- Qualitative data: Students enrolled in the Interprofessional Education Collaborative (IPEC) course reported that they do not inherently know how to work together in an interprofessional team.
- Faculty observations in clinicals also confirmed the qualitative data: students were unable to:
  - Understand each other’s roles & responsibilities,
  - Establish mutual goals,
  - Select a team leader,
  - Decide who was responsible for tasks when in a clinical setting.
- Therefore, a quasi-experimental study was developed with the purpose of facilitating student learning and assimilation of the knowledge, skills, and behaviors needed to function effectively in an interprofessional team.
- TeamSTEPPS® is one method designed to integrate teamwork into practice.
- TBL is a structured form of small-group learning that supports the IPEC core competencies and has also shown to enhance teamwork and communication.

Aim

- The aim of this study was two-fold:
  - To determine the feasibility of utilizing a team-based learning (TBL) approach for teaching TeamSTEPPS® and
  - To examine whether TeamSTEPPS® training would improve student’s capacity for interprofessional collaboration in 3 domains:
    - Roles/responsibilities
    - Patient outcomes
    - Teams/team-based practice

Methods

An academic partnership was established between:

- USA College of Nursing
- Harrison School of Pharmacy
- Pat Covey College of Allied Health
- Biomedical Library
- Family Medicine Behavioral Health Clinic

IRB approval was obtained prior to beginning the planning of the study and curriculum change.

Participants: A convenience sample including two cohorts of students from nursing, medicine, physician assistant, respiratory therapy and pharmacy enrolled in the IPEC course were recruited for the study.

Consent was obtained from the students prior to participation in the study.

Curriculum: Based on TeamSTEPPS® that addresses on 3 of the 4 IPEC competencies.

- The TeamSTEPPS® curriculum was delivered in a 4hr session to teams of 4-5 interprofessional students.
- Each TeamSTEPPS® session included:
  - Selected pre-readings
  - iRAT & iRAT assurance testing
  - Application activities to assimilate skills knowledge, and attitudes in simulated real-life situations.

Measurement

- Tools: The Student Perceptions of Interprofessional Clinical Education-Revised 2 (SPICE-R 2) survey was administered pre and post implementation of the IPEC course.
- SPICE-R 2 is a reliable and valid 10-item scale based on a 5-point Likert scale (5-Strongly Agree, 4-Agree, 3-Neutral, 2-Disagree, 1-Strongly Disagree).

- SPICE-R 2 is designed to measure changes in student perceptions in 3 domains of interprofessional collaboration including:
  - Roles/Responsibilities (q2, 5 & 8),
  - Patient Outcomes (q3, 6 & 9), &
  - Teamwork/Team-based practice (q1, 4, 7, & 10).3

Results

Participants: A total of 116 interprofessional students participated in the study for a response rate of 70%.

Quantitative data: Descriptive statistics were used to compare the differences of the pre and post-test survey results.

Results show an increase in students’ attitudes in 2 out of 3 domains:
- Roles/Responsibilities: 10.4% increase: pretest 3.76 (SD=0.977) posttest scores 4.15 (SD=0.865)
- Patient Outcomes: 2.8% increase: pretest 4.24 (SD=0.847) posttest 4.36 (SD=0.712)
- Teamwork: 4.6% decrease: pretest 4.33 (SD=0.80) and posttest 4.13 (SD=0.92)

Discussion

The strategy for integration of TeamSTEPPS® training into the IPEC course has been effective as evidenced by positive student attitudes and skill acquisition.

TBL was found to be feasible in the delivery of TeamSTEPPS® training.

Conclusion

- Students have positive attitudes towards teamwork and value collaborative interprofessional care.
- This study shows promise in short-term improvements of attitudes of an interprofessional group of students.

References
Teaching Team-Based Microaggression Interventions for Safer Interprofessional Collaborative Practice: A Novel Simulation-Based IPE Program

Alyssa Yeager, Jennifer Lacy, Xiao Chi Zhang, Kerry DiNardo, Maria Brucato

Introduction

Why Teach Microaggressions Intervention in IPE?

• Microaggressions are a major barrier to interprofessional collaborative practice
  • Negatively impact communication, trust, and effective teamwork (Sukhera et al., 2021)
  • Can have detrimental effects on patient outcomes (Reeves et al., 2017)
  • Interprofessional collaborative practice has been proposed as a promising vehicle for helping to dismantle systemic racism in healthcare (Cahn, 2020).
  • Reflected in drafted 2023 Interprofessional Education Collaborative (IPEC) competencies (e.g., C7, C3, VE2, VE4, R5)

Why Use Interprofessional Simulation?

• Current curricula: primarily uni-professional learning using lecture-based teaching or discussion of vignettes.
  • Simulation has been shown to enhance self-efficacy in clinical settings, teamwork, and communication (Watters et al., 2015)

Curricular Design: Team Microaggression Interventions for Collaborative Outcomes (Team-MICRO)

Asynchronous Online Learning Modules

Learning Objectives & Terminology
(Sue et al., 2007)

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<thead>
<tr>
<th>Type</th>
<th>Definition</th>
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<tr>
<td>Micro-aggressions</td>
<td>Intentionally and explicitly derogatory verbal or non-verbal attacks (often consciously done)</td>
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<tr>
<td>Micro-events</td>
<td>株 and intentional and subtle undermining of someone’s racial heritage or identity (often unintentionally done)</td>
</tr>
<tr>
<td>Micro-misrepresentations</td>
<td>Remarks that diminish, demean, or negate the realities of people’s racial groups (usually unintentionally done)</td>
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Microaggressions Triangle Model
(Ackerman-Barger & Jacobs, 2020)

Elements of a BRAVE space + ground rules
(Arao & Clemens, 2013)

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<td>Confidence/ Self-Efficacy</td>
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<td>Program Evaluation</td>
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Planned Outcome Measures

Future Directions for TeamMICRO

• Investigate sustaining the program without simulated participants
• Foster connections with existing uni-professional initiatives across TJU
• Follow-up qualitative interviews with students

References & Full Case Descriptions

Next Steps

• IRB in progress
• Student recruitment
• Facilitator trainings
• Trial with faculty and staff
• Pilot simulation program April 2024
BACKGROUND

Interprofessional collaboration (IPC) has become necessary among fields of practice for improved healthcare outcomes. An interprofessional team consists of at least three professionals working collaboratively to achieve varying outcomes for the clients served (Kowalski, 2018, World Health Organization [WHO], 2010). Upon conferring their degree, most direct service students (e.g., psychologists, social workers, nurses) will join the workforce and are expected to work on an interprofessional team (Flentje et al., 2021). Nevertheless, graduates are often clinically trained, yet ill-prepared to practice within interprofessional teams (National Academy of Medicine [NAM], 2001). Students who have little opportunity to learn alongside clients served (e.g., psychologists, social workers, nurses) will join the workforce and are expected to work on an interprofessional team (National Academy of Medicine [NAM], 2001). Students who have little opportunity to learn alongside and about other disciplines are less likely to engage in collaborative behaviors and are underprepared to function in team-based care settings (Lee & Shipe, 2014). Literature suggests that virtual IPE models are promising options to traditional in-person counterparts (Kocaqi et al., 2022). Keywords Team decision-making, roles and responsibilities, managing biases, interprofessional education

CHALLENGES ADDRESSED

The interprofessional education (IPE) faculty workgroup assessed the need for a sustainable way to engage students in team-based learning during the COVID pandemic. The IPE virtual platform was created as the solution, and it leveraged technology to widen faculty and student access across university regional campuses. It was also a response to the problem of siloed student learning by eliminating structural barriers inherent in course scheduling, classroom space limitations, and unique program models across disciplines.

EDUCATIONAL STRATEGY

- Asynchronous activities prepared students for team-based interactions including an "elevator speech" about their profession and course information. Interprofessional Education and Collaborative Practice (2016) competencies two and four were selected as the focus of the IPE experiences.
- In the live, synchronous experience, participants engaged in team-based decision making with an evolving adult patient case scenario with different disciplinary entry points and care needs (hospital, discharge, outpatient, home health).

RESULTS

- Interactions with other disciplines
  "I really enjoyed working with people from different fields discussing improving the health of the patient and supporting them through their sickness with each of our talents."
- Break out rooms/Group discussions
  "As a faculty facilitator, I was so impressed with how well-prepare the students in my breakout room were and how proactive they were and interested in engaging. Students across disciplines were demonstrating critical thinking and a compassionate, family-centered approach to considering how their discipline would best support this hypothetical patient and family."
- Self Awareness
  "My role is just one portion of the healthcare spectrum. Any care I provide isn't the end-all of healthcare."
- Biases
  "I tried not to have any bias while hearing about everyone. Although one might (MIGHT) be more important than another does not mean that everyone is not important."
- Future Impact
  "I now understand just how important it is for effective communication between all professions, and how miscommunication could cause issues with care, which should be avoided as best as possible."
- Clinical Impact
  "Each role plays an important part in a patient’s life and each role must be taken into account to achieve quality care."

IMPLICATIONS/OPPORTUNITIES

- Instruction on implicit bias to facilitate student understanding of biases and assumptions that occur among healthcare disciplines.
- Asynchronous IPE appears to have a positive effect on graduate and undergraduate student learning.
- Potential advantages of IPE utilization nationally and internationally to enhance clinical decision making for healthcare students from a global lens.

PROGRAM SUMMARY

The IPE virtual platform was launched in 2022 with three virtual experiences to date (April and October 2022, April 2023). Participating departments were child life, counseling psychology, kinesiology, nursing, physical therapy, science/allied health, and social work. Participants from an external physician residency program joined the April 2023 IPE virtual experience.

- April 2022 (N=74)
  - Science most represented
  - October 2022 (N=70)
  - Nursing most represented
- Accounts for participants who completed the pre/post RIPLS

IMPLICATIONS/OPPORTUNITIES

- Instruction on implicit bias to facilitate student understanding of biases and assumptions that occur among healthcare disciplines.
- Asynchronous IPE appears to have a positive effect on graduate and undergraduate student learning.
- Potential advantages of IPE utilization nationally and internationally to enhance clinical decision making for healthcare students from a global lens.
Creation of a health-focused interprofessional education seminar at an equity-minded community college

MCC Faculty: Kerry Sorrentino, Julie Breen and Elizabeth Stone

Objectives:
- Create Interprofessional Education (IPE) experiences within the Health Division at Middlesex Community College
- Facilitate communication, collaboration and interaction between nursing and dental hygiene students to support comprehensive patient care
- Examine crossover of medical and dental care and roles as members of the healthcare team to improve patient outcomes
- Educate students to recognize the multidisciplinary values and cultural influences impacting the delivery of services to individuals and communities

Approach:
- IPE multidisciplinary presentations
- IPE question & answer session

Evaluation Methods:
- Discussion board responses
- Post-seminar written reflection by students

Results:
100% of students from both disciplines found the experience valuable
“I learned the importance of collaborating with others in the dental profession to ensure patients have access to care on both a systemic level and in the oral cavity.”
An Interprofessional Education Approach to Improve Communication in Temporarily Non-Speaking Patients

Mary Harmon, PhD., CCC-SLP, Maureen McGarry-Yoder, PhD, RN, CEN, & Bobby Ecleston, MSN, RN
Department of Communication Sciences & Disorders; College of Nursing; Erie County Medical Center

Introduction

- Healthcare faculty are encouraged to include interprofessional education (IPE) into curricula.
- Simulation offers an opportunity for student interaction from various disciplines and is a valuable method of IPE.
- Standardized patients, individuals trained to simulate patients, increase realism in simulation. 1
- In critical care settings, communication is difficult with temporarily non-speaking (TNS) patients, and many report significant frustration, helplessness, and panic. 2,3
- Concerns arise for patient comfort and safety.  3
- TNS patients have an increased risk of adverse medical events. 4

- Augmentative and alternative communication (AAC) allows for communication with TNS patients with letters, words, and pictures
- This IPE simulation allowed pre-license speech-language pathology and nursing students to collaborate in the care and communication of a TNS patient, played by an SP, AAC in an intensive care unit (ICU) simulation setting.

Results

<table>
<thead>
<tr>
<th>RESULTING THEMES</th>
<th>EMERGING THEMES</th>
<th>SUPPORTING COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role and Responsibilities</td>
<td><em>Recognizing expertise and availability of other professionals (SLP, nurses, respiratory, PT)</em></td>
<td>Student: “…we don’t know as much about the medical side. It was very much like a team effort. I felt we couldn’t have done it as well if it had just been one of us.” (RR2)</td>
</tr>
<tr>
<td>Systems Knowledge</td>
<td></td>
<td>Student: I learned… “how much of a resource it is to have both professions in here. The knowledge we can learn when we come together and share.” (RR3)</td>
</tr>
<tr>
<td>Communication</td>
<td><em>Talking about and acknowledging patient feelings</em></td>
<td><em>SP</em>: “I really liked how, when you first introduced the chart, you really made sure that I could see it, um, and asked me directly if I could see it… So, that made me feel good. Also, when you guys made sure I could see the chart right off the bat, that was very nice, I enjoyed that.”</td>
</tr>
<tr>
<td>Emotional Intelligence</td>
<td><em>Body positioning (SP and communication partners)</em></td>
<td><em>Student</em>: “Having more eyes is important. Even I moved around so I could better see what he was trying to communicate. We had one person watching in and the one person watching the patient and me and made me think, “Oh, cool, I’m getting checked to see if I’m doing it right.”</td>
</tr>
<tr>
<td></td>
<td><em>Confirming the message</em></td>
<td><em>SP</em>: “Oh, and a tip. We need a thank you, so I don’t have to spell thanks every day.”</td>
</tr>
<tr>
<td></td>
<td><em>Message management</em></td>
<td><em>Student</em>: “I learned about… “keeping in mind collaboration and communication with other professionals.” (CC2)</td>
</tr>
<tr>
<td></td>
<td><em>Patience and adaptability</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teams and Teamwork</td>
<td><em>Collaborative engagement with patient and AAC</em></td>
<td></td>
</tr>
<tr>
<td>Collaboration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values and Ethics</td>
<td><em>Putting yourself in their shoes (SPs)</em></td>
<td><em>SP</em>: “My group did a good job at explaining the whole situation to me by testing my functionality… that made me feel very cared for because they made me think, “Oh, cool, I’m getting checked to see if I’m getting better.” Instead of, “oh, yeah, you’re in this situation. Bye.” (VE6)</td>
</tr>
<tr>
<td>Empathy Development</td>
<td><em>Assist in developing a trusting relationship</em></td>
<td><em>Student</em>: “…we don’t know as much about the medical side. It was very much like a team effort. I felt we couldn’t have done it as well if it had just been one of us.” (VE10)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>SP</em>: “I felt very safe when y’all approached me and were very close to the bed, like all of you were right near me, it was very inviting, it made me feel safe, especially in that scary moment, when I am trapped inside myself.”</td>
</tr>
</tbody>
</table>

Conclusion

- This project involved a novel approach to IPE simulations, including the use of standardized patients.
- We hope this example will inspire the development and implementation of interdisciplinary simulations, in both healthcare and healthcare education.
- We can improve patient communication, care, and outcomes through improved understanding of available tools and interdisciplinary collaboration.

References

Health professions education emphasizes cognitive and psychomotor learning; however, patient-centered care requires a focus on the affective domain, such as empathy.

Teaching interpersonal communication in Interprofessional Practice and Education (IPE) learning experiences fosters trust-building and collaboration among health professions students.

Introduction

• DO, DPT, DMD, and PA students participated in IPE empathy training:
  • Two e-modules with prosaic reflections
  • Interprofessional small group role-play activity

• Students were invited to complete a post-participation survey assessing confidence in:
  • Ability to self-reflect
  • Recognize body language
  • Listen actively
  • Take a non-judgmental perspective,
  • Apply empathetic communication strategies

Study Purpose

• This study assessed students' confidence in interpersonal communication after participating in interprofessional empathy training.

• Factors influencing confidence, such as prior healthcare provider experience, were assessed.

Methods

• 198 students completed the survey; 99 (50%) reported prior healthcare provider experience.

• No significant difference between groups was noted in confidence in their ability to recognize body language, listen actively, take a non-judgmental perspective, and apply empathetic communication strategies in interpersonal interactions.

• Students with prior healthcare provider experience were more likely to “strongly agree” that they felt confident to utilize self-reflections to optimize interpersonal interactions (P=0.016).

Results

Discussion and Future Plans

• IPEC Core Competencies addressed include Values/Ethics and Interprofessional Communication.

• Future iterations may more explicitly emphasize self-reflective activities.

• Long term confidence data will also be collected for this student cohort (n=802) and the previous cohort.

References
Faculty Collaboration
- Physical Therapy
- Nursing
- Medical Imaging

Project Goals:
- Communication
- Teams & Teamwork
- Roles & Responsibilities

Pre-Brief
HUDDLE

Simulation

Debrief
- Student Observers
- + / △
- Group Reflection

SBAR Report

Collaborate
Communicate

Visual Management Board

Results
- 99% - HUDDLE helped:
  - IP communication
  - Roles/responsibilities
  - Teams/teamwork

- 94% - HUDDLE improved delivery of care

- 100% - IPE SIM positive learning experience

“Great opportunity to work with professionals outside of our field and to learn how to work together”

“HUDDLE is crucial to ensuring patient safety and knowing the role of my team”

PERCEPTIONS OF THE “HUDDLE” EFFECTIVENESS TO ENHANCE COMMUNICATION AMONG INTERPROFESSIONAL TEAMS OF HEALTH SCIENCE STUDENTS

Laurie Brogan, PT, DPT • Lisa Shustack, EdD, RN • Kristen Karnish, PT, DEd, MPH • Audrey Cunfer, MSN, RN, CHSE
Eight groups were created by the faculty and instructed to select their roles and responsibilities. They then completed the activity of creating paper chains under increasingly difficult constraints. Following each round, faculty modeled debriefing with a final debrief about group dynamics.

First-year athletic training and physical therapy students self-assessed their personality traits and communication preferences then engaged in a problem solving interprofessional education activity.

**Key Takeaways**

- Diverse personality traits improved team success & resilience
- Modifications to the TeamSTEPPS activity demonstrated the importance of varied perspectives
**Background**

College faculty and staff participated in a book club established by the IPE Workgroup in Fall of 2022. Due to the overwhelmingly positive response from the book club, it was decided that an interdisciplinary conversation around difficult ethical problems surrounding patient care and end-of-life care would be beneficial. Local Hospice staff volunteered to participate in the forum consisting of physicians, nurses, a chaplain, and the community volunteer manager.

**Implementation**

The panel was held in Spring of 2023 and centered around the book *When Breath Becomes Air* by Paul Kalanithi. At the event, Dr. Lucy Kalanithi, the author’s widow, spoke about how illness and death impacted her family. Panelists explored their personal values related to end-of-life care and how it is related to their work with patients. Open-ended collaborative exchange of experiences and ideas ignited student and professional interest. Some faculty incorporated class credit for event attendance and discussion content into course lectures. The intention is for the interprofessional panel discussion to be an annual event exploring ethical issues in healthcare.

**Strengths & Challenges**

This panel helped facilitate interprofessional dialogue and collaboration between faculty and staff, students, as well as practitioners within the local community. It supported critical analysis of ethical dilemmas in patient care scenarios. It fostered discussion around real-world application of interprofessional care core competencies with working professionals. It increased student interest in literature that expands upon classroom instruction.

There was a lower turnout than expected, with around only forty individuals in attendance, including panelists. This has garnered conversation around how to increase participation and engagement in the future to foster more interdisciplinary involvement from students, staff, and faculty.

**Results**

Panelists reported this book was particularly impactful to them as healthcare providers because the author was a physician who became a patient. This realization made them particularly aware of the need to be mindful of the family perspective through interprofessional practice as well as their own mortality.

There was a lower turnout than expected with about forty in attendance, but even with the low turn out, conversation did not falter, and engagement was pervasive. The intention is for the panel discussion to become an annual event exploring ethical issues in healthcare as an interprofessional team.

**Future Implications**

The limited turn out to the panel prompted discussion of the need for increased pre-planning, scheduling, and marketing and how this will be essential considerations for future events.

This project fostered interdisciplinary discussion across the College of Health and Human Sciences and showed that there is interest in further development of interdisciplinary work.

**Selected References**


https://newmelleray.org/may-2-when-breath-becomes-air/

**Acknowledgements**

Western Kentucky University is an equal opportunity institution of higher education and upon request provides reasonable accommodation to individuals with disabilities. www.wku.edu/eoo. © 2011 Western Kentucky University. Printing paid from state funds, KRS 57.375.
Interprofessional Palliative Care Curriculum: Incorporating Content with an IPEC Competency Emphasis
Leslie Womeldorf, DEd, MSN, RN, CNE and Andy Probolus, MD, FAAHPM, FAAFP

BACKGROUND
➢ There were no intentionally designed health professions prelicensure interprofessional education credit courses
➢ Four faculty within Penn State University and Penn State Health were part of the 2022 cohort for IPEX training
➢ Faculty from the College of Nursing, College of Medicine, Health Policy Administration, and hospital Chaplaincy Education Program collaborated to design an interprofessional palliative care course
➢ Completed a needs assessment and SWOT Analysis on health professions interprofessional education
➢ As our IPEX project, developed an evidence-based palliative care curriculum with emphasis on IPEC competencies
➢ Sought feedback from academic and clinical experts
➢ Approved to pilot the course Spring 2023

AIM:
➢ To incorporate interprofessional (team-based) care and culturally sensitive practices when compassionately caring for patients (persons), and their loved ones navigating a serious illness and the multidimensional suffering that often accompanies it

Hybrid Delivery:
➢ 7-week course alternating synchronous virtual weeks with asynchronous learning weeks

Technology:
➢ Canvas LMS and Zoom

Learners:
➢ 4th year BSN students and Chaplaincy Residents

Learning Strategies:
➢ Documentaries, film, discussion boards, role playing, conversation game, self-reflection, cultural assessment, small and large group interaction, guest presenters

Evaluation:
➢ Pre- and Post-knowledge survey, narrative reflections, cultural exploration

STEPS IN CURRICULAR DESIGN

MOVING FORWARD
➢ Engage additional interprofessional learner units
➢ Evaluate cross-listing the course

REFERENCES
Interprofessional OT and CSD Pediatric Screenings in an Academic Clinical Center
Mary O’Donnell, OT, OTD, OTR; Mary Riotte, MS, CC-SLP; Emilie Larrivee, CAGS, MS, CC-SLP

Keywords:
- Interprofessional practice
- Screening
- Pediatric
- Occupational therapy
- Communication sciences and disorders

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About the IMPACT Practice Center
- Pro-bono academic center
- Community-based
- Services include nursing, occupational therapy, physical therapy and speech-language therapy

OT/CSD Pediatric Screenings
- Pediatric clients receiving speech-language therapy in the IMPACT Practice Center are recommended for screening by CSD students
- Parent/caregiver permission and explanation of screening is obtained
- OT students are assigned to 1 of the referred clients
- A pre-brief with CSD and OT students is held to discuss client concerns, reason for referral and intake information
- Screenings are completed during 1 of the client’s regularly scheduled CSD intervention session
- A de-brief is held with students and clinical faculty immediately following session to discuss findings
- OT students complete assignment outlining findings and recommendations for dissemination

Desired Outcomes
- Increased student knowledge of OT and CSD roles and scope of practice
- Improved patient outcomes and access to services
- Increased opportunities for interprofessional practice and communication
- Improved interprofessional collaboration-related competency

Outcome Measures
- Students to complete Interprofessional Collaborative Competencies Attainment Survey (ICCAS), a retrospective pre-post measure, after completion of this IPE
- Formative assessment of students’ knowledge assessed informally via de-brief component of experience
- Caregiver feedback obtained

Successes/Wins
- Fourth consecutive year
- Overall positive feedback from students and families regarding experience
- Has triggered referrals to OT services

Challenges
- Scheduling can be difficult due to busy student schedules
- Formal evaluation of ICCAS data not yet initiated due to changes in faculty roles and workload limitations

Directions for Future
- Follow-up co-treatments with CSD & OT?

We consent to this poster being made available on the IPEC website
**INTRODUCTION**

According to the American Speech and Hearing Association's (ASHA), Interprofessional Education (IPE) can range from a college class to a professional development workshop. But it always involves learning from and with people in other disciplines. In a similar way, Interprofessional Practice (IPP) is an implementation of IPE where many service providers from a myriad of professions coalesce in providing comprehensive educational or healthcare services.

- **IPE** - important trending topic within ASHA, which many students have not had the opportunity to learn about in their curriculum.
- **Importance of IPE** - collaboration with and between Speech Language Pathologists and other professionals to provide best access for clients diagnoses and treatment.
- **The first free-standing (not connected with a specific course)** IPE event was planned and conducted by SLHS students and faculty in the spring semester, 2020.

**OBJECTIVES**

1. Provide opportunities for pre-professionals from diverse backgrounds to meet and collaborate
2. Include undergraduate students from SFSU's NSLLHA chapter to plan and organize this event

**LEARNING OUTCOMES**

1. Identify the importance of student's ability to learn how to effectively communicate with team members and collaborate over approaches on case studies for patient outcomes.
2. Describe the importance of involvement from multiple spheres of knowledge, disciplines and professions when planning client diagnosis, treatment, and goals.
3. Specify the importance of the application of IPE for inclusive schools and why it is crucial to patient goals, outcomes, and success.

**PARTICIPANTS**

- Thirty-five participants were divided into six groups from the GCOE's various departments, e.g. Special Education, Bilingual studies, Art, and SLHS.
- Participants included faculty professors, graduates, and undergraduates.
- Each workgroup consisted of four to six participants in which a faculty member facilitated discussions, comprising one workstation.

**PHASES OF THE IPE**

- **Phase 1** Introductory PowerPoint on the definition, application, and development of IPE
- **Phase 2** Discussion of case studies in a group of students with varied knowledge and discourse
- **Phase 3** Closing discussion of each workgroup's conclusion on assigned case studies + participant evaluations

**APPLICATIONS EDUCATION**

**SLHS 300 - Human Communicative Disorders**
- Communicative development and disorders; processes and models; language universals; basis of language; speech, language, and hearing impairments; family and cultural influences; bilingualism and dialectal variations; evaluation of communicative effectiveness.

**SLHS 658 - Communication Development and Disorders**

**EED 713 - Spanish Heritage Language for the Bilingual Teacher**
- Development of Spanish proficiency for the bilingual teacher in listening, speaking, reading and writing, and using culturally responsive instruction. Pedagogical strategies and preparation for becoming reflective practitioners. Addresses linguistic and cultural diversity of Latinos/as in the USA.

**SPED 873 - Inclusive Education: Empowerment and Equity in Diverse Schools**
- Analysis of inequity in school systems and examination of frameworks such as Social Model of Disability, legal protections, Universal Design for Learning, capacity building, School-Wide Transformation, parent partnerships, and their application in educational contexts.

**METHODS**

- Each workgroup was provided with materials such as an asseil board, markers and pen, and an IPE binder with seven sections: (1) agenda and PPT, (2) case studies, (3) IPE competency self-assessment tool, (4) introduction and case-based examples of implementation in education and health care settings booklet, (5) ASHA resource Promoting Interprofessional Practice in Schools, (6) Journal of Communication Disorders resource on Interprofessional education during an autism session, (7) Measures of Interprofessional Education and Collaboration.
- Two case studies were assigned: (1) focused on Autism Spectrum Disorders, (2) focused on Language Differences and Bilingualism.
- Approximately 40 minutes were provided to workgroups for case study discussions and to answer critical thinking questions.
- Workgroups discussed critical thinking questions regarding case studies such as: “What professionals need to be involved to achieve coordination and inclusion with classmaters for the client?” and “What are the key opportunities to improve coordination of the clients’ transition and educational plan in this case?”

**RESULTS**

- Overall, feedback from the IPE was positive and participants reflected on a newfound ability to obtain the tools and experiences necessary to collaborate with professionals in the future.
- Participants were able to describe the importance of involvement from multiple spheres of knowledge, disciplines, and professions when planning client diagnosis, treatment, and goals.
- Participants provided feedback such as:
  - “The focus on the generational/cultural nuances in the Spanish speaking population of the U.S. diagnostics helped to reinforce the idea that assessments should be culturally/linguistically relevant and administered in the appropriate language(s) to determine whether there is a language difference or disorder.”
  - “It will provide and equip students and professionals with tools needed to effectively collaborate with the professionals we will be working with in the future” and provide “awareness of collaboration with other professionals/disciplines.”
  - “Each client would benefit from the fact that IPE allows many professionals to examine their needs through the lens of different disciplines.”
- This was only the first successful free-standing IPE event. We organized two more events of this nature in the fall of 2022, and more are being planned for spring 2024.
- Two IPE events were held in the fall 2022 semester. The first was held in conjunction with graduate students from the Early Childhood Special Education department (ECSE). The event had two components: (1) small group interviews and (2) a case study. The second event was held virtually, attended by SLHS graduate students and undergraduate students in the Nutrition and Dietetics department. This was the first collaboration of any kind to take place between SLHS and Nutrition and Dietetics.

**CONCLUSIONS**

- SFSU first IPE event was successful and sparked two following semester-planned IPEs to follow with an even larger number of participants.
- As students, we felt empowered learning about the importance of collaboration; additionally, this experience created a positive impact on our learning process.
- Participation in this event helped us prepare to apply the knowledge we learned to other settings such as classrooms, workplaces, and professional networking.
- Prior to this event, students had minimal knowledge of “What is Interprofessional Education?”, “Who is involved?”, and “How does it work?”. By participating in this IPE event students were able to gain the knowledge to answer these questions.

**REFERENCES**

- [https://www.asha.org/Practice/Interprofessional-Education-Practice](https://www.asha.org/Practice/Interprofessional-Education-Practice)
- [https://collaborate.uw.edu](https://collaborate.uw.edu)
- [https://www.asha.org/uploadedFiles/IPE-IPP-Reader-eBook.pdf](https://www.asha.org/uploadedFiles/IPE-IPP-Reader-eBook.pdf)
- [https://www.asha.org/Practice/Interprofessional-Education-Practice](https://www.asha.org/Practice/Interprofessional-Education-Practice)

**ACKNOWLEDGMENTS & CONTACTS**

- We would like to thank our participants, Dr. Nancy Robinson, Dr. Betty Yu, Dr. Marissa Mitch for their professional guidance and roles in the first ever IPE events and further events to come.
- **Contact:**
  - Anusha Sundarrajan: anusha@sfsu.edu
  - Jennifer Stimson: jstimson@sfsu.edu
  - Laura Epstein: lepstein@sfsu.edu
- [https://www.ashalit.org/interprofessional-education-practice](https://www.ashalit.org/interprofessional-education-practice)

**Weaving Interprofessional Education to educate and prepare current Speech, Language, and Hearing Sciences graduate students**

Anusha Sundarrajan, Jennifer Stimson, Laura Epstein
Interprofessional education (IPE) occasions when two or more professions learn with, from, and about each other to improve collaboration and the quality of care.

The Canadian National Interprofessional Competency Framework contains 40 competencies that are divided into six competency domains.

Interprofessional frameworks are only useful if they add value to existing curricula, rather than duplicate them.

Currently, there is no consensus on competencies that can only be accomplished through interprofessional training within an academic setting.

### Methods

#### Expert Panel Selection Criteria
1. Occupation in physiotherapy, occupational therapy, dietetics, speech-language pathology, nursing, nurse practitioner, kinesiology, psychology, social work, medicine, or pharmacy
2. Involved in education: ≥ 28 hours/week of clinical- or academic-based work
3. Experience in teaching in an academic setting, preceptor in a clinical setting, or curriculum development

#### Round 1 & 2 Survey
- Rate level of agreement on 5-point Likert scale for Delphi statements (DS)
- Consensus achieved at >80% of agreement on DS #2

#### Delphi Statements
1. This competency can be accomplished in my profession-specific curriculum within an academic setting.
2. This competency can be accomplished through interprofessional learning activities in an academic setting at the University of Ottawa and should be included in IPE.

#### Round 3 Survey
1. Do you think the consensual competencies are sufficient to develop a well-rounded IPE curriculum? (Y/N)
2. If no, please list up to three non-consensual competencies that should be included in the final list of competencies.

### Results

#### Delphi Panel Consensus Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Core (Y)</th>
<th>Core &amp; Non-Core (Y)</th>
<th>Non-Core (Y)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role Clarification</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Communication</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Collaborative Decision-Making</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Patient/Client/Community-Centered Care</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Team Functioning</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Work Experience in IPE</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Consensual and Non-Consensual Competencies

- **Consensual Competencies**
  - Core (Y)
  - Core & Non-Core (Y)
  - Non-Core (Y)

- **Non-Consensual Competencies**
  - Core (Y)
  - Core & Non-Core (Y)
  - Non-Core (Y)

### Baseline Characteristics of Expert Panel

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Work</td>
<td>Academic (n=9)</td>
</tr>
<tr>
<td>Clinical (n=7)</td>
<td>7/10 (70.0)</td>
</tr>
<tr>
<td>Teaching in academic setting (n=12)</td>
<td>12/10 (120)</td>
</tr>
<tr>
<td>Supervising/precepting</td>
<td>15/10 (150)</td>
</tr>
<tr>
<td>Work Experience in IPE</td>
<td>None</td>
</tr>
<tr>
<td>Less than or equal to 10 years (n=62)</td>
<td>37/62 (60)</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>25/62 (40)</td>
</tr>
</tbody>
</table>

### Conclusion

- This study identified 25 essential competencies that should be practiced in an interprofessional environment and within an academic setting.
- Identifying these core interprofessional competencies provides the foundation for future applications in the development of IPE.

### Limitations

- Cognitively complex task for experts to review 40 competencies
- Expert panel was not representative of all targeted healthcare professions
- Low response rate and small panel size in Rounds 2 and 3

### References

Development of an Interprofessional Educational Module for Better Antenatal Oral Health Care

Keywords: Interprofessional Education, Antenatal Oral Care, Module development

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INTRODUCTION

• Poor oral health among pregnant women is associated with preterm low birth weight babies and premature labor.
• There lies a lacunae in the awareness regarding the Oro-systemic link, which can be fatal to both the mother and the fetus.1
• Interprofessional education (IPE) appears particularly appropriate for creating awareness, early screening and management of oral diseases during pregnancy.2

OBJECTIVES

1. To conduct a need assessment for development of IP educational module for antenatal oral health care.
2. To develop and evaluate effectiveness of an IP educational module to instill better oral health care in pregnancy.

METHODOLOGY

• Readiness for IP Learning Scale- Questionnaire (RIPLS)-to-Participates
• Mixed Method - Purposive Sampling technique.
• Need Analysis of the study: FGD (focus group discussion) was conducted among 24 IP team members and 22 pregnant women.
• Pre-test done to assess the knowledge and attitude of participants regarding antenatal oral health care.
• Design of an IPE Module in antenatal oral health care. Content validation by subject experts. I-CVI (Item Content validation Index) was calculated for Module validation.
• Training of medical and dental students IP Team: didactic Interactive discussion / flipped learning/simulation/role plays/Chat GPT patient narratives around 14-15 hours of sessions.
• Post-test to assess knowledge and attitude of participants

RESULTS

• We don’t have proper referral system.
• We don’t have collaborative set up
• Our family
  • member
  • should be
  • allowed to attend
  • educational sessions
• Oral health Awareness
• Interprofessional educational strategies

COLLABORATIVE TEAM

DISCUSSION

1. Message: Creating awareness regarding good antenatal oral health care is the need of the hour.
2. Enabling Factors: Committed IP team, Mentors, Institutional Support
3. Obstacles: Time management, FGD participation of pregnant women.
4. Change: In-depth interviews were added for pregnant women as data collected from FGD was not conclusive. This change helped to understand the needs of the study better and generate educational module goals and objectives.
5. Impact: Good learning experience, teamwork and collaboration. Institution- To start One health concept clinic for quality care of pregnant women with dental consultations and treatment facility.
6. Future: Train more students to create awareness regarding antenatal oral health care.

REFERENCES

Shamian J. Interprofessional collaboration, the only way to save every woman and every child. Lancet 2014:384, e41- e42.
Engaging Pharmacy and Medicine Students in Digital Health and Addressing the "Digital Divide"

Rebecca R Schoen, PharmD, BCACP; Michael W. Perry, PharmD, BCPS, BCCCP; Amber Fedin, DO, FACOP, FAAFP; Pamela Koerner, BS, PharmD, BCPS

School of Pharmacy | College of Medicine | duq.edu/academics

**BACKGROUND**
- Students across health professions will be increasingly using and recommending technology in patient care
- Students may be unaware limitations patients face using these tools, potentially worsening the “Digital Divide”
- Most health science-based curriculums are in the infancy of preparing students in their curriculum for using these tools in the most effective, safe, and patient centric way, but there is a growing recognition for expanded training in this area.
- This evolution is highlighted in pharmacy education with the new 2022 Curriculum Outcomes and Entitlement Professional Activities (COEPA) including both Digital Health (1.1.1) and Navigating Cultural and Structural Humility (2.2.3) outcomes.

**Project Goal:** Educate and empower students to address health inequities that can be exacerbated by an increasing uptake of digital health technologies.

**METHODS**
- Received $1000 internal grant to explore digital health programming taught in interdisciplinary format
- Identified Digital Inclusion as initial focus and drafted learning objectives
- Partnered with National Digital Inclusion Alliance
  - Gather information on resources
  - Upskill faculty on topic
  - Generate ideas for programming
- Created pre- and post- assessment
- Identified appropriate timing for Masters of Biomedical Science and Pharmacy students
  - Pharmacy: Skills lab in 2nd professional year
  - Medicine: Seminar in 1st year of degree
- Seminar hosted in Sept 2023

**LEARNING OBJECTIVES**
- Describe the "Digital Divide"
- Assess how the "Digital Divide" can impact patient care
- Address gaps by navigating community resources

**EVENT**

**Introduction to Digital Health**
- 10 minutes Overview of digital health tools and their effects on healthcare

**Digital Skills Assessment**
- 25 minutes Students assigned a digital skills assessment from digitalliteracyassessment.org to complete, discuss results with their group

**Digital Health in Diabetes Management**
- 10 minutes Brief overview on the management of Type 1 diabetes using insulin pumps and continuous glucose monitors

**Digital Divide**
- 20 Minutes Discuss digital health as a social determinant of health. Groups evaluate a patient case with newly diagnosed diabetes and digital inclusion challenges

**Bridging the Divide**
- 10 minutes Discuss tools and resources to bridge the "digital divide" for improved access to digital health tools

**Building the Bridge**
- 20 Minutes Groups assess potential digital inclusion tools in their community to address challenges identified in the patient case

**DISCUSSION**
- Collaboration between a School of Pharmacy and College of Medicine created an opportunity for students to explore the intersection of technology and social determinants of health
- Students explored access and equity with tools that are becoming increasingly common in modern healthcare
- Learning and exploring these complex, multifaceted problems together may be preferred when these problems will likely require interprofessional collaboration in practice
- Coordinating with external experts facilitated successful programming on a new and emerging topic

**FUTURE DIRECTIONS**
- Assess Pre- and Post- data for student learning
- Assess long term retention in December 2023
- Assess student performance on rotation via preceptor surveys
- Expand interprofessional Digital Health Programming
- Incorporate additional disciplines into activities

**REFERENCES**
Connecting Programs; Providing Better Patient Care by Learning From Each Other

Carmela Avena-Woods, BSPharm, PharmD, BCGP
Danielle Ezzo, PharmD, BCPS
Alyssa Quinlan, MS, PA-C, DFAAPA

Background

St. John's University hosts a robust array of professional healthcare programs, primarily housed in The College of Pharmacy and Health Sciences (CPHS). The CPHS encompasses specialties which include pharmacy, physician assistant, nursing, radiologic science and clinical laboratory science. Other healthcare related programs across the University include speech and language pathology (SLP) and audiology (Aud). In a recent collaborative initiative this fall, students from our four programs, pharmacy (Ph), physician assistant (PA), SLP and Aud, united for an enriching interprofessional activity.

The CPHS has implemented a well-structured interprofessional education (IPE) plan, strategically integrating, and applying the Interprofessional Education Collaboration (IPEC) competencies throughout the pharmacy program. From the early stages of their education, students engage with and learn from a spectrum of healthcare professionals. The IPEC competencies remain a consistent thread throughout the program, culminating in their full application during the advanced pharmacy practice experiences (APPEs).

While each program tailors its curriculum to foster specific expertise, the overarching goal of healthcare professional programs at St. John's University College of Pharmacy and Health Sciences is to nurture teamwork, compassion, and communication skills among students as they collaboratively navigate complex healthcare scenarios. This must start by understanding the roles and responsibilities of fellow professions. In alignment with the IPEC competencies, this activity was rooted in one of the 4 main pillars of IPEC: roles and responsibilities.

With pharmacy at the initiation of this activity, the full panel of professional programs who participated along with the introductory course students were taking when this activity occurred, are as follows:

<table>
<thead>
<tr>
<th>Pharmacy (n=178)</th>
<th>Essentials to Pharmacy Practice required course activity</th>
<th>1st year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant (n=73)</td>
<td>Introduction to Physician Assistant Profession and Ethics required course activity</td>
<td>1st year</td>
</tr>
<tr>
<td>Language and communication (n=44)</td>
<td>Selected second year students for voluntary activity</td>
<td>2nd year</td>
</tr>
<tr>
<td>Audiology (n=68)</td>
<td>All students invited voluntary activity</td>
<td>1st, 2nd and 3rd y year</td>
</tr>
</tbody>
</table>

Objectives

- To increase communication between students and faculty among various health related professions within the same university.
- To help students identify and describe the roles and responsibilities of the other healthcare professionals to enhance patient care as a team.

Methods

Pharmacy practice faculty created a mock course within Canvas, the university Learning Management System. For the first time at our university, students across four health professions programs were invited to enrolled in the course. Participating programs include, Doctorate of pharmacy program (Ph), Master of Science Physician Assistant (PA); speech and language pathology (SLP) and audiology (Aud).

Once students were enrolled, a discussion board was created. Students in the PA, Aud and SLP program posted a short description which included their academic year and preferred contact information, along with their availability. Due to the imbalance among the number of students participating across the different disciplines, only Ph students were asked to respond to posts. Ph students were asked to respond to a post, as described in Table 1, providing the same information as the other students.

<table>
<thead>
<tr>
<th>Table 1. Student ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Max of 2 Ph; Student responses to every 1 PA student post</td>
</tr>
<tr>
<td>Max of 1 Ph Student response for every 1 Audiology post</td>
</tr>
<tr>
<td>Max of 1 Ph Student response for every 2 SLP post</td>
</tr>
</tbody>
</table>

PH students were assigned a unique student ID to post with. Audiology was assigned the role of making the first post. Students were tasked to coordinate and meet outside of class time to answer guided questions about each profession's role and responsibility by a preset day. They were instructed to ask questions about the skills and training necessary for the respective profession, their perspective on their role on the patient care team and how they envision working together in the future. Table 2 includes a sample of guided questions pharmacy students use to guide their discussion with the other professional student(s).

Student were asked to respond to a post, as described in Table 1, providing the same information as the other students.

<table>
<thead>
<tr>
<th>Table 2. Sample of guided questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does a, (PA, SLP, Aud) student interact with a patient regarding their medication(s)?</td>
</tr>
<tr>
<td>What is your role on the patient care team?</td>
</tr>
<tr>
<td>In what ways do you interact with pharmacists or pharmacy students?</td>
</tr>
<tr>
<td>Do you have prescriptive authority?</td>
</tr>
<tr>
<td>What you learned from the other healthcare professional/student regarding how you can work together on a patient care team.</td>
</tr>
<tr>
<td>What do you think they learned from you about pharmacy?</td>
</tr>
<tr>
<td>What actually does your healthcare professional/student regarding how you can work together on a patient care team.</td>
</tr>
</tbody>
</table>

Open class discussions: Within the pharmacy course there is one designated unit of instruction discussing communication skills and IPE held after the designated deadline for IPE meeting. PA also students participated in open class discussions within their own course to share new and/or surprising information they learned about their pharmacy counterparts' careers and role on the healthcare team, after meeting with the pharmacy students. No designated discussion time was set for students in SLP and Aud.

Additionally, pharmacy students completed an in-class short survey regarding their experience. They were provided with summative feedback and a full lecture on the importance of interprofessional teams and effective communication skills.

Faculty across all programs will convene at the end of the course to conduct a SWAT analysis of the assignment.

Discussion

Students enrolled in the PA and Aud and SLP program participated in this joint IPE activity as part of their required course. Students from the Aud and SLP were later invited by their faculty members to participate.

Due to the disproportion program size there was not equal representation from each program. The majority of the pharmacy students met with a PA student, with less than 10% being from the other programs.

The IPE activity is built into a Ph course a part of the pharmacy programs IPE plan. IPE is also an integral part of PA, SLP and AUD programs. In future years, a similar model will be proposed to other programs in their courses.

By the students having to organize the meetings to complete the assignment, discuss guided questions, and provide answers to the students from the other profession, this model illustrated real life situations that require effective communication and excellent organizational skills.

Based on student feedback, and preliminary review of the activity, improvements will be made in the way students connect and share information, with the goal of an increase in the number of active participation of students from the SLP and AUD programs and potentially other healthcare professionals within the University.

Conclusion

Overall feedback from both students and faculty, across all programs involved, was positive. Faculty across all programs plan on continuing to work together on future IPE activity and incorporate this activity as a required part of their respective course in the fall 2024. Over the spring and summer faculty plan to meet to create a more seamless way to have students from different programs engage with one another.

Student Responses

I didn't think that SLPs and pharmacists could work together but they're actually many scenarios where they do.

This was successful because I was able to engage with someone I had never met before, however, myself and them both have a strong passion for healthcare and the quality of care we can provide to patients.

I was surprised by the role of the audiologist. There are a lot of similarities to such a pharmacist in terms of patient advocacy. I didn't consider as well how much they interact with the healthcare team in terms of patient audiology.

I didn't know that a pharmacist and PA have as much communication as they do, or that they share many patients. I did not know that they often collaborate together.

Acknowledgments to the supportive faculty across all programs: Dr's V Arya, J Beizer, K Horan, Suzanne Thompson Miller, Sandra Belayisow.
Using an Educational Module Within a Health Science Program to Increase Interprofessional Education and Competency

Ashleigh Graveline, OTD, OTR/L; Brittany DiSalvo, OTD, OTR/L; Anna E. Dickinson, OTS; Stephanie M. John, OTS

An Evidence-Based Project in Occupational Therapy
Clarkson University, Potsdam, NY

Project Overview

Key Words
- Interprofessional Education
- Interprofessional competency
- Health care professions
- Student respect

Setting
Clarkson University in Potsdam, NY
- Lewis School of Health Sciences (LSHS) programs including Physical Therapy (PT), Occupational Therapy (OT), and Physician Assistant (PA) students

Background
- Improving interprofessional competency and respect between students from multiple disciplines within a shared health science program
- Addressing barriers to interprofessional education (IPE) and improve relationships between health science students before entering clinical practice.

• Created an educational module including the roles and responsibilities of each profession as a mandatory component of a collaborative interprofessional “Team Care Planning” event involving OT, PT, and PA students.

Literature Review

Benefits of Shared Learning Experiences
Research shows benefits to interprofessional education including improved knowledge and skills, greater understanding of the roles of one’s own and other disciplines, and improved readiness to work on an interprofessional team. Studies have shown that participating in even one IPE event improves students’ understanding of other professions and their readiness to work within an interprofessional team.

Challenges to IPE
- In the United States, 1/3 of schools that offer both OT and PT programs do not offer opportunities for these students to interact in an academic setting.
- Lack of knowledge of other disciplines
- Scheduling conflicts
- Differing expectations of faculty
- Competition between students due to polarizing between professions

Goal of the Project
Mitigate challenges of IPE by providing several disciplines with the same baseline information and expectations before coming together for a collaborative learning experience.

Students’ Perceptions and Attitudes Towards IPE
Although research suggests notable stereotypes between OT and PT students, the overall perception of IPE interactions is positive. Students report improved team attitudes, especially in situations that are relevant to their future profession and promoted respectful communication between group members. Participants also benefited from increased baseline knowledge of the roles of each professional before interacting with students from other disciplines, so early theoretical knowledge positively influences students’ perceptions of IPE.

Design & Implementation

Participants
Participants included 71 students from Clarkson’s Lewis School of Health Sciences:
- 24 second-year OT students
- 25 third-year PA students
- 22 second-year PT students

Design:
- A recorded presentation was created including information about each Health Science program within Clarkson’s LSHS including information about:
  - Definitions of IPE and interprofessional collaboration (IPC) were included as well. IPE slides consisted of:
    - Descriptions of each profession’s roles and responsibilities
    - General and Clarkson-specific education requirements
    - Common settings where these professionals may work
  - Benefits and challenges based on evidence
  - Examples of IPE events students will participate in at the LSHS
- Post-test questions were developed to acknowledge completion of the modules and to determine if students felt adequately represented and respected.

Outcomes/Conclusion

- 69 students completed the IPE module and quiz (the 2 students who developed the module did not complete the post quiz)

“[I feel as though my program’s course curriculum adequately prepares me to engage in IPE],” n = 68

Percentage of students who agree to strongly agree

50% 81%
OT PA PT

68%
LHS Program

“[I feel as though my healthcare profession is understood by students from other healthcare disciplines],” n = 68

Percentage of students who strongly agree to agree

40% 86%
OT PA PT

LHS Program

- Of the 69 students who completed the IPE module quiz, 81% agreed to strongly agreed that the module accurately represented their program.
- After the “Team Care Planning” event, 85% of students agreed to strongly agreed that the exposure module increased their knowledge of the roles and responsibilities of multiple health care professionals.

Implications

- Moving the module to the beginning of the didactic learning experience would be more beneficial to prepare students for interactions with other professions throughout their education.
- Based on frequently missed questions, module post-quiz questions will be re-worded for clarity.

References

- Collaborators

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BACKGROUND AND SIGNIFICANCE

- 40% US adults have 2+ chronic illnesses
- Chronic illnesses are the leading causes of death and disability
- Collaborative care improves patient experience, population health and healthcare cost
- Quality healthcare affected by communication and teamwork
- IPEC Competencies mandated for health education students
- QSEN – KSAAn- teamwork and collaboration
- AACN IPE APRN Competencies
- CCNE Accreditation IPE requirement
- 87% APRNs work in ambulatory care

EBP PROCESS

PICOT: In (P) advanced practice registered nursing students, how does implementing an (I) interprofessional simulation compared to (C) standard educational interventions affect (O) those students’ perceptions of IP collaboration and self-efficacy for IP competence?

Databases: Cochrane, Scopus, PubMed, CINAHL

PRISMA: 107 Articles > 16 Included

Inclusion criteria:
- Ambulatory
- APRN students
- IP Simulation

Melnyk & Fineout Levels of Evidence:
- *2 level 3: Controlled trials
- *4 level 6: Qualitative/Descriptive

Primary Outcomes
- Improved team treatment plans (1)
- Improved attitudes of collaboration (6)
- Increased self-efficacy for IPE competencies (12)

PROJECT DESCRIPTION

Spring 2023
2 Simulations/25 Students/9 programs

Part One:
Pre-sim prep modules
- Recorded lectures, quizzes, DB posts, sim resources
- Asynchronous
- Completion: 10 days, 90 min

Part Two:
3-hour, virtual, synchronous simulation
Session schedule
- Prebrief
- Huddles (breakout rooms)
- Patient encounters
- Case conference- Care planning template
- Debrief
- Debriefing for Meaningful Use
- Post-test administration

FINANCIAL IMPLICATIONS

Expenses
- Labor-Pre-Simulation Prep
- Labor-Simulation
- Labor-Post-Simulation Clean-Up
- Supplies
- Equipment
- Space
- Patient Actor Payments

ROI
- Improved perceptions of IPE and IP collaborative practice
- Increased value of program
- Program satisfaction
- National rankings
- Practice ready graduates
- Team support, decreased turnover
- Work at top of practice scope
- Improved teamwork and communication
- Patient outcomes

APRN OUTCOMES

Student Perceptions of Interprofessional Clinical Education-Revised Instrument (SPICE-R2)
- 10 Item, 5-point Likert scale (50 pt. total), Cronbach alpha = 0.83
- Perceptions of IPE and IP collaborative practice
- Effect sizes calculated for paired data

- Sum score changes pre to post

<table>
<thead>
<tr>
<th>Interval</th>
<th>N</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
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<tbody>
<tr>
<td>Pre</td>
<td>7</td>
<td>43.1</td>
<td>44</td>
<td>2.4</td>
<td>40</td>
<td>49</td>
</tr>
<tr>
<td>Post</td>
<td>7</td>
<td>45.7</td>
<td>46</td>
<td>3.1</td>
<td>40</td>
<td>49</td>
</tr>
</tbody>
</table>

- Sum score changes pre to post

<table>
<thead>
<tr>
<th>N</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
<th>Positive Change</th>
<th>Effect Size</th>
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<tbody>
<tr>
<td>7</td>
<td>2.57</td>
<td>3</td>
<td>2.5</td>
<td>0</td>
<td>7</td>
<td>5</td>
<td>1.03</td>
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</tbody>
</table>

SPICE-R2 ITEM CHANGES PRE-POST

<table>
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<tr>
<th>Item</th>
<th>N</th>
<th>MEAN</th>
<th>MEDIAN</th>
<th>SD</th>
<th>MIN</th>
<th>MAX</th>
<th>EFFECT SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working with students from different disciplines enhances my education</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>0.6</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2. My view within an interprofessional team is clearly defined</td>
<td>7</td>
<td>3</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>3. Patients/client conditions is improved when care is delivered by an interprofessional team</td>
<td>7</td>
<td>3</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>4. Participating in educational experiences with students from different disciplines enhances my ability to work on an interprofessional team</td>
<td>7</td>
<td>3</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>5. I have an understanding of the issues taken up, and training requirements of other health professionals</td>
<td>7</td>
<td>3</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>6. Healthcare satisfaction is improved when care is delivered by an interprofessional team</td>
<td>7</td>
<td>3</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>7. Health professionals from different disciplines should be educated to establish collaborative relationships with one another</td>
<td>7</td>
<td>3</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>8. Understanding the roles of other health professionals is necessary in an interprofessional team</td>
<td>7</td>
<td>3</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>9. Patient/client conditions improves when care is delivered by an interprofessional team</td>
<td>7</td>
<td>3</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>10. During their education, health professional students should be involved in teamwork with students from different disciplines in order to understand their respective roles</td>
<td>7</td>
<td>3</td>
<td>0.6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
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</tbody>
</table>

REFERENCES


Pittman, DNP, CNP, Kelly Casler, DNP, APRN, Amy Smith, DNP, MSW, RN, CHSE, Julie Harter, BSN, RN, CHSE, Julie Hazlebaker, Ph.D., Mandy Dickerson, DNP, RN, CHSE, Stephanie Burlingame, RN, BSN, Eede Harter, RN, CHSE, Julie Hazlebaker, Ph.D., Catherine Hechmer, MSW/LISW-S, LICDC-CS, Julie Legg, PharmD, RPh, Chirag Patel, MD, Matt Flanigan, MD, Kristen Roberts, PhD RDN LD, Erin Thomas, PT, DPT, Bridget Wright, MACPR, BSDH, EFDA

PARTICIPATING PROGRAMS
- APRN: Family NP, Psych-Mental Health NP
- BSN Nursing, Medicine, Social Work,
- Audiology, Physical Therapy, Pharmacy, & Dental Hygiene

LEARNING OBJECTIVES
- Create a climate of mutual respect and understanding
- Understand the roles and responsibilities of other professions
- Develop interprofessional communication skills
- Develop an interprofessional plan of care

SIMULATION EFFECTIVENESS TOOL (NON-APRN)

CONTACT
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Physical and Respiratory Therapy Student IPE Collaboration and Simulation Experience

Authors: Jessica J. Arndt, PhD, RRT, RRT-ACCS, Christine Sperle, PhD, RRT, AE-C, and Michelle Keller, PT, MPT, CEEAA, EdD

Introduction

Interprofessional education (IPE) is an important pedagogical approach for preparing health profession students to provide patient care in a collaborative team environment. There is an increased awareness of the importance of student understanding of roles and responsibilities of each healthcare discipline to improve collaboration and professional relationships.

Specific to the University of Mary, our IPE champions have identified interprofessional education as important and set it as a goal specific to our health profession programs. These champions choose IPE curricular themes, evaluate equivalent levels of education that matches students on education level, and determine when and where IPE will occur in the curricular schedule.

The goal of this IPE simulation experience is to provide an opportunity for 2nd year Doctor of Physical Therapy (DPT) and 2nd year undergraduate and master’s Respiratory Therapy (RT) students to learn more about the important role of interprofessional relationships between physical and respiratory therapy in clinical practice. This opportunity will expose students to one another’s professions by developing and implementing educational sessions that include knowledge, skills, and scope of practice. Students will then have the opportunity to apply the newly learned knowledge and skills by participating in an interprofessional simulation experience.

Challenges to be Addressed

This IPE simulation was created due to limitations within our community to offer our students the opportunity to observe each of these healthcare disciplines due to staffing issues and commitments to other clinical partners. These challenges have impacted the education our clinical partners were able to provide to our students.

- **Physician therapy student needs request:**
  - Increased knowledge about oxygen therapy and devices
  - Ventilator modes and alarms
  - Airway management and suctioning
  - The role the PT might have when working with this patient population

- **Respiratory therapy student needs request:**
  - Increased knowledge about mobility devices
  - Positioning patients in bed
  - Inpatient mobility compared to outpatient mobility
  - The role the RT might have in these interventions with their patients

Actions/Process in Place

- **All Students will complete a pre/post survey utilizing the Interprofessional Socialization and Valuing Scale-21 (ISVS-21)**
  - 2nd year RT students will provide education for the PT students in three groups.
    - Each group will have a hands-on/demonstration "station" to present their topic.
    - Time: 30 minutes at each station.
    - At the end of three rotations (90 minutes) there will be a large group Q & A.
  - Total Time: 2 hours
  - 21 PT students from 8-10:00 AM, 21 PT Students from 10-12:00 PM.

- **2nd year PT students will provide education to RT students in four groups.**
  - Each group will have a hands-on/demonstration "station" to present their topic.
  - Time: 30 minutes at each station.
  - At the end of four rotations (120 minutes) there will be a large group Q & A.
  - Total Time: 2 hours
  - All 9 RT students will rotate through from 9:00-12:00 PM.

- All students will attend and participate in simulation activities.
  - Faculty will demonstrate a simulation that is "incorrect."
  - Students/faculty will have time to discuss, correct, teach, and learn from each other.
  - Student volunteers will participate and complete the simulation "correctly."
  - Large group debrief will take place after the completion of simulations.

- Each student will submit a final reflection on the IPE experience utilizing the Interprofessional Practice Assignment Report.

Results and Change(s) Achieved

Implementation of this project will occur in Spring of 2024!

- Students will demonstrate clinical competency by providing safe acute care management that is based on evaluation and identified impairments. The plan contains specific and comprehensive communication appropriate to the level of the healthcare student(s) who will execute the plan.
  - Techniques may include airway clearance, breathing control management, education, and/or other simulated ACLS protocols.
  - Displays professionalism in all interactions with faculty, clinical faculty, peers, and clients specifically including:
    - Practicing in a safe manner that minimizes the risk to patient, self, and other.
    - Demonstrating professional behavior in all situations.
    - Practicing in a manner consistent with established legal and professional standards and ethical guidelines.
    - Communicating in ways that are congruent with situational needs.
    - Applying current knowledge, theory, and clinical judgement to adapt deliver of PT services to accommodate the patient’s values, needs, and perspectives.

- **Respiratory Therapy Program outcomes to be met:**
  - Demonstrate knowledge of the physiological bases for all therapeutic interventions and diagnostic procedures in all areas of respiratory therapy practice.
  - Demonstrate problem solving and critical thinking skills as consultants to physicians and other healthcare personnel in developing cardiopulmonary care strategies.
  - Demonstrate effective cross-cultural and interdisciplinary human interaction skills in the healthcare setting and the broader community.
  - Demonstrate proficiency in oral and written communication.

Key Words

- Physical Therapy
- Respiratory Therapy
- Simulation
- Collaboration
- Interprofessional Education

Collaborators Involved

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Enhancing International Interprofessional ACLS Training: A Prospective Observational Study

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Keywords: Advanced Cardiac Life Support, Interprofessional Learning, Simulation

Abstract
High quality and effective healthcare is increasingly synonymous with collaboration and interprofessional teamwork in modern medical practice1,2. Facilitating effective communication, shared decision-making, and seamless coordination through interdisciplinary collaboration significantly improves the timely and appropriate delivery of interventions, enhancing patient care, particularly in emergent situations2. The primary aim of this study is to evaluate the efficacy of interprofessional ACLS training among medical providers in Belize without poor advanced cardiac training. An interprofessional team of medical doctors, nurses, mid-level providers, and EMTs from Belize participated in an ACLS certification program. Twenty-six trainees completed a post-training survey, which evaluated confidence, training quality and real-life application. Study findings suggest that ACLS training in an interdisciplinary manner provides increased confidence in delivering advanced cardiac support, increased readiness for interprofessional collaboration, improved essential communication skills and possibly improves patient safety in this population.

Introduction
In the setting of cardiac arrest, advanced cardiac life support (ACLS) training is essential3. Interprofessional ACLS training improves confidence and role understanding and is effective for clinical learning as shown by Lau et al. and Brewster et al. However, as medical universities and training programs increasingly embrace interprofessional learning (IPL) for ACLS, it is important for developing countries to engage in international interprofessional collaboration in ACLS training. This collaboration is essential for ensuring the delivery of high-quality advanced cardiac support, which is particularly crucial in resource-constrained healthcare settings.

Materials and Methods
![Trainees practicing ACLS basics on a mannequin (left) and trained professional showing an instructional video on ACLS basics to trainees (right)](image)

An interprofessional team of medical doctors, nurses, mid-level providers, and EMTs from Belize with no prior formal advanced cardiac training participated in a 2-day ACLS certification program. A total of 54 participants were split into mixed teams that were overseen by trained instructors. An emphasis was placed on role clarity, effective task management and teamwork behaviors that promote integration among participants. A cohort of 26 trainees was randomly selected to complete a post-training survey, measured on a 10-point Likert scale. The survey evaluated participants in several areas, including confidence levels before and after the training, their perceived training quality, the overall effectiveness of the program, and their likelihood to apply what they had learned in real-world healthcare situations.

Results
Survey results demonstrate substantial improvement in participants’ confidence, perceived knowledge, and competency to participate effectively in an interprofessional team in the context of advanced cardiac life support—also, the results overwhelmingly point to a positive application of the intervention to real-world situations.

Discussion
These findings underscore the efficacy of ACLS training in an interdisciplinary manner to provide effective care and improve patient safety not only in Belize but in other similar contexts as well. We suggest that IPL integrated into ACLS training can result in increased readiness for interprofessional collaboration, improved essential communication skills, increased awareness of one’s role in advanced life support, and a better understanding of the roles of other professional groups. Ultimately, the survey results suggest that this intervention improved the preparedness of healthcare providers to respond to cardiac emergencies within this population, potentially leading to improved patient outcomes in Belize. We hope that insights gained from this study will guide the design and implementation of ACLS training programs within this population and those similar.

Figure 1. Medical students participating in simulated ACLS training

Figure 2. Trainees practicing ACLS basics on a mannequin (left) and trained professional showing an instructional video on ACLS basics to trainees (right)

Figure 3. Expert ACLS instructors lead a didactic session explaining the utility and effective ways to coordinate ACLS training to trainees in Belize

Figure 4. Charts demonstrate participants’ subjective evaluation of the interprofessional ACLS training with respect to applicability, self-perceived confidence, and training quality

References

*We give consent to make this poster available on the IPEC website
Utilizing IPEC Competencies in a Physical Therapy and Nursing Simulation Experience

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Shari Rone-Adams, PT, MHSA, DBA Nova Southeastern University, Fort Lauderdale, FL

PURPOSE
Highlight the benefits of utilizing IPEC core competencies in an acute care simulation-based interprofessional experience for physical therapy and nursing students.

DESCRIPTION

- Students from the Doctor of Physical Therapy and the Bachelor of Science in Nursing Programs collaborated in an acute care interprofessional simulation experience.
- Participants were prebriefed on the activity including the learning objectives that centered on the four IPEC core competency domains.
- These domains included values and ethics, roles and responsibilities for collaborative practice, interprofessional communication, and team-based care.
- The experience involved small groups of physical therapy and nursing students performing a medical review, examining, and treating a complex acute care standardized patient in a hospital simulation lab.
- Post the hands-on patient session, the small groups debriefed on their experience.
- This was followed by a large group debrief with a focus on patient safety and quality improvement clinical reasoning.
- The session concluded with all students completing an iHubert survey of their experience.

Questions asked
- What could the professor start doing, that would improve the experience?
- Tell me something the professor should stop doing, that would improve the experience.
- Tell me what's working well with the experience, that should continue in the same way.
- What do you think of the exercise overall?
- Do you want to add something more?
- How did you like this way of giving feedback, instead of a traditional survey?

Positive student feedback:
- “I think the scenarios were well done and helped with the interactions between the different health professions”
- “I appreciated the interprofessionalism and working together towards a common goal”
- “It was a great opportunity to assess the importance in collaboration with physical therapist and nurses and gauge our skills when working as a team.”

Summary of use
For purposeful interprofessional learning experiences for healthcare graduate students, faculty should align learning outcomes with activity assessment tasks, and adapt their learning strategies for different professions. Peer-teaching, assessment, and feedback during simulation-based interprofessional experiences allows the learners to better reflect on the IPEC competencies.

Importance to members
Simulation-based learning is an effective tool in preparing clinicians to work in complex healthcare environments. When simulation-based learning is utilized with interprofessional experiences, it can significantly influence students’ perceptions of collaborative team-based care, with an emphasis on patient safety and best patient outcomes.

REFERENCES


Interprofessional Education and Simulation: Academic Components in Occupational Therapy Student Preparation for Quality Service Provision

Stephanie Bonk, OTD, OTR/L¹; Anne Martin, OTD, OTR/L¹; & Katarina Gomez, OTD, OTR¹

¹. Concordia University Wisconsin

Introduction/Needs Assessment

- A needs assessment concluded:
  - Weaknesses: lack of volunteers, scheduling, and no established protocols
  - Opportunities: the learning environment, access to multiple discipline programs, and the OTA programs strive for academic excellence
  - Threats: various discipline programs teaching only within their individual programs, existent hierarchy of faculty within the various programs, and difficulty with scheduling
- These findings developed IPE opportunities within the OTA program.

Project Goals

- Primary goal: Enhance IPE in an OTA program
- The secondary goals were to develop:
  - IPE application-based curricular activity between OTA, nursing, and health information program
  - Intraprofessional educational activity between an OT and OTA program
  - IPE activity to improve care coordination with caregivers and family members in the skilled nursing facility setting.

Educational Strategies/Interventions

- 2 IPE application-based curricular activities were created
- OTA, nursing, and health information management students
- Included a simulated patient case study and electronic medical record
- The Interprofessional Collaborative Competency Attainment Scale (Revised) was utilized as a pre- and post-IPE implementation survey.
- A debriefing guide was used for post-IPE implementation
- 1 intraprofessional educational activity was created for future use by an OT and OTA program.

Project Evaluation

- Successful completion of project goals
- Qualitative results were:
  - Student performance
  - Effect of participation
- Quantitative results were:
  - Self-rated perceptions and abilities
  - Observer’s ratings of participants

Outcomes

- 1 student completed the IPE application-based curricular activity twice
  - Increased performance on each evaluation method on second trial

Figure 1

Student Scores Comparison

- Exchange of discipline specific knowledge
- Better understanding of own roles
- Increased confidence in explaining roles to other disciplines
- Improved clinical reasoning
- Safe learning environment to:
  - Discuss ideas
  - Make errors
  - Try new techniques
- Communication strategies to enhance patient care
- Learning of various communication approaches

Contact Information & References
A Telehealth Caregiver Simulation to Improve Interprofessional Communication and Teamwork

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Background

• Many adults with dementia rely on family caregivers for health-related care and daily activities, often experiencing caregiver burden which diminishes quality of life and health.
• Interprofessional care supports family caregivers and improves patient outcomes.
• Building upon the IPE literature demonstrating the effectiveness of simulation to advance interprofessional teamwork and communication competencies, we integrated a dementia-focused, high-fidelity caregiver simulation into our university-wide IPE program.
• By improving healthcare learners’ interprofessional teamwork and communication, interprofessional care can be strengthened in the care of caregivers and patients with dementia.

Project Objectives

The objectives of this simulation were to:
• facilitate interprofessional socialization of healthcare students across our institution
• enhance students’ competencies in interprofessional communication and teamwork using a standardized patient role-playing a family caregiver of a parent with dementia
• prepare students for future clinical IPE activities

Methods

1. Group Development: Interprofessional groups of 3-4 students were formed and interactivity of students was emphasized. One module presented communication and teamwork strategies to prepare students for their team planning meeting and telehealth caregiver encounter. An illustrated case study, ‘A Hidden Crisis’ (Image 1), introduced the patient and caregiver case.
2. Standardized Patient Case Development: The second module included a telehealth simulation, where a standardized patient portrayed a patient caregiver in a difficult and crucial conversation with the interprofessional team.
3. Online Module Development: One module presented communication and teamwork strategies to prepare students for their team planning meeting and telehealth caregiver encounter. In the second module, the telehealth simulation was followed by a debrief involving local experts on dementia and caregiving. An exemplar by our interprofessional team was also provided.
4. Our mixed-methods evaluation strategy focused on select IPEC competencies and modification of attitudes/perceptions alongside acquisition of knowledge/skills using a 5-point Likert scale (1=strongly disagree to 5=strongly agree) for quantitative items in both module and a cumulative evaluations.
5. Open-ended items were coupled with the quantitative items to capture written qualitative feedback.

Results

• 769 students from eleven degree programs participated and 615 (79.9%) provided responses to the cumulative evaluation. Results are shown in Table 1.
• Thematic analysis produced nine themes supported by rich narratives that demonstrated the simulation’s positive impact on students’ knowledge and views regarding effective communication, interprofessional insights, team-based care and patient-centered care.
• Themes also highlighted areas for quality improvement: logistics (how, when, and where the learning experience occurred), preparation, and improvement in timing/sequencing, availability/applicability of IPE activities, and enhancing team dynamics.

<table>
<thead>
<tr>
<th>Cumulative Evaluation Item</th>
<th>N</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. The LINC Simulation IPE Experience helped me understand the importance of effective interprofessional communication</td>
<td>615</td>
<td>4.31</td>
<td>1.02</td>
</tr>
<tr>
<td>Q2. The LINC Simulation IPE Experience helped me understand the need for effective interprofessional teamwork in patient healthcare plans and decisions</td>
<td>615</td>
<td>4.24</td>
<td>1.06</td>
</tr>
<tr>
<td>Q3. I learned valuable information during the LINC Simulation IPE Experience about specific communication strategies to set the stage, build trust, develop communication skills, be patient-centered, and avoid barriers with patients and their families</td>
<td>615</td>
<td>4.27</td>
<td>1.06</td>
</tr>
<tr>
<td>Q4. After participating in the LINC Simulation IPE Experience, I have a better understanding about effective teamwork strategies for interprofessional health teams.</td>
<td>615</td>
<td>4.27</td>
<td>1.06</td>
</tr>
<tr>
<td>Q5. After participating in the LINC Simulation IPE Experiences, I understand why health professionals from different disciplines need to discuss and develop informed healthcare plans for patient care.</td>
<td>615</td>
<td>4.36</td>
<td>.98</td>
</tr>
<tr>
<td>Q6. Completion of the LINC Simulation IPE Experiences improved my ability to reflect on my communication skills and strategies.</td>
<td>615</td>
<td>4.29</td>
<td>1.06</td>
</tr>
<tr>
<td>Q7. Completion of the LINC Simulation IPE Experience enhanced my understanding of teams and how to improve my team performance.</td>
<td>615</td>
<td>4.28</td>
<td>1.04</td>
</tr>
<tr>
<td>Q8. I am more comfortable working with health professionals from other disciplines after completing the LINC Simulation IPE Experiences.</td>
<td>615</td>
<td>4.25</td>
<td>1.05</td>
</tr>
<tr>
<td>Q9. After participating in the LINC Simulation IPE Experiences, my understanding of the importance of interprofessional collaboration has improved.</td>
<td>615</td>
<td>4.27</td>
<td>1.05</td>
</tr>
<tr>
<td>Q10. The LINC Simulation IPE Experience was beneficial to my professional development.</td>
<td>615</td>
<td>4.17</td>
<td>1.14</td>
</tr>
<tr>
<td>Q11. The LINC Simulation IPE Experience has prepared me for future clinical IPE activities.</td>
<td>615</td>
<td>4.22</td>
<td>1.10</td>
</tr>
</tbody>
</table>

Table 1: LINC Simulation IPE Experience – Cumulative Evaluation

Conclusion

• Mean scores for quantitative items on the cumulative evaluation indicated strong endorsement of improved IPEC competencies, attitudinal change, knowledge/skill acquisition, and preparation for future clinical IPE activities. Improvements and expansion of IPE simulation may improve the care of patients with dementia and their caregivers.
INTRODUCTION

Accreditation agencies mandate the inclusion of interprofessional education (IPE) in American Occupational Therapy (OT) and Physical Therapy (PT) academia. Faculty lack sufficient guidance on effective IPE models, prompting the need for comprehensive research.

PURPOSE

To assess the impact of an innovative IPE model on students’ self-assessment of collaborative competencies.

METHODS

- Archived data were retrieved from OT and PT auto-enrolled students (N = 280) across three terms in 2019: spring (n = 56); summer (n = 106) and fall (n = 118).
- Four sequenced IPE experiences, each aligned with an IPEC Core Competency, were integrated into a 15-week term within the first-term patient care management course curriculum.
- Students completed the Interprofessional Education Collaborative Self-Assessment Tool Version 3 on the first day (pre) and last day (post) of the course.
- Inclusion criteria: Archived data from students who completed the course; Exclusion criteria: Incomplete IPE Collaborative Assessment tools.
- Data analyzed using SPSS software and a significance threshold set at the p < 0.05.

RESULTS

- **Participants:** Involving 266 archived data, with representation from MOT (n = 55), OTD (n = 46), and DPT (n = 165). Excluded 14 students with missing pretest or posttest data.
- **IPEC Self-Reflection Improvement:** Wilcoxon signed rank test demonstrated significant improvement in Total Scores (pre 69.87 ± 7.1; post 74.64 ± 5.9; p < .001), Interactions Scores (pre 32.47 ± 4.9; post 36.37 ± 3.6; p < .001), and Value Scores (pre 37.42 ± 2.7; post 38.27 ± 2.7; p < .001).
- **Discipline Comparison:** The Kruskal-Wallis Test indicated no significant difference in improvement among disciplines (MOT, OTD, and DPT students) (H2 = 1.88; p = .391).

DISCUSSION

- Increased students’ self-assessments reflected enhanced competence and a heightened sense of salience in IPE interactions.
- The provision of four IPE activities potentially afforded more opportunities for students to engage in the IPEC core competency domains, fostering increased confidence in self-rating competency.
- Supported the assertion that IPE encourages higher-quality behaviors in team players, thereby promoting improved patient safety and outcomes (IPEC, 2016).
- Notable improvement in students’ attitudes toward interprofessional learning and collaboration, as evident in their responses.
- **Study Limitations:** Limited to OT and PT students from a single university and relied on a survey design for data collection.

CONCLUSION

- The innovative IPE model led to a significant enhancement in Interprofessional (IP) Interactions and Values among both Occupational Therapy (OT) and Physical Therapy (PT) students.
- The positive outcomes observed in students participating in the IPE Model 1 – Introduction series were consistently advantageous, demonstrating benefits across various terms and disciplines.
- The potential benefits of the IPE Model 1 – Introduction series extend beyond OT and PT, suggesting its efficacy in improving Interprofessional Education (IPE) competencies for students in other disciplines.

Academic Relevance:
- Alignment with IPEC Core Competencies
- Preparation for IP Collaborative Practice
- Call for Continued Research

RECOMMENDATIONS

- **Transfer of Classroom IPE to Clinical Practice:** Explore the development and assessment of multiple learning activities within an IPE educational model to evaluate the extent of knowledge transfer from classroom IPE instruction into collaborative clinical practice.
- **Cross-Disciplinary Applicability of IPE Model 1:** Assess the effectiveness of the IPE Model 1 – Introduction across diverse healthcare disciplines to determine its applicability beyond specific fields of study.

REFERENCES AND CONTACTS
An Interprofessional and Interdisciplinary Forensic Simulation in Higher Ed
Daria Waszak, DNP, RN, CNE | Theresa Fanelli, MA | Carleen Graham, PhD, MSN-Ed, RN | Robert Keesey, PhD

**Background**
Patients may be a victim or suspect, so nurses may have a fleeting opportunity to collect and preserve evidence.

The forensic team: criminal justice, nursing, & chemistry
Revised model used by Fairfield University
Pilot in May 22 | New course ran in Fall 23

**Methods**
1. Crime Scene Lab
2. Nursing Simulation
3. Forensic Chemistry Lab

Synchronous hybrid flipped classroom design
IPE: Three pre-labs / labs / debriefing / threaded discussion

**Results**

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-Test Average</th>
<th>Post-Test Average</th>
<th>Ave Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have confidence in the proper steps to take when encountering a potential victim of a crime.</td>
<td>3.75</td>
<td>4.25</td>
<td>0.5</td>
</tr>
<tr>
<td>I can effectively recognize forensic evidence and/or potentially crime-related injury on a person.</td>
<td>3.67</td>
<td>3.75</td>
<td>0.08</td>
</tr>
<tr>
<td>I can effectively collect and preserve forensic evidence on a person.</td>
<td>3.75</td>
<td>4.25</td>
<td>0.5</td>
</tr>
<tr>
<td>The field of forensics involves interdisciplinary work.</td>
<td>3</td>
<td>4.25</td>
<td>1.25</td>
</tr>
<tr>
<td>It is important for each member of an interdisciplinary team to understand each other's roles.</td>
<td>4.25</td>
<td>5</td>
<td>0.75</td>
</tr>
<tr>
<td>I understand the roles of the interdisciplinary forensic team.</td>
<td>3.25</td>
<td>4.75</td>
<td>1.5</td>
</tr>
<tr>
<td>Working with students from other disciplines enhances my learning.</td>
<td>4.0</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

**Discussion**
Faculty to model interprofessionalism!
Realistic, experiential, and reflective
Professional & interprofessional identity development
Team role and dynamics
Who Killed Mr. Brown? An Interprofessional Hospital Murder Mystery
Rachel Kavanaugh, PharmD, BCACP1; Zach Pape, PharmD, BCACP1; Bonnie LaTourette, PharmD, BCPS1; Havilah Normington-Gomes, DNP, RN, APNP2
1Medical College of Wisconsin School of Pharmacy; 2Milwaukee School of Engineering School of Nursing

METHODS

OUTCOMES

Prior to the Event:
1. Students were divided into groups of 6-8 and given background information on a role (see below) to learn and play during a mock clinical scenario surrounding Mr. Brown’s hospital stay.
2. Pharmacy students: Prepared a document for the nursing students in their group describing the role of the pharmacist in a code situation.
3. Nursing students: Prepared a document for the pharmacy students in their group describing the post-operative care of a patient and potential complications in the post-operative period.

Event Day:
1. Scene 1 began with the students arriving prepared to act out their parts in two scenes to determine a primary cause of death and identify what contributed to the passing of the fictional Mr. Brown.

Materials Provided to Each Group:
- Entire medical chart
- Current inpatient chart and MAR
- PDMP report
- White board
- Manikin and bedside clues

2. Each character was instructed to retrace their steps in care to find the root cause of the medical error.
3. Working together, students created a list of possible causes of death and then acquired information needed to evaluate these potential causes.

Scene 1:
Who are you and what is your role?

Scene 2:
Lab results are in!

Discussion:
Process and teamwork reflection

4. In Scene 2, the students could ask for additional information such as imaging and laboratory results to assist in ruling out or ruling in the correct cause of death.
5. At the end of the event, the students, were led by a facilitator in a discussion about their methods and approach, how the group communicated, and how each profession brought a different perspective to the case. Groups also discussed how well they evaluated each potential cause as part of the root cause analysis.

CONCLUSION

Use of a murder mystery activity is a unique approach to foster the development of critical thinking skills for pharmacy and nursing students

FUTURE DIRECTIONS

Interprofessional groups successfully discussed processes and solutions to ensure that a similar situation did not occur in the future. Pharmacy and nursing students participated in a collaborative discussion outlining the basic tenets of a root cause analysis and identified areas in which systematic changes could be made to address the cause of the patient's death and potential health system errors.

The authors have no financial disclosures or conflicts of interest to report

REFERENCES


OBJECTIVES
1. Assess student critical thinking skills through identification of a cause of death
2. Identify potential causes of error and develop a systemic solution for prevention of future errors
3. Encourage group communication skill development through effective engagement in team dynamics
4. Engage other health professionals in patient-centered problem solving

BACKGROUND

Educational mysteries and serious games allow learners to engage in interdependent groups to exercise communication, organization, and interpersonal skills through cognitive and emotional learning and problem solving.1,5 A murder mystery activity was designed for student pharmacists and student nurses to incorporate quality improvement with clinical knowledge and teamwork.

Students collected and analyzed information based on a fictional patient case to determine the cause of death for a situation where a hospitalized patient is lost due to medical errors.
## Goals of the IPE Experience:

1. Define & appreciate collaborative medicine/healthcare.
2. Recognize the importance of evaluating clients holistically, including their health condition(s) and any personal and environmental context.
3. Collaborate with other health professions to identify how a client’s personal and environmental context can impact the treatment plan.
4. Create a treatment plan for a client considering their personal and environmental context to maximize health outcomes.

## DESCRIPTION

### Key Players: IPE Champions within College/University; Center for Instructional Innovation; Interdisciplinary Simulation Center

The Escape Room Experience:

**Pre-Brief:** Ice breaker questions; guided conversation and questions centered around collaborative medicine, holistic care, teamwork, and empathy; video introduction of the case study and escape room rules

**Escape Room Experience:**
- Room Set up
- Room Monitor
- Experience Monitor
- Timekeeper
- Pre/De Brief Leaders
- Room Re-Setter

**De-Brief:** Wrap up video and questions focused on the aspects of teamwork and collaboration required to successfully “escape” the exam room; focused discussion and questions centered around interprofessional collaborative practice needed for holistic, family/client centered care.

## CASE STUDY

**Name:** John Grasso, 55-year-old male  
**PMH:** Type 2 Diabetes, Depression, HTN, HLD, Chronic Low Back Pain, OA Bilateral wrist/hands; Peripheral Neuropathy; Class II Obesity  
**Medications:** Metformin; Glipizide, HCTZ, Metoprolol, Gabapentin  
**Full lab work up and Nutrition Assessment completed.**

**Social:** Works as an accountant. Lives with his wife, and recently, his daughter and grandchildren moved in. Client also has some work stress about new financial information.

**Vital Signs:**
- Heart Rate – 98bpm
- Blood Pressure – 156/92mmHg
- Respiratory Rate – 18 br/min
- SpO2 – 96%

**Physical Examination:**
- Skin – Diabetic dermopathy (dull red papules on bony prominences)  
- HEENT – no abnormal findings  
- Lungs – negative for adventitious breath sounds  
- Heart – normal S1, S2 sounds  
- Abdomen – normal  
- Back – normal with history of low back pain  
- Genitourinary – normal  
- Neuromuscular – bilateral sensory loss in feet  
- Extremities – bilateral ankle edema present

**Referrals:** Physical Therapy, Occupational Therapy, and Dietetics.

## SURVEY RESULTS

At the conclusion of the experience, 135/157 (86%) of the students voluntarily completed an anonymous survey with opportunity for open-ended feedback.

128/135 reported enjoying the event, and made positive comments:

- “The collaboration with other programs and how we had to work together and listen to each other to solve the puzzle.”
- “I liked getting to collaborate with the other programs in a fun, interactive way that was very engaging.”
- “It was great to get to know the other professions and work with them toward a common goal.”
- “I liked the creative and problem-solving nature of the event. It challenged our thought processes and made us think in non-traditional ways.”
- “Getting to work with people from different departments at the same time (like it will be when we are out in practice).”

## SUMMARY OF USE

The interactive escape room experience allowed learners to communicate, listen, and collaborate with others in an exciting, low stakes environment. The escape room experience fostered rapid team building like clinical practice settings where multiple healthcare professionals may meet, discuss, and ultimately make team-based clinical-decisions with limited prior relationship or familiarity.

## IMPORTANCE TO HEALTHCARE WORKERS

Holistic, client-centered care requires interprofessional communication and collaboration focused on client preferences, unique needs, and individual context. Empowering learners to examine client-centered care from an interprofessional lens may translate into team-oriented clinical practice behaviors in the future.

## ACKNOWLEDGEMENTS

We want to thank our partners at the Center for Instructional Innovation, our colleagues at the Interdisciplinary Simulation Center, and our undergraduate, graduate, and staff volunteers who remain essential in facilitating smooth interprofessional escape room events.

## REFERENCES

Available upon request
The United States continues to experience mass casualty events at a staggering rate (Davis et al, 2020). The preparation of healthcare students in both undergraduate and graduate programs can be supported with enhanced preparedness through a disaster simulation event. Specialized training with SMART Triage, Stop the Bleed, and state of the art moulage application enhances nursing, athletic training, police and cadets preparation to participate as standardized victims.

The interprofessional experience creates a realistic catastrophic event to prepare nursing students, athletic training students, police and cadets with the critical lifesaving skills required to react and respond to a disaster event. The foundation of simulation allows participants the opportunity for active learning in a safe disaster environment and creates transferable learning to support students as they move from academia into the profession.

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The toolkit includes specific directions for wound design with moulage training, moulage station supply list, disaster scene victim map, victim clothing with information tags, first responder emergency response bags, pre-post survey, and debriefing guide.

Procedures to run simulation: Senior nursing students, University police and cadets require extensive moulage training along with SMART Triage and Stop the Bleed didactic instruction prior to the simulation; sophomore nursing and athletic training students require preparation to participate as standardized victims. Senior nursing students collaborate with University Police and cadets for the application of SMART triage and Stop the Bleed skills.

Engineering students designs include amputated fingers, eyeballs through a 3D printer; constructed replicated HVAC ceiling units; and record the simulation for analysis of the flow, responder triage times, victim transport times to incident command and accuracy of SMART triage application.

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The purpose of the toolkit is to provide an organized, evidenced based approach to the design, implementation, debriefing and assessment of a disaster simulation.

The Interprofessional Mass Casualty Simulation Toolkit provided an organized, evidenced based approach to the design, implementation, debriefing and assessment of a disaster simulation.

Are you interested in using the toolkit? Scan the QR code below and share your contact information.

References
4. University of Indianapolis School of Nursing, Spring 2023 Disaster Simulation Video:
Power of an Interprofessional P.A.U.S.E (Patient Allies Uniting and Sharing Experiences)

As healthcare providers, it is valuable to understand the myriad of factors that influence the physician, provider and patient experience. Collaborative care is an essential element for delivering high-quality patient care.

The National Center for Interprofessional Practice and Education describes a need to redesign and integrate health professions education across the continuum from learner to practitioner for individuals to view themselves as not just a member of their own profession, but also the larger interprofessional team and community; thus, preparing a “collaboration-readiness.”

Every February since 2015, our 2nd year general pediatric residents step out of their “physician role” and are guided to observe, learn, inquire and reflect upon the perspectives of interprofessional team members, hospital colleagues and patients/families.

Multimodal curriculum:
Combination of experiential learning, shadowing, simulations and workshops

Interprofessional group of educators:
Physicians, child life therapists, nurses, local and national patient advocates and patient/family members.

Facilitated interprofessional structured reflection:
Combination of narrative medicine, storytelling and various art techniques.

Goals & Objectives

- Normalize practice-based interprofessional experiences
- Foster understanding of interprofessional roles/responsibilities
- Promote a deeper understanding of factors that influence the provider-patient experience
- Gain a better understanding of the importance of “teaming”

Educational Methods & Strategies

- Nursing
- Hospital
- Clinic
- Child Life
- Allied Health
- Environmental Services
- Security
- Dietary
- Phlebotomy
- Micro-Lab
- OT/PT/AT
- Pharmacy
- Pediatric Academic Services
- Case Management
- Social Work
- Lifeline Transport
- Patient/Family
- ED
- General Pediatrics clinic
- Wards

- Courageous Parent Network Conversation: “The Good Parent”
- Child Life Simulation & Didactics
- Disability Simulation
- Autism Behavior Awareness
- Palliative Care
- Motivational Interviewing training

- Virtual Family Home Visit
- Patient & Family stories
- Teen Advisory Council panel
- Self Care as a Provider
- Professional Identity Formation

Lessons Learned

Evaluation plan included annual post-PAUSE week surveys, written reflections and discussion themes captured from the interprofessional structured reflection session. Over 90% of PGY2 pediatric residents (n=81) at Johns Hopkins All Children’s Hospital reported that PAUSE week was a valuable addition to their educational curriculum.

- “I now have a holistic understanding of the ways in which my role as a pediatrician can influence and is affected by the other critical roles in the chain of care.”
- “I feel better equipped to guide patients through an optimal healthcare journey beyond my immediate duties while also nurturing a wholesome work environment for all our allied health staff.”

The structured reflection session fostered vulnerable conversation and relationship building that we hope to capture next year by incorporating interprofessional trainees.

Resources
**BACKGROUND**

Effective communication between providers and patients and quality services improved patient quality of life.\(^1,9\)

- Marginalized groups experienced health disparities and stigma from healthcare providers, which negatively impact quality of life.\(^1,3,6,9,13\) The batteries patients experience align with social determinants of health (SDOH): healthcare and education access and quality, environmental context, and financial support.\(^9\)

A creative way to implement interprofessional teamwork in healthcare may be podcasting. Formal storytelling through podcasting is an example-based learning strategy.

- It is accessible, provides quality information to a large audience, and accommodates geographic barriers.\(^2\)

**PROJECT PURPOSES**

1) Assess the feasibility of a podcast as a teaching tool for interprofessional students, 2) Describe healthcare experiences of marginalized populations in West Virginia, 3) Explore the impact on interprofessional knowledge as it relates to marginalization, stigma, and the SDOH.

**METHODS**

**Recording and Consent:** The interprofessional team is recruiting participants (N = 11; Figure 1) grounded in the literature on marginalized populations and congruent with the aims of Healthy People 2030. Participants who voluntarily agree to participate are anonymous on the podcast and their background will not be disclosed. All participants are asked the same interview questions. The final podcast will include a panel of interprofessional health science faculty at West Virginia University (WVU) to glean insight on the healthcare perspective in caring for marginalized populations.

**Recruitment:** Participants were recruited via advertisement and word of mouth. Advertisements were posted on approved locations in the Health Sciences Center and on social media. Interested participants contacted a student co-investigator via email. The sample population will be limited to people living in West Virginia. Participants receive a $50.00 honorarium as a modest compensation for their time via WVU Procurement Services.

**METHODS**

**Data Collection:** All participants are interviewed via WVU-approved Zoom using the audio function only. Audio is recorded and transcribed using a Zoom function. Participants skip/stop as they wish. Two students conduct the interviews using a script and individualized probing questions. Audio is further edited to remove potential identifiers. After all interviews are posted, interprofessional health sciences students at WVU will receive a retrospective pre/post test survey for demographics and educational insights with no incentive or penalty given for choosing not to participate.

**Data Analysis:** Qualitative thematic analysis to describe healthcare experiences; quantitative descriptive statistics and t-tests via SPSS to assess the feasibility of the podcast on student knowledge.

**Access:** We have two episodes posted: Taylor's Story & Riley's Story. They are available on Spotify, Firefox, and iHeartRadio.

**CRITICAL APPRAISAL OF EVIDENCE**

The groups of interest (Figure 1) have increased difficulty receiving proper care due to health disparity and marginalization; stigma exists in marginalized groups and leads to mistrust and avoidance of getting healthcare services.\(^1,3,6,9,13\)

Interprofessional teamwork improves patient care and increases cultural awareness, and lack thereof may result in stigma and non-client-centered care.\(^7\)

Podcasts are on the rise as an education tool for medical field students due to accessibility, increasing student inquiry, and participation.\(^2\)

There is a need to increase awareness on ethical practice, representing cultural diversity, available resources, and the effectiveness of podcasts as a teaching tool for health science students to improve client-centered, culturally sensitive care.

**IMPLICATIONS FOR PRACTICE**

People in marginalized groups experience threats to their most basic needs being met, which can heighten stress and negatively impact health and well-being.\(^1,3\)

In West Virginia, 1,341 individuals experience homelessness, the rate of overdose is five deaths per 100,000 people (the nation’s highest), there is a high vacancy rate for child protective services and 71% more children in state custody now than there was a decade ago.\(^8,11,12\)

As healthcare providers, we can take an interprofessional team approach to increase access to resources that support health and well-being.\(^1\)

- Working with individuals of other professions to maintain a climate of mutual respect and shared values.
- Using the knowledge of healthcare roles to appropriately assess and address healthcare needs and to promote and advance healthcare.
- Having effective communication within the care team.
- Applying relationship-building values to plan, deliver, and evaluate patient/population centered care.

**REFERENCES**
Intentionally creating intergenerational residential communities is a concept in its infancy.

Graduate health science students and older adult residents identified benefits to include growth in knowledge for interdisciplinary healthcare practice, contributing to generational interactions, and the ability to build a sharing community.

This arrangement may improve quality of life through building a shared community with tangible benefits to resident mental health.

Purpose:
1) Illustrate the impact of intergenerational living on the quality of life of graduate health science student residents (SRs) and older adult residents (OARs)
2) Evaluate the effects of intergenerational living on interdisciplinary student attitudes about aging and ageism

Methods:
Subjects: (1) SRs who chose to live at the PCH and (2) OARs identified by SRs as having regular interactions.
Pre-Post Data: SRs- demographic survey, Relating to Older People Evaluation (ROPE), Geriatrics Attitudes Scale (GAS), a recorded semi-structured interview for qualitative analysis. OARs- demographic survey and a semi-structured interview only at the end of the academic year.

Results:
SRs and OARs: Intentional design of intergenerational living was valued. Community was organically created and supported.
SRs: Decreased ageist attitudes and behaviors. Valued interdisciplinary shared responsibility of building community, creating interactions that challenged previous ageist stigmas, and provided avenues for increasing health science knowledge and experience. Growth in their self-awareness with their skills with older adults, and respect for the inherent value of OAR interaction in their daily lives.

OARs: Increased social engagement, increased mental health, and increased physical activity. Increased sense of purpose and satisfaction with life. Increased ability to self-care and increased self-esteem. Increased sense of belonging and increased sense of community.

Figure 1:
Figure 2:
Figure 3:
Use of a Standardized Patient Team Experience to Improve Learner Interprofessional Collaboration and Teamwork

Tamara Burlis PT, DPT, CCS$^3$; Jennifer Griffith MD$^5$; Heather Hageman MBA$^2$; Janice Hanson PhD, EdS, MH$^1$; Heather Jacobsen MPH$^4$; Kate Gershwin BA$^6$; and Liz Rolf MS$^4$

### Background

The Center for Interprofessional Practice and Education (CIPE) at Washington University Medical Campus’ curriculum contains a Standardized Patient Team Experience (SPTE). The SPTE meets the educational requirements of each program. In AY22-23, a total of 392 learners and 45 facilitators participated in one of six SPTE sessions. Teams of 3 to 7 learners collaborate with each other and with a standardized patient – who plays the role of a patient who has had a stroke – to create an admission or discharge plan.

### SPTE Structure

**Target Audiences:** 2nd-, 3rd- and 4th-year learners from medicine, nursing, occupational therapy, pharmacy and physical therapy

**Duration:** 1.5 hours

**Goals:**
- Team members practice and demonstrate effective communication skills to develop an integrated, interprofessional admission or discharge plan that reflects the roles and strengths of each member of the care team and the needs of the patient.
- The team establishes an environment of collaboration, trust, and appreciation for diversity and differing opinions.

### Methods

- **A mixed-methods evaluation was completed for two sessions: December 2022 (admission) and February 2023 (discharge).**
- **Students completed a post-survey that assessed:**
  - Attitudes toward interprofessional teams with the Student Perceptions of Interprofessional Clinical Education Revised 2 (SPICE-R 2);
  - The extent to which objectives were met;
  - Satisfaction;
  - Expectation clarity;
  - Facilitator and activity strengths and ideas for improvement;
  - Learner reports for most important thing learned about interprofessional teams;
  - Feedback for teammates that need further coaching.

### Results

- Learners gained a better understanding of the unique roles and responsibilities of the differing professions:
- Learners observed the importance of interprofessional teamwork for improving patient outcomes:

### Conclusions and Next Steps

- SPICE R-2 scores showed strong positive attitudes toward interprofessional collaboration.
- Strong evidence that learners enjoyed:
  - The collaboration with other professionals;
  - Practicing teamwork skills; and
  - Gaining insights about how other professions approach evaluation and discharge planning.
- The SPTE allows learners to practice and apply skills to clinical cases, and both learners and facilitators perceived the experience as meeting established goals.
- Learner Recommendations:
  - More time for team introductions and standardized patient interactions.
  - Feedback at the individual learner level, rather than for the whole team.
Effective healthcare requires collaboration among diverse healthcare professionals. Interprofessional education breaks down professional silos, encouraging physicians, nurses, pharmacists, and other healthcare providers to work together seamlessly. However, often overlooked in traditional education settings is the primary stakeholder in healthcare—the patient. Recognizing the critical importance of including the patient’s voice in educational initiatives, our podcast series seeks to bridge this gap.

The aim of this program was to enhance learners’ ability to recognize the vital role of patients as integral members of the healthcare team, thereby fostering an improved patient-provider relationship. Additionally, the program aimed to raise learners’ awareness of their responsibility in addressing healthcare inequalities and facilitating patients’ access to better care options. These efforts are expected to contribute to the reduction of disparities among different racial and ethnic groups, as well as individuals with disabilities.

The identified themes, including Patient-Centered Care, Interprofessional Collaboration, Effective Communication, Unconscious Bias, and Interprofessional Collaboration, were designed to establish a platform for shared learning, improving the patient-provider relationship. Many thanks to the patient advocates who chose to tell their story in the podcast series.

**METHODS**

The main goal of the patient panel discussions was to encourage an open dialogue between patients and healthcare professionals regarding crucial healthcare issues such as medical errors, discharge planning, and healthcare disparities. This approach was designed to establish a platform for shared learning, promoting a collaborative understanding between patients and healthcare providers. Participants were selected from diverse backgrounds and disabilities, representing a range of medical conditions, demographics, and healthcare experiences. Relevant and pressing healthcare topics were identified for discussion. Health care professionals who participated in the education consisted mostly of physicians, nurses, and pharmacists.

**RESULTS**

In a 12-month period, among 8,916 learners, there were 15,450 responses to post-test questions, with 15,324 of them being correct, resulting in an average accuracy of 99% across all episodes. The post-test questions aimed to assess learner knowledge and comprehension and covered the following themes:

- **Activity 1:** Interprofessional Collaboration
  - Activity 1: Effective Communication 99%
  - Activity 1: Interprofessional Collaboration 99%

- **Activity 2:** Interprofessional Collaboration
  - Activity 2: Unconscious Bias 99%
  - Activity 2: Interprofessional Collaboration 100%

- **Activity 3:** Effective Communication, Unconscious Bias
  - Activity 3: Implicit bias 99%
  - Activity 3: Effective Communication 99%

- **Activity 4:** Build trusting relationships, Implicit bias
  - Activity 4: Implicit bias 99%
  - Activity 4: Build trusting relationships 99%

- **Activity 5:** Effective communication
  - Activity 5: Implicit bias 98%
  - Activity 5: Effective communication 99%

In summary, 99% across all episodes. The post-test questions aimed to assess learner knowledge and comprehension and covered the following themes:

**PARTICIPATING HEALTH CARE PROVIDERS**

- Physicians 34%
- Nurses 45%
- Pharmacists 15%
- Physician Assistants 5%
- Others 1%

**CORRECT Responses:** 15,324 **TOTAL Responses:** 15,450

The substantial number of accurate responses, totaling 15,324 out of 15,450, underscores a heightened awareness among participants. The identified themes, including Interprofessional Collaboration, Effective Communication, Building Trusting Relationships, and addressing biases, indicate a strong comprehension and heightened awareness in these crucial domains. It is important to note limitations, particularly the underrepresentation of certain healthcare professionals such as pharmacists and physician assistants. To enhance the study’s scope, efforts should be made to increase the participation of physicians in future activities. Subsequent initiatives will be strategically designed to target these specific professional groups. Moreover, it is recommended to incorporate more rigorous outcomes assessment in subsequent activities to further enhance the reliability and validity of the findings.

**CONCLUSIONS**

Based on the gathered data, it can be concluded that participants demonstrated a noteworthy level of awareness in the post-test questions, spanning various themes. The substantial number of accurate responses, totaling 15,324 out of 15,450, underscores a heightened awareness among participants. The identified themes, including Interprofessional Collaboration, Effective Communication, Building Trusting Relationships, and addressing biases, indicate a strong comprehension and heightened awareness in these crucial domains. It is important to note limitations, particularly the underrepresentation of certain healthcare professionals such as pharmacists and physician assistants. To enhance the study’s scope, efforts should be made to increase the participation of physicians in future activities. Subsequent initiatives will be strategically designed to target these specific professional groups. Moreover, it is recommended to incorporate more rigorous outcomes assessment in subsequent activities to further enhance the reliability and validity of the findings.
Building Multi-Professional IPEP Partnerships within University Institutions to Champion Health Equity
Stephanie Au DNP, MSN, APRN, FNP-C, RN, Candice Whealon DNP, APRN, FNP-C, Cheryl Wisseh, PharmD, MPH, BCACP & Alisa Wray, MD, MAEd

INTRODUCTION

Background:
• Interprofessional Education and Practice (IPEP) initiatives are increasingly prioritized within healthcare and healthcare education nationwide.
• Despite widespread support, a significant lack of structure, direction, and frameworks to cultivate effective and robust IPEP programs persists resulting in fragmented or misaligned IPEP outcomes.
• The next frontier in IPEP relies on concrete guidance.

Project Aim:
• Devise strategic blueprints for developing an IPEP Collaborative.
• Serve as a model for institutions nationwide to streamline the establishment and roll-out of impactful IPEP initiatives tailored to their unique needs.

Development of the IPEP Faculty Collaborative:
1. Dean and college leadership identified 2 Dean Delegate candidates to serve on the collaborative from each College of Health Science school and program.
2. Collaborative is comprised of varying degrees including MD, PhD, DNP, MBA, DO, PharmD.
3. Insured equal representation of each school/program.
4. Collaborative developed strategic plan, goals, mission, and values statement to effectively communicate within the university and community.

IPEP Collaborative Blueprint:
1. Conduct a comprehensive needs assessment capturing faculty perceptions of IPEP and implementation barriers.
2. Perform in-depth curriculum mapping aligning discipline-specific essentials, learner stages, community needs, and our university’s overarching mission.
3. Outline IPEP initiatives to meet Collaborative’s aims, mission and vision across four pillars:
   a. Short-term and long-term objectives, each complete with detailed project proposals.
4. Present project proposals to university leadership for approval.
6. Faculty Collaborative to work simultaneously on executing current academic year’s projects, while planning for future projects.

IPEP Project Execution Plan:
1. Monthly meetings scheduled for entire Collaborative.
2. Formation of leadership sub-committees for each project in which sub-committees meet as needed to develop and execute plan.
3. Project Sub-committees provide monthly updates and developments to Faculty Collaborative.
4. Project budget and resources proposals submitted to Faculty Collaborative and leadership for approval.

Interprofessional Education & Practice Collaborative
The UCI IPEP Collaborative seeks to transform health professions education and health care delivery by fostering community-engaged partnerships, collaborative learning, interprofessional research and continued interprofessional practice advancements. Our mission focuses on 4 separate, yet interconnected foundational elements:
- IPEP Curriculum Development and Integration for early learners, developing sustainable infrastructures to support IPE activities.
- Community Engagement Projects and Outreach.
- IPE Research and Framework development.
- IPEP faculty and Practicing Provider Development and Continuing Education.

Methods

Short-term (6 mo. - 1 year)
Choosing a Major K-12 Conference
Business of Healthcare IPEP Conference
Student-led IPE Community Health Fair
Student-led Fentanyl Crisis Response

Mid-term (2-3 years)
Scholarly Work and Dissemination
COHS-wide Joint Curriculum Planning & Activity
Health Sciences Webinar Series for College Readiness

Long-term (3-5 years)
Interprofessional Student-run Community Clinic
IPE Transition to Practice Program

OUTCOMES

Inaugural Year Accomplishments:
1. Development and integration of 10+ new curriculum IPEP activities across programs.
2. Effectively secured funding with each program/school contributing to project plans.
3. Creation of an IPEP Hub webpage for resources, communication, strategies, developments and sharing of ideas.
4. Leveraging leadership support across disciplines.
5. Improved faculty buy-in for IPEP initiatives.
6. Increased visibility of IPEP network, projects and resources throughout the University and community.

Student Evaluation Responses:
1. Student surveys across disciplines indicated:
   • 93% found IPEP activities “highly beneficial”
   • 90% feeling “significantly more confident”

Highlight: Choosing a Major Conference
- Empowering junior and senior high school students to learn about and choose majors and careers in health sciences at UCI.
- Interactive activities from Medicine, Nursing, Pharmacy, Public Health, and the SSII.
- 78 junior and senior year Early Academic Outreach Program high school students. Over 90 student, faculty and staff from the COHS.
Building Interprofessional Bridges Internationally: A Reflection on Our International Partnership

Devin Lavender¹, Virginia Fleming¹, Blake Johnson¹, Robin Southwood¹, Elena Prendergast², Lynn Glenn², Alyssa Kingree², Tim Brown¹

¹ University of Georgia College of Pharmacy, Athens, GA; ² Augusta University College of Nursing, Augusta, GA

The COVID-19 pandemic illustrated the importance of global healthcare. Communication between healthcare professionals from different countries is critical to providing optimal patient care. As educators, we must increase the level of global health initiatives in our curricula, allowing students to understand the importance of collaboration with international partners. Literature regarding trans-Atlantic Pharmacy and Nursing collaborations was limited. Based on this gap, a stakeholder group from 4 schools was created:

- Augusta University College of Nursing (USA)
- University of Georgia College of Pharmacy (USA)
- Robert Gordon University (RGU) School of Nursing and Midwifery (Scotland)
- RGU School of Pharmacy and Life Sciences (Scotland)

Led by each schools interprofessional education (IPE) directors, a Converge Symposium grant proposal was submitted and accepted allowing for the creation of this experience.

### Event Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Pod A</th>
<th>Pod B</th>
<th>Pod C</th>
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<td>GMT</td>
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<td>Team 1</td>
<td>Team 2</td>
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<tr>
<td>12:00 PM</td>
<td>7:00 AM</td>
<td>Keynote with Panelists representing Professions and Countries</td>
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<td>1:00 PM</td>
<td>8:00 AM</td>
<td>Panel Closing and Event Overview, Move to Pods</td>
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<td>1:10 PM</td>
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<td>Meet and Greet within Pods</td>
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### Needs Assessment

- The COVID-19 pandemic illustrated the importance of global healthcare.
- Communication between healthcare professionals from different countries is critical to providing optimal patient care.
- As educators, we must increase the level of global health initiatives in our curricula, allowing students to understand the importance of collaboration with international partners.
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  - Robert Gordon University (RGU) School of Nursing and Midwifery (Scotland)
  - RGU School of Pharmacy and Life Sciences (Scotland)
- Led by each schools interprofessional education (IPE) directors, a Converge Symposium grant proposal was submitted and accepted allowing for the creation of this experience.

### Objectives

1. Review steps in initiating, coordinating, and implementing an International IPE experience
2. Discuss content development, assessment tools, and implementation of an international IPE Experience
3. Examine and propose solutions to overcome potential barriers to success in implementing an international IPE experience

### Lessons Learned

1. Recruit faculty, staff, and administrators with commitment for IPE innovation
2. Remain mindful and considerate of large time differences between participating countries
3. Implement a content development timeline to promote a stable progression toward case vignette finalization
4. Importance of faculty and student team communication
5. Audit available institutional resources early on and leverage the strengths from the pooled resources, especially multimedia resources
6. Expect the unexpected with contingency plans
7. Expert panel was vital
8. Link IPEs to curricula for accountability with student participation
9. Adequate student participation permits a thorough analysis and revision prior to comprehensive program implementation
10. Work closely with all collaborating institutions’ business offices to ensure understanding of grant fund allocation timelines
Based on learner feedback, sessions evolved from a case-based, disease focused simulated medical round to a more holistic team building approach. Additional themes emerged based on survey comments:

**Lessons Learned**

- Ensure learners are at the same point in education
- Include more professions
- Smaller breakout rooms lead to increased participation
- Facilitators may not be needed in each room
- Avoid role playing
- Provide more instruction to guide breakout room discussions

**GOAL**

Design an Interprofessional Education (IPE) curriculum for medicine, pharmacy, and nursing learners that fosters team-based patient-centered care and addresses all four IPEC core competencies.

**METHODS**

Three sessions were delivered virtually, via Zoom, utilizing small breakout rooms to facilitate interprofessional group engagement. A health care professional (HCP) facilitator was assigned to each breakout room to guide the discussion. Sessions were evaluated with an anonymous survey administered to learners at the conclusion of each offering.

**RESULTS**

Percentage of students that agreed with each survey statement.

**EDUCATIONAL STRATEGIES**

**Session 1 (Fall 2022): CHF**
- 393 Participants: 177 Medicine (MS1), 153 Pharmacy (P3), 63 Graduate Nursing
- Pre-work:
  - Read *Cowboys and Pit Crews* by Atul Gawande (article pertaining to teamwork)
  - Review patient case pertaining to CHF (Congestive Heart Failure)
  - Review basics of heart failure
- Zoom session: 3 hours
  - Introduction to IPE and characteristics of a successful team
  - Small interprofessional breakout rooms: discuss an unfolding patient case focused on heart failure

**Session 2 (Winter 2022): ESRD**
- 436 Participants: 176 Medicine (MS1), 197 Pharmacy (P2 & P3), 63 Graduate Nursing
- Pre-work:
  - Review key characteristics of interprofessional professionalism behaviors from Interprofessional Professionalism Collaborative website
  - Watch videos pertaining to professional behaviors and teamwork
  - Review patient case pertaining to ESRD (End Stage Renal Disease)
- Zoom session: 2.5 hours
  - Small interprofessional breakout rooms:
    - Guided group discussion pertaining to professionalism videos
    - Role play discharge planning for ESRD Case

**Session 3 (Spring 2023): DM**
- 415 Participants: 176 Medicine (MS1), 175 Pharmacy (P2 & P3), 64 Graduate Nursing
- Pre-work:
  - Read: *Professional cultures as barriers* by Pippa Hall
  - Watch and reflect on TED Talk “The Five Chairs”
  - Review patient case pertaining to DM (diabetes)
- Zoom session: 2 hours
  - Overview of communication and conflict management styles / completion of communication and conflict management styles quizzes
  - Small interprofessional breakout rooms:
    - Small group discussion about Hall article and the 5 chairs
    - Role play diabetes cases depicting interprofessional conflicts

**BACKGROUND**

Interprofessional education (IPE) and collaboration in healthcare is essential in today’s complex medical landscape. By providing healthcare students opportunities to learn about, from, and with each other throughout their curricula, IPE fosters healthcare professionals that embody a team-based approach to optimize patient-centered care. A team of clinical faculty including physicians, pharmacists, and nurse practitioners collaborated to develop a series of three annual multidisciplinary round sessions for medical, pharmacy, and graduate nursing learners.

**GOAL**

Design an Interprofessional Education (IPE) curriculum for medicine, pharmacy, and nursing learners that fosters team-based patient-centered care and addresses all four IPEC core competencies.

**METHODS**

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**LESSONS LEARNED**

Based on learner feedback, sessions evolved from a case-based, disease focused simulated medical round to a more holistic team building approach. Additional themes emerged based on survey comments:

- Ensure learners are at the same point in education
- Include more professions
- Smaller breakout rooms lead to increased participation
- Facilitators may not be needed in each room
- Avoid role playing
- Provide more instruction to guide breakout room discussions
Application of a Generalizable Joint Competency-Based Education in Nursing and Healthcare Administration: Narrowing the Practice Gap

A collaboration between Texas Woman’s University (TWU) and Children’s Health System of Texas (CHST).

Carin Adams PhD, RN, CPN (TWU), Lori Batchelor, MHA, PhD, RN, CPN, NEA-BC (CHST), Jennifer Dolinta PhD, RN, CNE, NPD-BC (TWU), Joy Spadachene PhD, RN, CNE (TWU)

Project Needs Assessment

To bridge the gap between academia and practice, accreditation bodies and healthcare organizations are transitioning to competency-based education (CBE) frameworks where outcome-driven criteria must reflect stakeholder priorities. As a pilot project, select interprofessional leadership and management competencies were operationalized into competency-based education modules with guidance from hospital content experts.

Project Aims:

• To adapt and implement an interprofessional competency-based education framework involving nursing and healthcare management undergraduate students.
• To validate and evaluate selected leadership and management competencies in an interprofessional healthcare setting.
• To define the feasibility of implementing the proposed inter-professional CBE framework at a large-scale level.

Project Educational Strategies/Intervention

Hospital Professionals with expertise in:
Risk Management, Quality Improvement, Ethics, Leading Change

- Demonstrated competencies by the application of problem-solving strategies used in addressing real-world clinical issues.
- Grading rubrics were established, and formative and summative Problem Based Learning scenarios were developed.
- Content experts reviewed each scenario to ensure content validity.
- The modules were self-paced but required completion in sequential order. Students had to achieve a minimum score of 85% in each competency before advancing to the next.
- Those who did not meet this threshold received instructor feedback, access to additional resources, and the opportunity to resubmit the competency validation until successful.

Project Outcomes Measures

- American College of Healthcare Executives (ACHE) self-assessment survey that was given pre-and-post intervention.
- Student CBE satisfaction survey.
- Student competency submissions and pass rates
- Practice partner collaboration ensured outcomes were translatable to practice.
- The measure of the ACHE competencies tool resulted in a statistically significant overall model, $F(1, 112) = 58.25, p < .001$, $\eta^2 = .34$, showing student groups (n=130) significantly grew in confidence, leadership, and management skills over time.

References

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Authors Contact Info
The Story of a System-wide University IPE Initiative: From Planting Seeds to Bearing Fruit
Paul Archibald, Christopher Bowers, Patricia Simino Boyce, Victoria Fischer, Gwendolyn Lancaster, Mara Steinberg Lowe, Marge Reilly, Lesley Rennis, Nicole Saint-Louis

Watering the Soil
- Update Pilot Scenarios
- Expand IPE Offerings
- Introduce IPE Fellows
- Standardize IPE Facilitation Roles
- Adapt Programming

Planting the Seeds
- Faculty Champions, Virtual Sim-IPE, Trained Facilitators, Theoretical Framework, Pilot Scenarios, Evaluation Plan

Providing Full Sunlight
- Expand Case Scenarios
- Add Implicit Bias
- Include Standardized Patients
- Develop Faculty Certification
- Introduce IPE Toolkit

Ongoing Faculty Training
Campus IPE Partnerships
Multiple Modalities
Standardized Scheduling
Innovative IPE Learning Experiences
Faculty Coaching
Cross-program Collaboration
Greater Engagement Across Campuses
Practice-based IPE Experiences
IPE Micro-credentials
Annual Summit
Reflections on Our Nine-Year IPE Journey
(We Neglected the Three Rs!)

Murphy Deming College of Health Sciences | Fishersville, VA
Burns, L. (PhD, OTR/L), Lieske, B. (PT, DPT, NCS), Powers, C. (MS, MPAS, PA–C)

**BACKGROUND**

2014
- New program, faculty, building
- 15 full-semester IP courses
- State, national IP presentations
- Excitement, energy, vision!

2023
- Faculty, administration changes
- 9 full-semester IP courses
- Scholarship: less integrated
- Mixed IPE outcomes, climate

➢ Is our IPE off track?

**PROJECT AIM**

Use reflective processes¹ to...
- Better understand current IPE situation
- Identify ways to move forward
- Share lessons learned

➢ Charge: redesign ‘flag ship’ IP courses!

**STRATEGY**

Reflect: student outcomes, faculty perceptions, institution, course content
- What went well or could be improved?
- Search literature for missed road signs
- Refresh perspectives on IPE planning

**‘ROAD SIGNS’**

**Literature**
- IPE: challenging; share experiences²,³.
- Curriculum: specific IP knowledge/skills⁴
- Culture:
  - Faculty attitudes, perceptions⁵
  - Differences among professions, hierarchy⁶
  - Culture shift⁷
  - Assess learner needs⁸
  - Empathy, support, training⁹
- Training
  - Facilitator abilities¹⁰
  - Limited expertise¹¹
  - Facilitator selection, training¹²
  - Capacity building, institutional support¹³

**REFLECTION**

- Faculty expertise
- Culture
- Institution
- Stakeholders
- Ongoing IPE processes

➢ Resilience
- Respond to challenges
- Sustainability
- Flagging resources

➢ Resources
- Faculty training
- Support

**RE–DESIGN PLAN**

- Vision!
- Be flexible.
- Start small.
- Goals, objectives (from onset)
- Curriculum: IP ‘essentials’
- Gather input (continuous).
- Assess faculty readiness.
- Provide faculty training, support (ongoing).
- Approach: sensitivity, empathy.
The Massachusetts College of Pharmacy and Health Sciences Worcester and Manchester campuses facilitate three large scale IPE activities annually. Greater than 400 students from 9 different health professions participate. Various topics affecting healthcare are highlighted: Interprofessional Roles and Responsibilities, Cultural Humility Book Club, and Opioid Use Disorder (OUD) case discussion and naloxone training. The COVID-19 pandemic necessitated transitioning these activities to a virtual format. Upon conclusion of the pandemic, these activities have transitioned back to in-person delivery.

### OBJECTIVES
- Determine the optimal format for large-scale IPE activities.
- Describe advantages and disadvantages of asynchronous virtual, synchronous virtual, and in-person IPE activities.
- Describe methods of evaluating activities for ongoing quality improvement.

### METHODS

#### Roles and Responsibilities Activity (Fall Semester)
- **In Person Activity:** students work in small interprofessional groups to discuss a checklist of healthcare tasks
- **Virtual Activity:** similar structure delivered via synchronous Zoom sessions with breakout rooms

#### Cultural Humility Book Club Activity (Spring Semester)
- **In Person Activity:** students work in small interprofessional groups to discuss book club questions about Anne Fadiman’s *The Spirit Catches You and You Fall Down*
- **Virtual Activity:** book club questions are discussed asynchronously online via discussion boards

#### Opioid Use Disorder (OUD) Activity (Summer Semester)
- **In Person Activity:** small group interprofessional discussion pertaining to a patient case with OUD and in-person naloxone training
- **Virtual Activity:** online naloxone training program and a synchronous recorded virtual interprofessional group case discussion

Anonymous post-event surveys were administered at the conclusion of each offering. The percentage of students that agreed with each survey statement is illustrated below:

### RESULTS

#### Roles and Responsibilities Activity
- **This activity allowed me to learn with the other health professions students in my group.**
  - 2023 (n=571, RR: 90.9%)
  - 2021 (n=428, RR: 88.2%)
  - 2019 (n=723, RR: 96.2%)
- **This activity should be offered for future students.**
  - 2023 (n=565, RR: 90.6%)
  - 2022 (n=491, RR: 87.8%)

#### Cultural Humility Book Club
- **This activity allowed me to learn with the other health professions students in my group.**
  - 2023 (n=430, RR: 84.7%)
  - 2021 (n=447, RR: 71.6%)
  - 2019 (n=423, RR: 95.2%)
- **This activity should be offered for future students.**
  - 2023 (n=656, RR: 81.1%)
  - 2020 (n=449, RR: 75.1%)

#### Opioid Use Disorder Activity
- **This activity allowed me to learn with the other health professions students in my group.**
  - 2023 (n=459, RR: 68.8%)
  - 2021 (n=905, RR: 58.1%)
  - 2019 (n=709, RR: 93%)
- **This activity should be offered for future students.**
  - 2023 (n=454, RR: 45.6%)
  - 2020 (n=795, RR: 72.8%)

### PROS AND CONS

#### Virtual Asynchronous Delivery
- **Pros:**
  - Limited scheduling issues
  - More participants willing to share ideas
  - Allowed participation from a larger number
- **Cons:**
  - Passive activity, not as engaging as a collaborative healthcare team
  - Potential for technology issues
  - Activity occurred over days to weeks instead of 1 day
  - Time demands for faculty to build online LMS

#### Virtual Synchronous Delivery
- **Pros:**
  - Helped create a sense of unity and community among programs despite being remote learners
  - Easier for shy students to participate virtually
  - Zoom allowed a true, interactive discussion
  - Zoom breakout room functions increased engagement
- **Cons:**
  - Timing not convenient to all programs
  - Potential for technology issues
  - Time demands for faculty to build online LMS to house activities
  - Labor intensive to train facilitators on technology

#### In-Person Delivery
- **Pros:**
  - Created relationships with other professions
  - Rich conversation among the different healthcare providers
  - Students wanted more time to talk with peers (not the case with virtual activities)
  - Actively engaged students
  - Increased survey response
- **Cons:**
  - Timing not convenient to all programs
  - Large rooms are loud and sometimes difficult to see moderator/screen
  - Limited to professions on that campus

### CONCLUSION

Learners and faculty were more engaged during in-person IPE events which resulted in increased overall performance and increased completion rates of online assignments. Interventions targeting in-person participation are encouraged. Regardless of platform, all activities allowed students to learn from, about, and with each other and how health care is a collaborative team effort.
INTRODUCTION

The CDC reports approximately one in nine women drink alcohol during pregnancy (CDC, 2019). Prenatal alcohol exposure can result in a broad range of negative developmental outcomes termed Fetal Alcohol Spectrum Disorders (FASD). FASD is a significant public health problem. For more than four decades, Alaskans have been involved in efforts to identify and serve those affected by prenatal alcohol exposure. (AK FASD Strategic Plan, 2018). In 2017, with leadership from the Governor’s Council on Disabilities and Special Education, a five-year strategic plan for addressing FASD in Alaska was developed. Among the plan’s 2018-19 objectives:

1) To identify best practices for policy adoption and training of health care professionals on universally screening for alcohol use, and in children, exposure

2) To coordinate efforts related to screening for Adverse Childhood Experiences (ACEs) as symptoms overlap and may complicate FASD diagnosis (AK FASD Strategic Plan, 2018).

BACKGROUND

The University of Alaska Anchorage (UAA) College of Health offers a variety of associate, bachelor and graduate health programs and degrees. Among the health profession programs, there is a major gap in the knowledge and skills surrounding care for those affected with FASD. A critical need is to educate students in the health professions regarding FASD prevention, screening, diagnosis and the delivery of quality supports and services. This distance-delivered, interdisciplinary course was developed to meet this need. The course offers students, who will practice in Alaska, the knowledge and skills to effectively deliver comprehensive care for children with an FASD diagnosis. Enhancing the discipline-specific, core curriculum with this interdisciplinary course will highlight important professional perspectives in delivering quality, evidence-based care. The course has received a UAA Interprofessional Course designation (COHI) and fulfills passport requirements for Creighton OTD students.

INTERDISCIPLINARY COURSE DESIGN

Students Professional Backgrounds

- Nursing
- OT
- Legislative Staff
- Program Coordination
- Psychology
- Public Health

Content Expert

CDC Curriculum

Public Health and OT Faculty

COHI A655 Interdisciplinary Approaches to Fetal Alcohol Spectrum Disorders (FASD): Best Practices in Alaska

ASSESSMENT METHODS

Formative Assessments:
- Weekly discussion board posts and peer feedback
- Weekly content quizzes

Summative Assessments:
- Interdisciplinary Course Assignments:
  1. Video Case Presentation and Video Report
     Discussion (Students practiced interview techniques inquiring about alcohol use through provider client role play interactions) count as IPE Passport Activity
  2. Educational Materials Assignment (Students researched, appraised, developed, and discussed FASD PSA materials)
  3. Diagnostic Team Simulation Assignment
     (Students developed understanding of FASD diagnostic team process through exploration of FASD case study, research of specific diagnostic team member roles, and group discussion of assignment findings) count as IPE Passport Activity
  4. Final Course Reflection (Synthesis and critical reflection of prior assignments and course learning objectives)

FUTURE DIRECTIONS

- Expand the number of students enrolled
- Establish a regular course offering schedule that aligns with degree electives

SELECT REFERENCES


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Differential Impact of Facilitating Interprofessional Education by Profession and Master Interprofessional Educator Status

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³Center for Interprofessional Practice and Education
⁴Washington University School of Medicine
⁵Brown School Evaluation Center, Brown School at Washington University in St. Louis

Background

The Center for Interprofessional Practice and Education (CIPE) at Washington University Medical Campus delivers interprofessional education (IPE) activities for health professional students in its collaborating institutions [Goldfarb School of Nursing (GSON) at Barnes-Jewish College, University of Health Sciences & Pharmacy (UHSP) in St. Louis, and Washington University School of Medicine (WUSM) in St. Louis].

The CIPE’s curricular activities are facilitated by faculty members from the participating institutions. Facilitators who are interested may become Master Interprofessional Educators (MIEs) by completing two educational sessions, attending at least two CIPE continuing education workshops every two years, and facilitating one CIPE-sponsored IPE activity per academic year.

After each activity, facilitators complete a post-survey which includes the following open-ended item: “How has participating as a facilitator in CIPE activity resulted in a change in your teaching, clinical practice and/or research?”

Individual-Level Variables

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Results

Key Differences by Profession

- Medicine facilitators focused on modeling effective leadership and coaching.
- Nursing facilitators appreciated that IPE assembles students from different professions.
- Pharmacy facilitators emphasized communication strategies.
- PT facilitators focused on teamwork, modeling, and establishing a connection with patients and providers.
- OT facilitators highlighted social and structural considerations.

Key Differences by MIE Status

- MIE facilitators more readily incorporated terms from IPE pedagogy into their responses, e.g., “collaborative communication.”
- A greater proportion of MIEs referenced content from the CIPE curriculum, like the social and structural determinants of health, compared to facilitators without MIE status.
- MIEs also implied familiarity with IPE by prefacing their responses with language such as, “It’s always a great reminder.”

Conclusion and Next Step

- There was overlap in many facilitators’ comments but variation in strengths of themes mentioned between professions.
- Comments from MIEs implied that they already recognized the value of IPE before participating as a facilitator during AY22-23.
- Gathering more information from MIEs and various professions during future academic years and as more facilitators become certified MIEs may provide more clarity regarding similarities and differences between individual and groups of facilitators.