



# 2023 POSTER FAIR

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



POSTER PRESENTATIONS

## 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 <sup>1</sup>
  - Mini Nutrition Assessment <sup>2</sup>
- Debrief – guided reflection about interprofessional learning

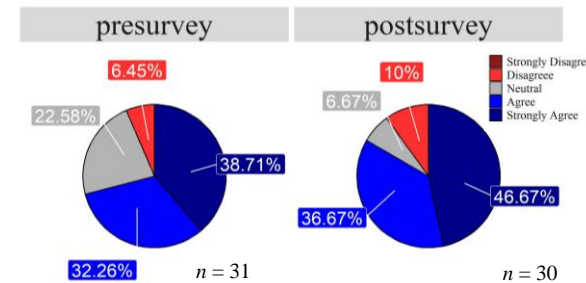
### Data collection and analysis

- SPICE-R2 given immediately before and after event <sup>3</sup>
- R used to visualize data
- Qualitative and quantitative analysis is ongoing

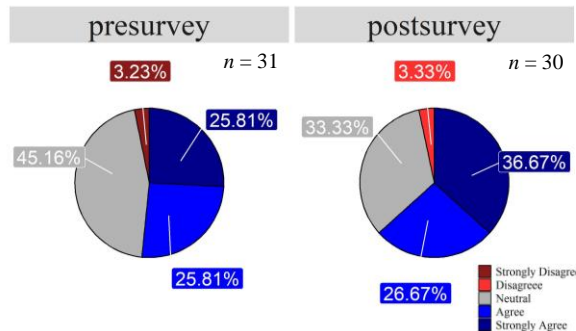


## RESULTS

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



*"Yes, I do believe that this is something that I could see myself working with... I believe that this experience is unlike any other."*

## 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

## 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

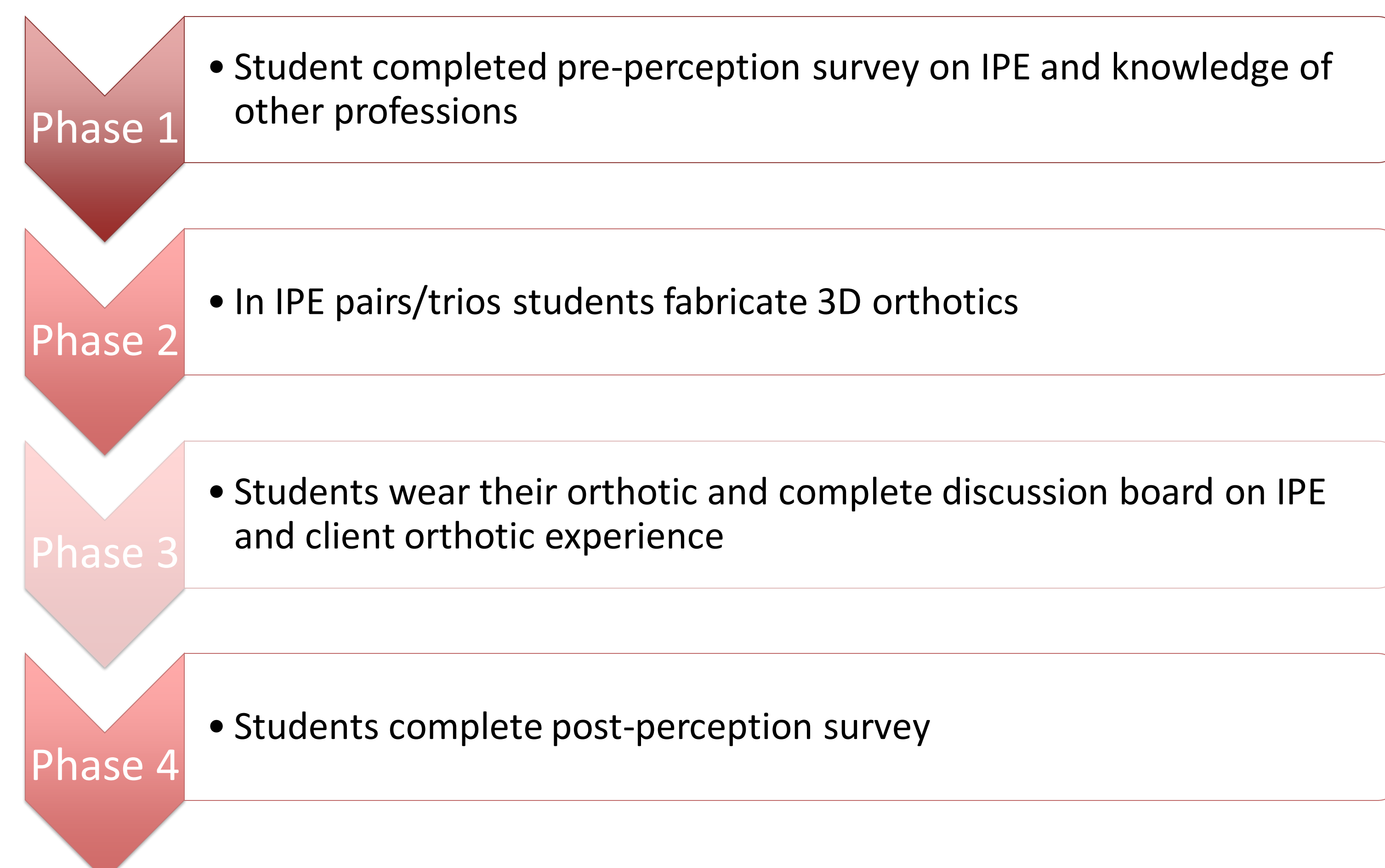
*"OTs [and ATs] can collaborate because it can promote client centeredness and more well-rounded care."*



## 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



## 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.





# A Student Pharmacist and Student Physician Assistant Longitudinal Interprofessional Education Event



UNIVERSITY OF  
**GEORGIA**  
College of Pharmacy

**Blake R. Johnson, PharmD, MPH, BCACP<sup>1</sup>; Amanda Breeden, MPA, PA-C<sup>2</sup>; Jordan Khail, PharmD<sup>1</sup>; Mary Kate Steinbeck, MEd<sup>1</sup>; Alicia Elam, PharmD<sup>2</sup>; Tim R. Brown, PharmD, BCACP, FASHP<sup>1</sup>**

<sup>1</sup>University of Georgia College of Pharmacy, Athens, GA

<sup>2</sup>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,<sup>1-4</sup> there is a scarcity of longitudinal interprofessional education events between these two professions.<sup>5</sup> Additionally, the only longitudinal IPE event found in the literature was a curricular integration, rather than a co-curricular model.<sup>5</sup>

## 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

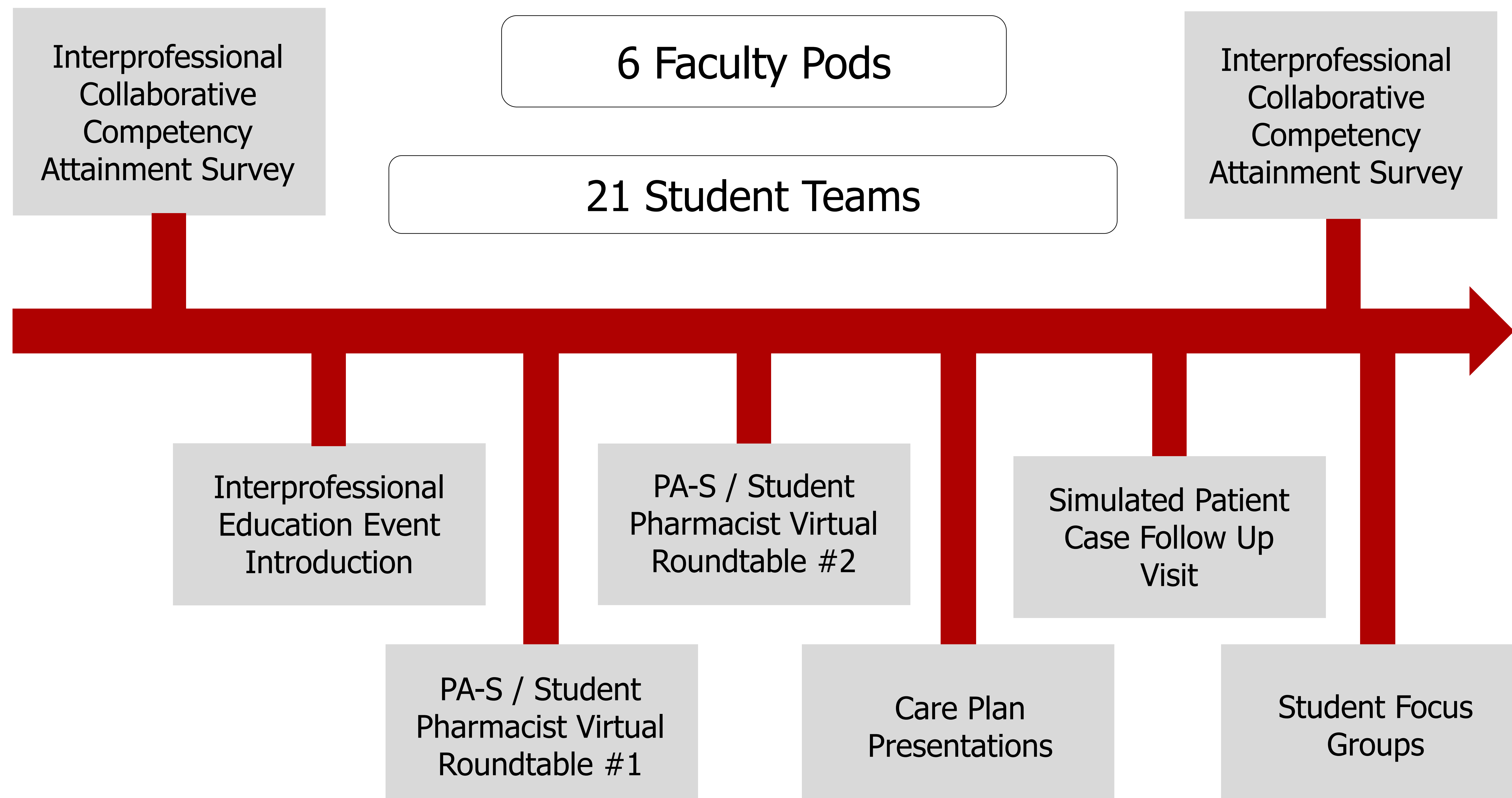
## Results

Using the ICCAS validated survey tool,<sup>6</sup> we observed gains in the average scores across all six key areas of the 20-question survey for each profession.

Scan for Results and References



## Methods



## 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 engage 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

## 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

## 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.



## The Process of SFL

Using solution-focused learning (SFL), the program promotes trainee-driven, active learning through interprofessional collaboration, family interviews, and self-directed learning. Steps of the SFL process include:

1. All distinct disciplines meet with four separate families within an academia year to participate in an extensive interview using SFL to discover what kind of support the family is seeking.
2. During the interview, two running lists are kept: facts shared by the family and learning issues for students to further explore.
3. The interprofessional students select learning issues within and outside their discipline to research, study, and teach each other.
4. Information researched addressing the support the family is seeking is shared with the family.

## 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

Mankey, T. A., Filer, J., & McGee, M. (2018). Trainees learning together using a solution-focused approach. *SIS Quarterly Practice Connections*, 3(1), 30–32

Contact information: Tina A. Mankey, EdD., OTR/L, [tinam@uca.edu](mailto:tinam@uca.edu); Janet Filer, PhD, [janetf@uca.edu](mailto:janetf@uca.edu); Margaret McGee, PhD., PT, [mmcgee@uca.edu](mailto:mmcgee@uca.edu)





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 (2) a formative final evaluation at the completion of the semester.

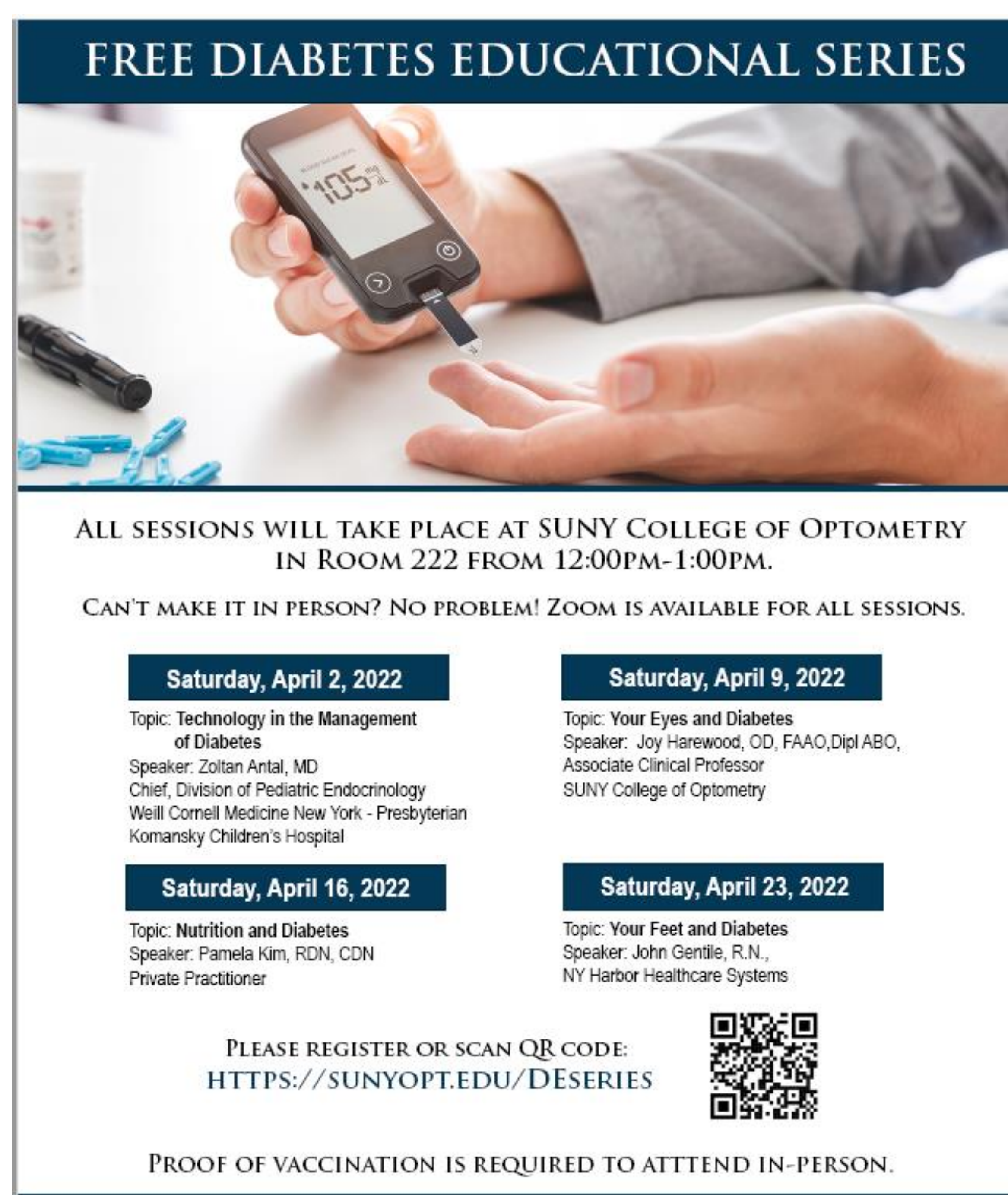
The second goal would be measured by attendance sheets in the seminar room as well as attendance as tracked by Zoom reports.

The third goal would be assessed by surveys completed by participants both in person and links noted at the end to be completed on-line.

## RESULTS

| Topic                 | # Registrations |           | Registrants Showed |                 |           |                      | Same Day UEC Walk-ins* | Total # Attendees |
|-----------------------|-----------------|-----------|--------------------|-----------------|-----------|----------------------|------------------------|-------------------|
|                       | Zoom            | In-Person | Zoom               | Zoom %Show Rate | In-Person | In-Person %Show Rate | In-Person              |                   |
| Diabetes - Technology | 4               | 2         | 4                  | 100             | 1         | 50                   | 5                      | 10                |
| Diabetes - Eyes       | 6               | 2         | 5                  | 83              | 1         | 50                   | 7                      | 13                |
| Diabetes - Nutrition  | 4               | 3         | 4                  | 100             | 1         | 33                   | 14                     | 19                |
| Diabetes - Feet       | 15              | 2         | 12                 | 80              | 1         | 50                   | 7                      | 20                |

\*UEC Walk-ins = staff, interns, residents, faculty



**FREE DIABETES EDUCATIONAL SERIES**

ALL SESSIONS WILL TAKE PLACE AT SUNY COLLEGE OF OPTOMETRY IN ROOM 222 FROM 12:00PM-1:00PM.  
CAN'T MAKE IT IN PERSON? NO PROBLEM! ZOOM IS AVAILABLE FOR ALL SESSIONS.

|   |  |
|---|--|
| <p><b>Saturday, April 2, 2022</b></p> <p>Topic: Technology in the Management of Diabetes<br/>Speaker: Zoltan Antal, MD<br/>Chief, Division of Pediatric Endocrinology<br/>Weill Cornell Medicine New York - Presbyterian<br/>Kornasky Children's Hospital</p> | <p><b>Saturday, April 9, 2022</b></p> <p>Topic: Your Eyes and Diabetes<br/>Speaker: Joy Harewood, OD, FAAO, Dipl ABO,<br/>Associate Clinical Professor<br/>SUNY College of Optometry</p> |
| <p><b>Saturday, April 16, 2022</b></p> <p>Topic: Nutrition and Diabetes<br/>Speaker: Pamela Kim, RDN, CDN<br/>Private Practitioner</p>  | <p><b>Saturday, April 23, 2022</b></p> <p>Topic: Your Feet and Diabetes<br/>Speaker: John Gentile, R.N.,<br/>NY Harbor Healthcare Systems</p>  |

PLEASE REGISTER OR SCAN QR CODE:  
[HTTPS://SUNNYOPT.EDU/DESERIES](https://sunnyopt.edu/deseries)

PROOF OF VACCINATION IS REQUIRED TO ATTEND IN-PERSON.

## Survey & Results: Diabetes education

|  | Session | Topic                | Surveys Collected | Results                         | Requested Topics   |
|--|---------|----------------------|-------------------|---------------------------------|--|
| 1. Was the information presented helpful?<br>O...YES      O...NO                                 | 1       | Medical Management   | 5                 | 100% Yes                        | Heart and Mental Health, vitamins, nutrition, food labels, kidneys               |
| 2. Did you learn something new today?<br>O...YES      O...NO                                     | 2       | Ocular Care          | 7                 | 100% Yes                        | Sugar control, covid & covid after-effects on vision, neuropathy, blood pressure |
| 3. Will this education experience better your or your family's health?<br>O...YES      O...NO    | 3       | Nutrition & Exercise | 6                 | 100% Yes                        | Artificial sweeteners & diabetes, cholesterol, joint health, children & diabetes |
| 4. Do you feel interdisciplinary care will address all your health needs?<br>O...YES      O...NO | 4       | Foot Care            | 13                | 100% Yes #4: one blank & one NO | diabetes medications, medication non-compliance, hypertension, & obesity         |
| 5. What other topics would you like to learn about in the future?                                |         |                      |                   |                                 |  |

## 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.





# Impact of Just-in-time TEAMSTEPPS Training on Observed Teamwork Skills and Interprofessional Attitudes



Deepti Vyas PharmD<sup>1</sup>, Jahnvi Yalamanchili PharmD<sup>1</sup>, Tracey DelNero DMSc, PA-C<sup>2</sup>, Alyssa Hoang PharmD candidate<sup>1</sup>, Anh Vo PharmD candidate<sup>1</sup>, Ashley Manisap PharmD candidate<sup>1</sup>, Tara Tran PharmD candidate<sup>1</sup>, Gladys Davalos Garcia PharmD candidate<sup>1</sup>, Nicholas Ha PharmD candidate<sup>1</sup>

<sup>1</sup> Thomas J Long School of Pharmacy, University of the Pacific, Stockton, California, USA <sup>2</sup> 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.

### STUDY OBJECTIVE

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

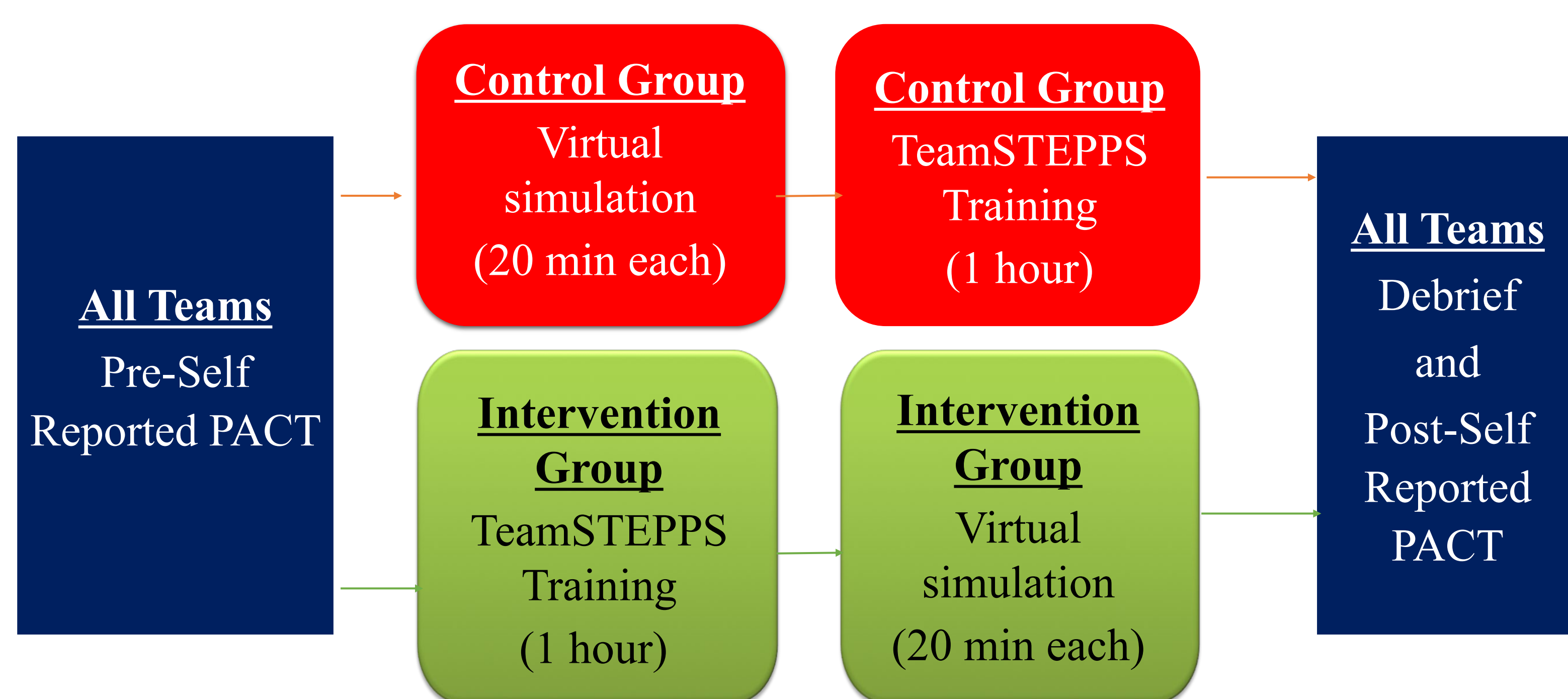
## METHODS

### 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

### INTERVENTION

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



### EVALUATION TOOLS USED

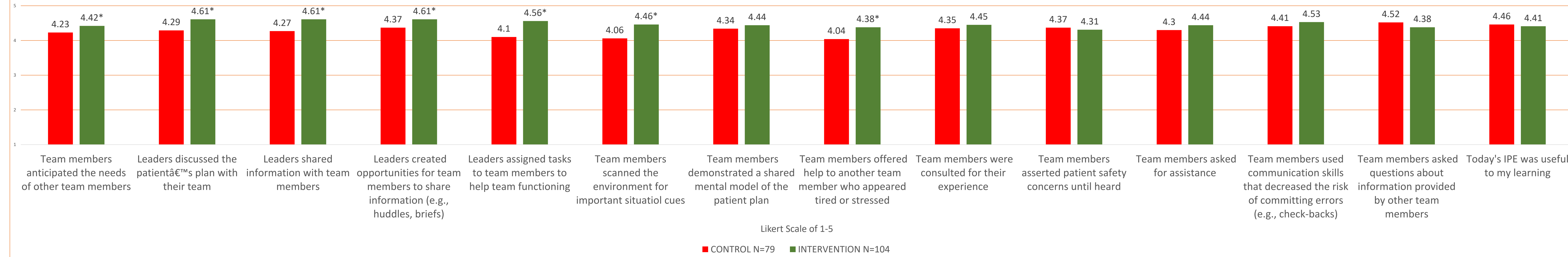
- Abbreviated self-reported Performance Assessment Communication and Teamwork (PACT) tool (validated)
- Peer evaluation
- Self-reflection on the prompt: "What were the most important takeaways from today's interprofessional activity?"

### STATISTICAL ANALYSIS

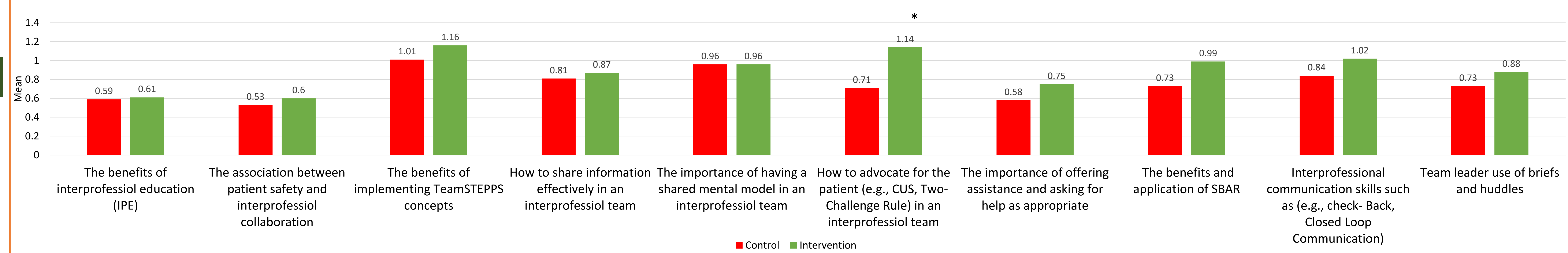
- The Mann-Whitney U test was used to analyse the differences between control and intervention groups.

## RESULTS

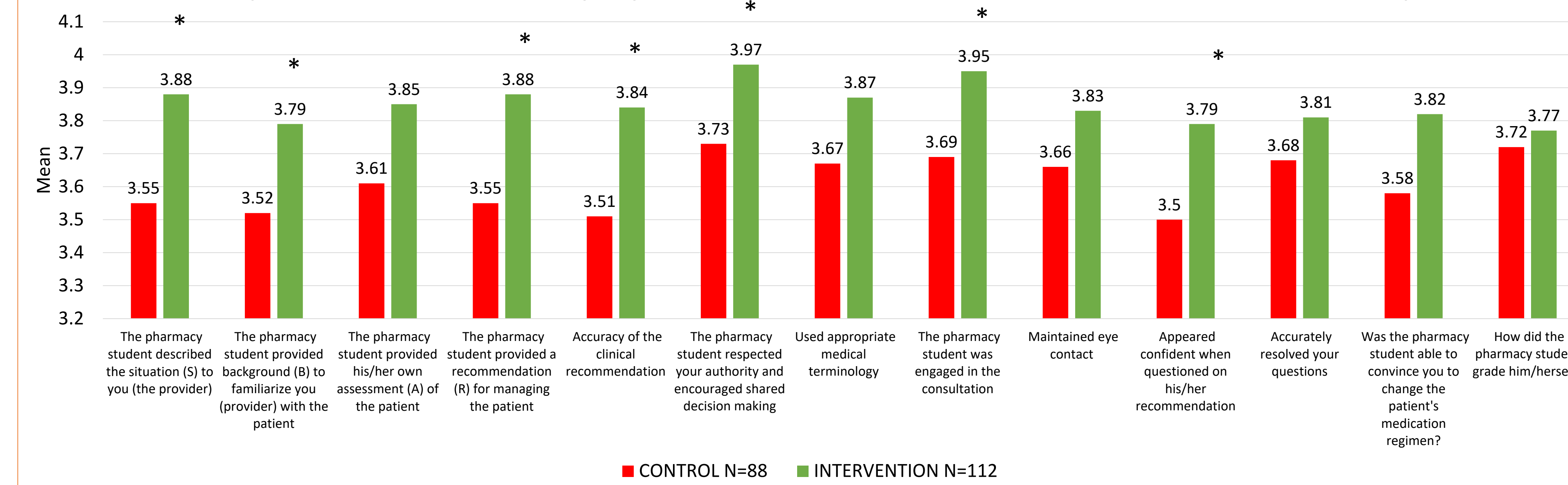
Frequency of "Practiced or Observed" Communication Technique as Measured by the PACT Tool



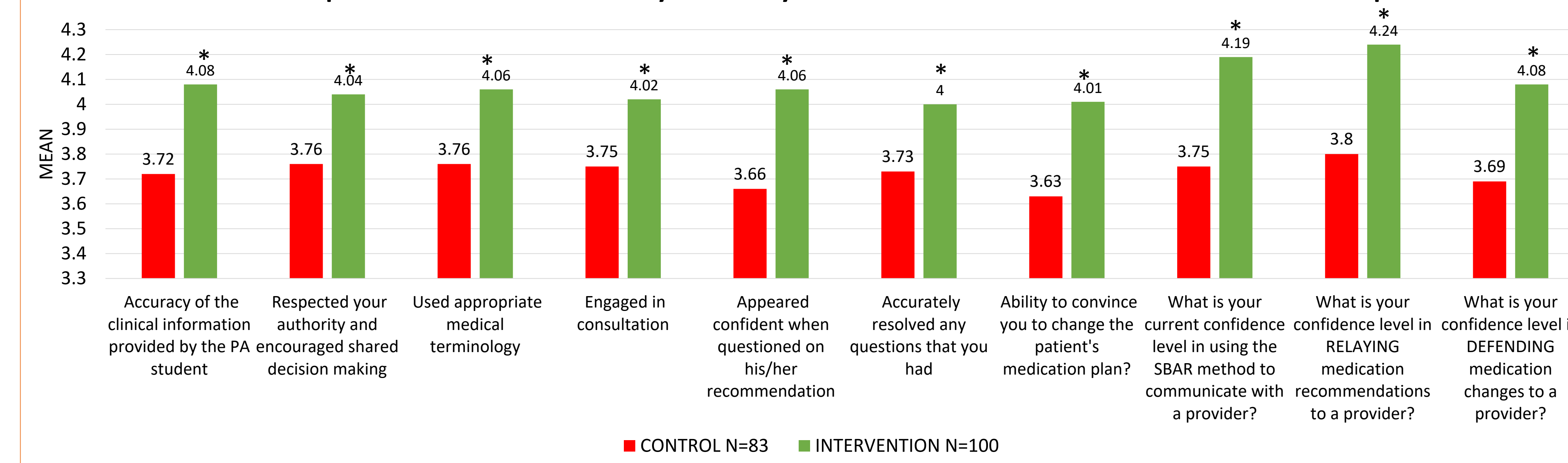
Student Self-Assessment (Difference in After-Before Scores)



Comparison of Peer Evaluation by Physician Assistant Students in the Control Versus Intervention Group



Comparison of Peer Evaluation by Pharmacy Students in the Control Versus Intervention Group



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.

## CONCLUSION

### STUDY STRENGTHS

- Use of the PACT tool which is validated provided objective data on team 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.

### REFERENCES

- Lockeman KS et al (2017) Outcomes of Introducing Early Learners to Interprofessional Competencies in a Classroom Setting, Teaching and Learning in Medicine, 29:4, 433-443
- Chiu, C. J. (2014). Development and Validation of Performance Assessment Tools for Interprofessional Communication and Teamwork (PACT) (unpublished doctoral dissertation, University of Washington).
- Interprofessional Education Collaborative Expert Panel. Core Competencies for Interprofessional Collaborative Practice: 2016 update; Interprofessional Education Collaborative: Washington, DC, USA, 2001, 2016.
- Agency for Healthcare Research and Quality. (2006). TeamSTEPPS™ Guide to Action: Creating a Safety Net for your Healthcare Organization. AHRQ Publication No. 06-0020-4.





# TeamSTEPSPS®: 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.<sup>1</sup>
- 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.<sup>2</sup>



## Needs Assessment

- Academic challenges in interprofessional education includes interprofessional education delivered in discipline-specific silos, often hidden within the curriculum.<sup>3</sup>
- 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, or
  - 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.
- TeamSTEPSPS® is one method designed to integrate teamwork into practice.<sup>4</sup>
- TBL is a structured form of small-group learning that supports the IPEC core competencies and has also shown to enhance teamwork and communication.<sup>5</sup>

## Aim

- The aim of this study was two-fold:
  - To determine the feasibility of utilizing a team-based learning (TBL) approach for teaching TeamSTEPSPS® and
  - To examine whether TeamSTEPSPS® 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.



Figure 1. TeamSTEPSPS® Framework

- Curriculum:** Based on TeamSTEPSPS® that addresses on 3 of the 4 IPEC competencies.
- The TeamSTEPSPS® curriculum was delivered in a 4hr session to teams of 4-5 interprofessional students.
- Each TeamSTEPSPS® session included:
  - Selected pre-readings
  - iRAT & tRAT 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).<sup>3</sup>

## 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 ( $SD=0.92$ )

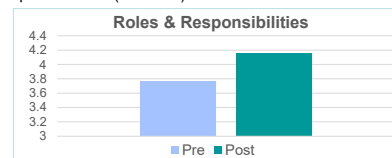


Figure 2. Roles/Responsibilities Domain Scores

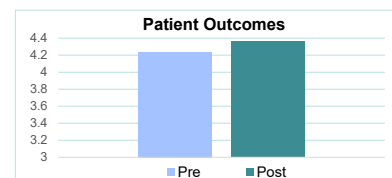


Figure 3. Patient Outcome Domain Scores

## Results cont'd

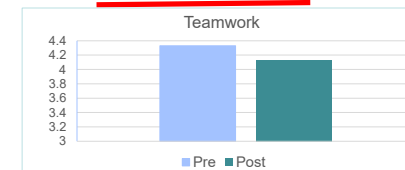


Figure 4. Teamwork Domain Scores

- Qualitative data:** Student reflections indicate that TeamSTEPSPS® training was beneficial in preparing them for working effectively in interprofessional teams.
  - "Team STEPPS® helped to strengthen my communication skills and provided me with essential tools to use throughout my career."
  - "Overall, I think this was a very good experience and I look forward to working with my team some more."
  - "I feel more confident in my ability to work with others."
  - "This experience has shed a tremendous light on communication errors..."
- Faculty observations also confirmed students were able to:
  - Demonstrate understanding of each other's roles & responsibilities,
  - Establish mutual goals and select a team leader,
  - Decide who was responsible for what tasks when providing team-based patient care or education.

## Discussion

- The strategy for integration of TeamSTEPSPS® 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 TeamSTEPSPS® 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





### Introduction

**Microaggressions:** "Brief and commonplace indignities (whether intentional or unintentional) that communicate hostile, derogatory, or negative slights and insults against a particular group of people." (Sue et al., 2007)

#### 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, RR5)

#### 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)

### Planned Outcome Measures

| Measures   | Pre | Post | 6 Months Post |
|--|-----|------|---------------|
| <b>Prior Experiences &amp; Education</b>                     |     |      |               |
| Knowledge of terminology                                     |     |      |               |
| Confidence/ Self-Efficacy using Microaggression Intervention |     |      |               |
| IPEC Competencies (Jefferson Teamwork Observation Guide®)    |     |      |               |
| Program Evaluation   |     |      |               |

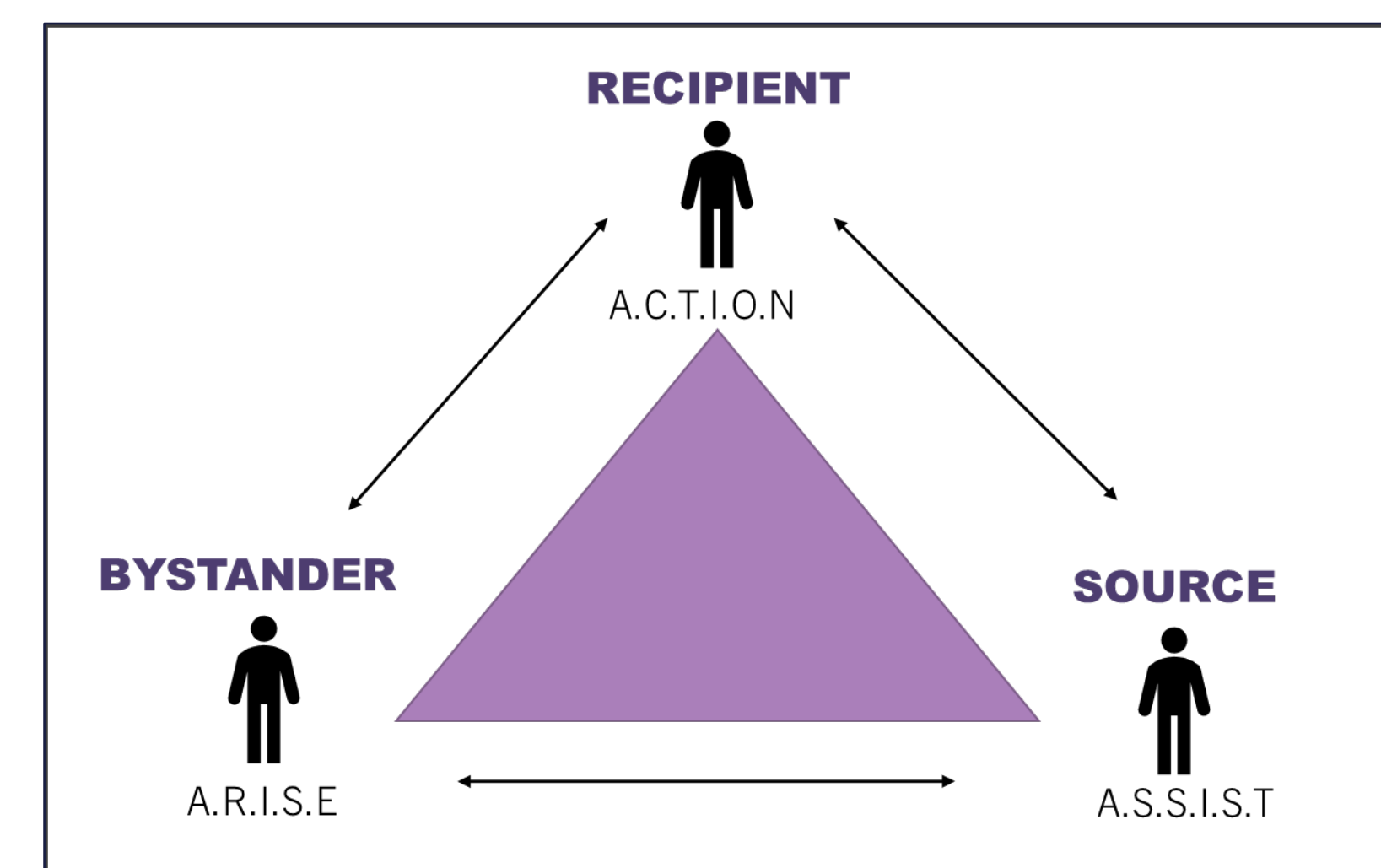
### Curricular Design: Team Microaggression Interventions for Collaborative Outcomes (Team-MICRO)

#### Asynchronous Online Learning Modules

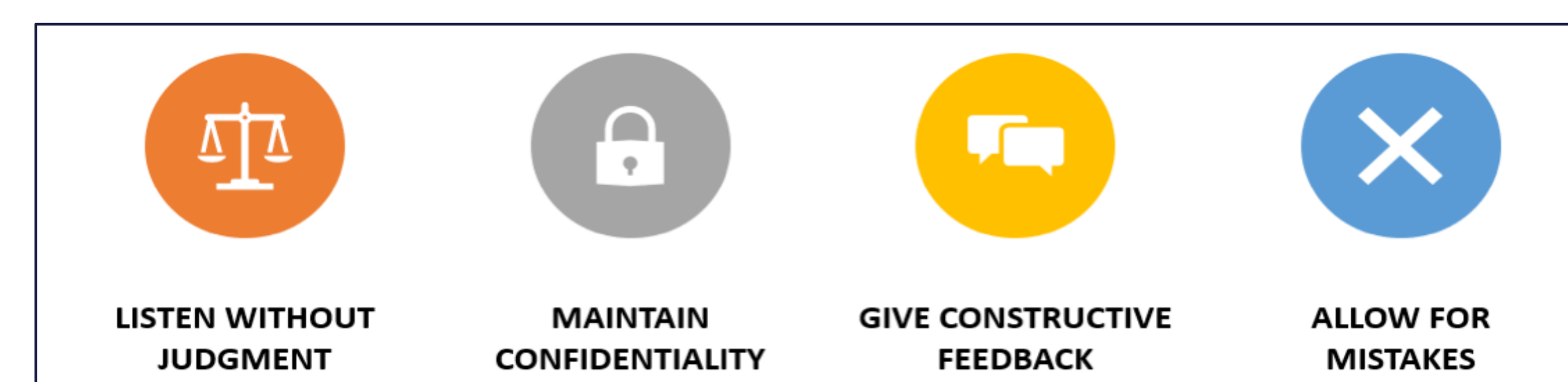
##### Learning Objectives & Terminology (Sue et al., 2007)

| Type                | Definition   |
|---------------------|--|
| Micro-assaults      | Intentionally and explicitly derogatory verbal or non-verbal attacks (often consciously done)                  |
| Micro-insults       | Rude and insensitive subtle put-downs of someone's racial heritage or identity (often unconsciously done)      |
| Micro-invalidations | Remarks that diminish, dismiss, or negate the realities of people's social groups (usually unconsciously done) |

##### Microaggressions Triangle Model (Ackerman-Barger & Jacobs, 2020)



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



#### Interprofessional Simulation (90 minutes)

##### Introduction & Pre-Brief

- Introductory video & ground rules

##### Case #1: Alien in one's own land

- Recognize a microaggression has occurred.

##### Debrief

- Understand intent vs impact
- Reflect on importance of empathy
- Rate team IPEC competencies using Jefferson Teamwork Observation Guide® (JTOG)

##### Case #2: Assuming Culture & Homogeneity

- Practice using the A.R.I.S.E. strategy to intervene on a microaggression:
  - **A**wareness
  - **R**espond with empathy
  - **I**nquiry of facts
  - **S**tatements that start with "I"
  - **E**ducate & engage.

##### Debrief

- Feedback from simulated participants
- Reflect on the interprofessional team's approach
- Rate team IPE competencies using JTOG
- Provide additional resources for escalation

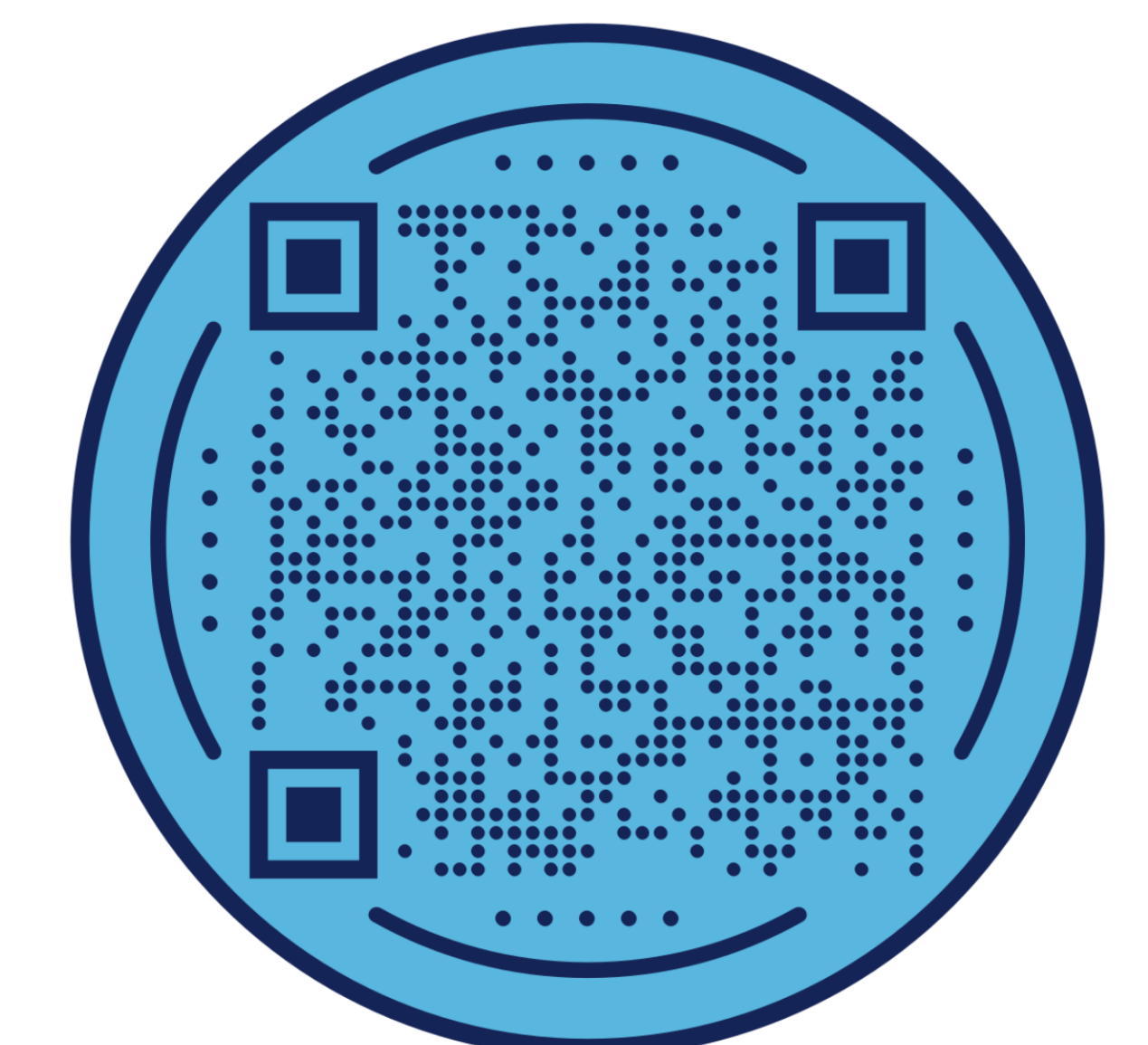
### Next Steps

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

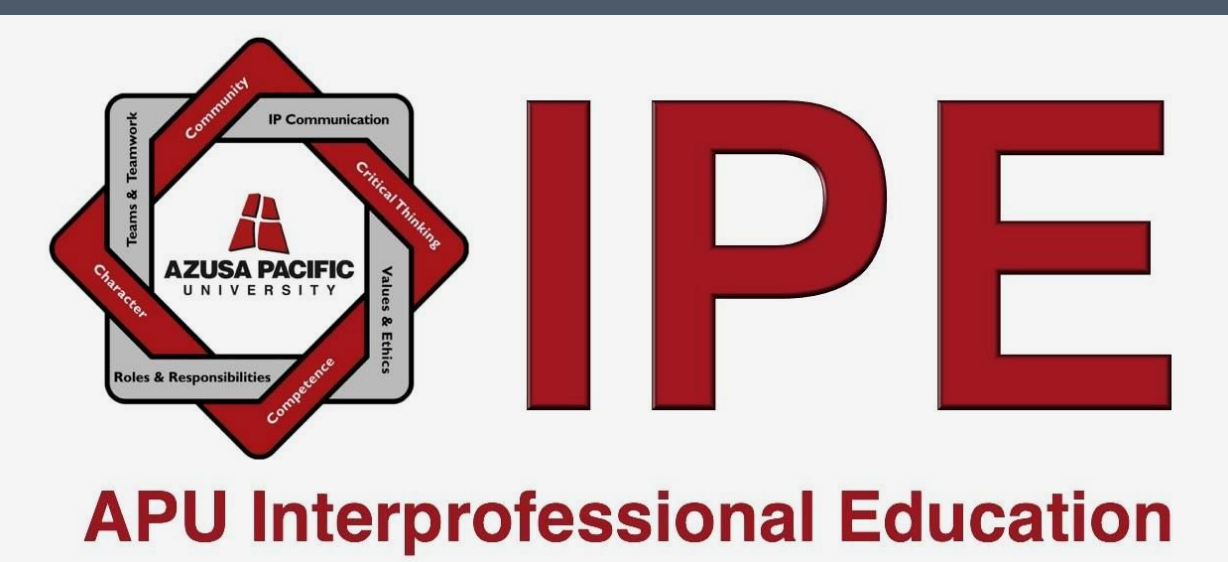
### Future Directions for TeamMICRO

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

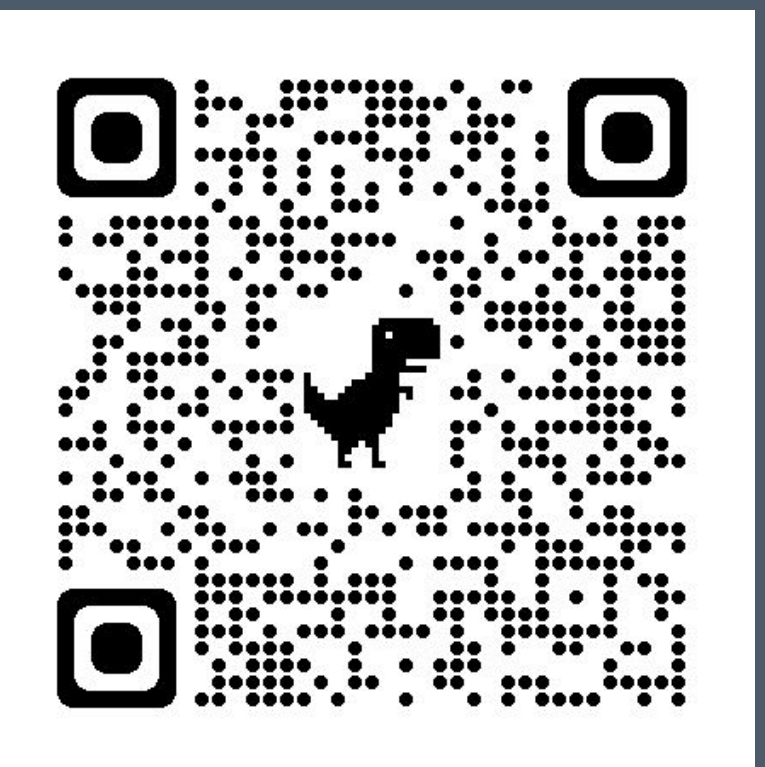
### References & Full Case Descriptions







# Virtual Interprofessional Education Events to Increase Student Confidence and Interdisciplinary Awareness



Jennifer Fernandez, PT, DPT, Janil Frost, MSW, Jaclyn Harrison, PT, DPT, NCS, Carissa Howard MS CCLS, Mary Rawlings, PhD, LCSW  
Kimberly Setterlund, MSW, LCSW, Ryan Somers, PT, DPT, Charity Vasquez, PhD, CCLS, Kristen Watkins, LMFT, RPT

## BACKGROUND

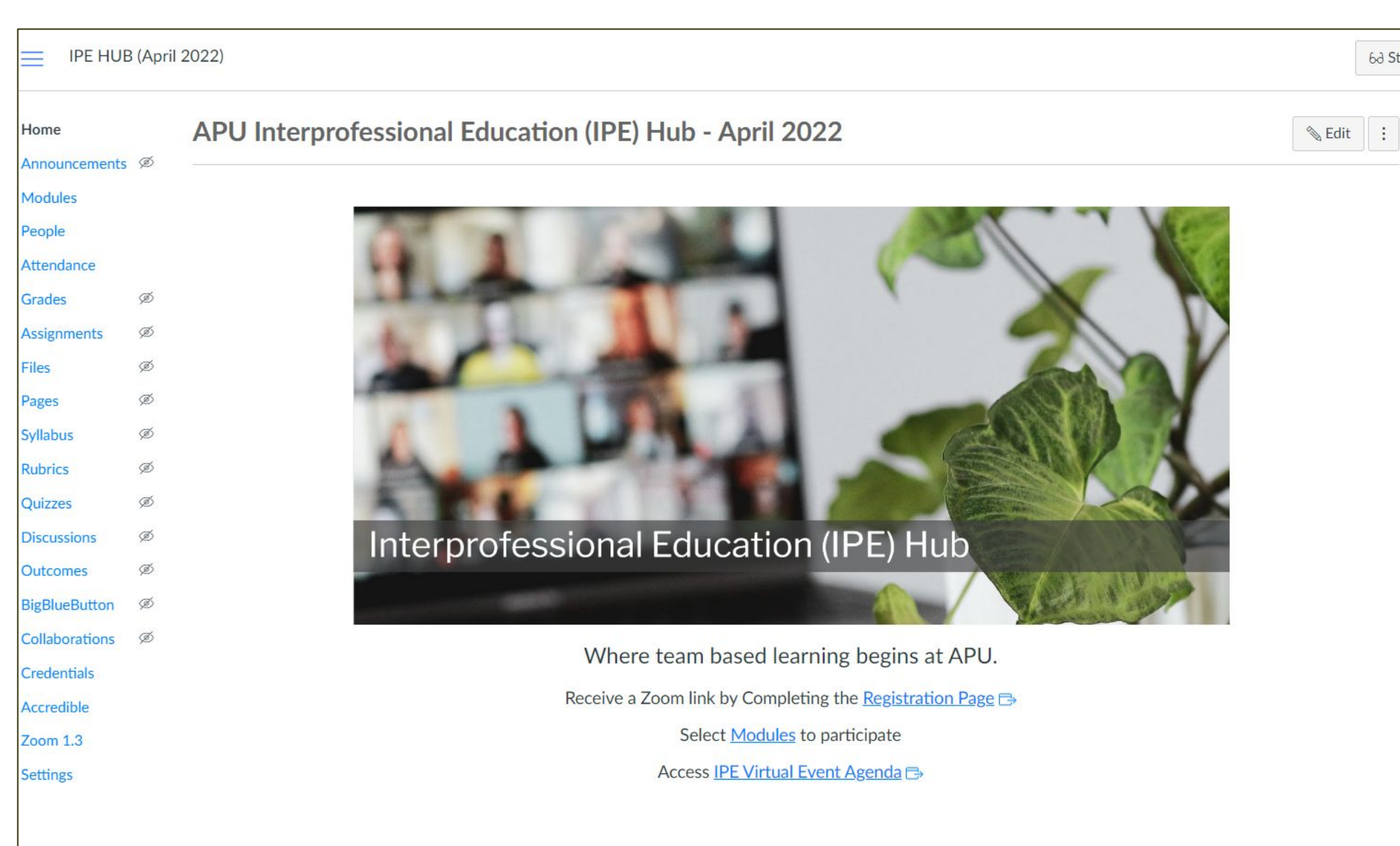
Interprofessional collaboration (IPC) has become necessary among fields of practice for improved healthcare outcomes. An interprofessional team consists of at least three professionals working collaboratively to achieve varying outcomes for the clients served (Kowalski, 2018, World Health Organization [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 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

## PROGRAM SUMMARY

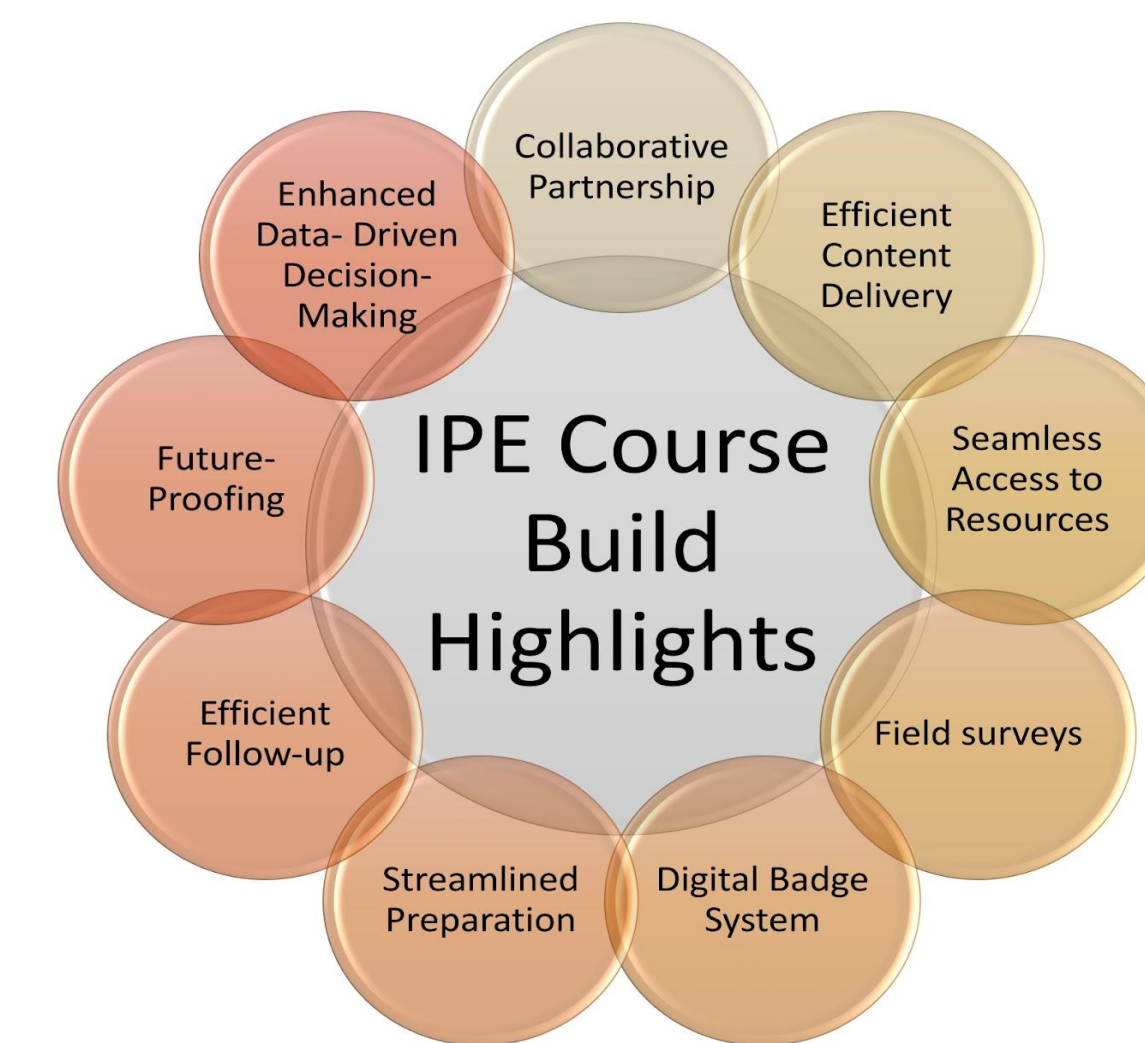
The IPE virtual platform was launched in 2022 with three virtual experiences to date (April and October 2022, April 2023).

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.



## CHALLENGES ADDRESSED

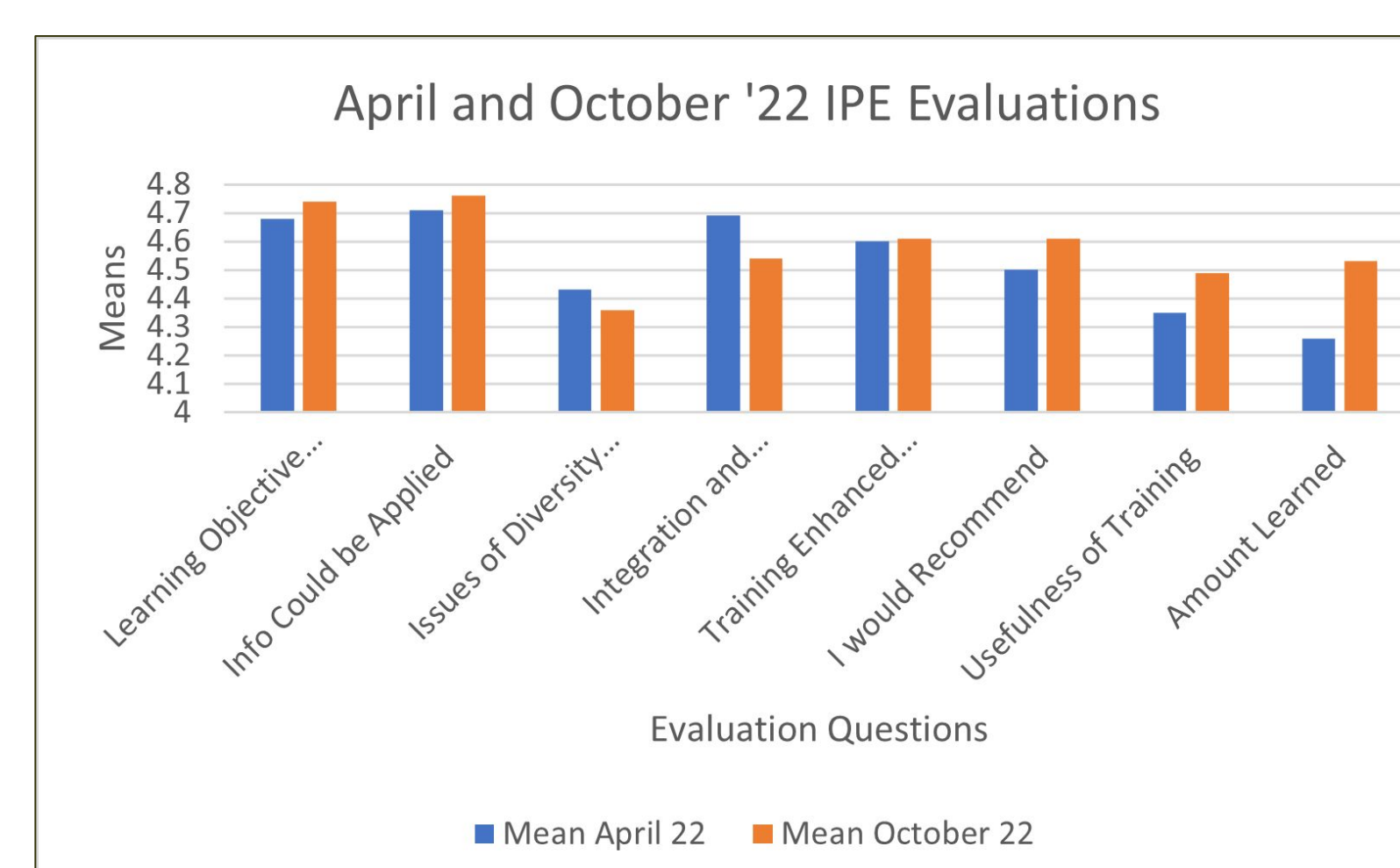
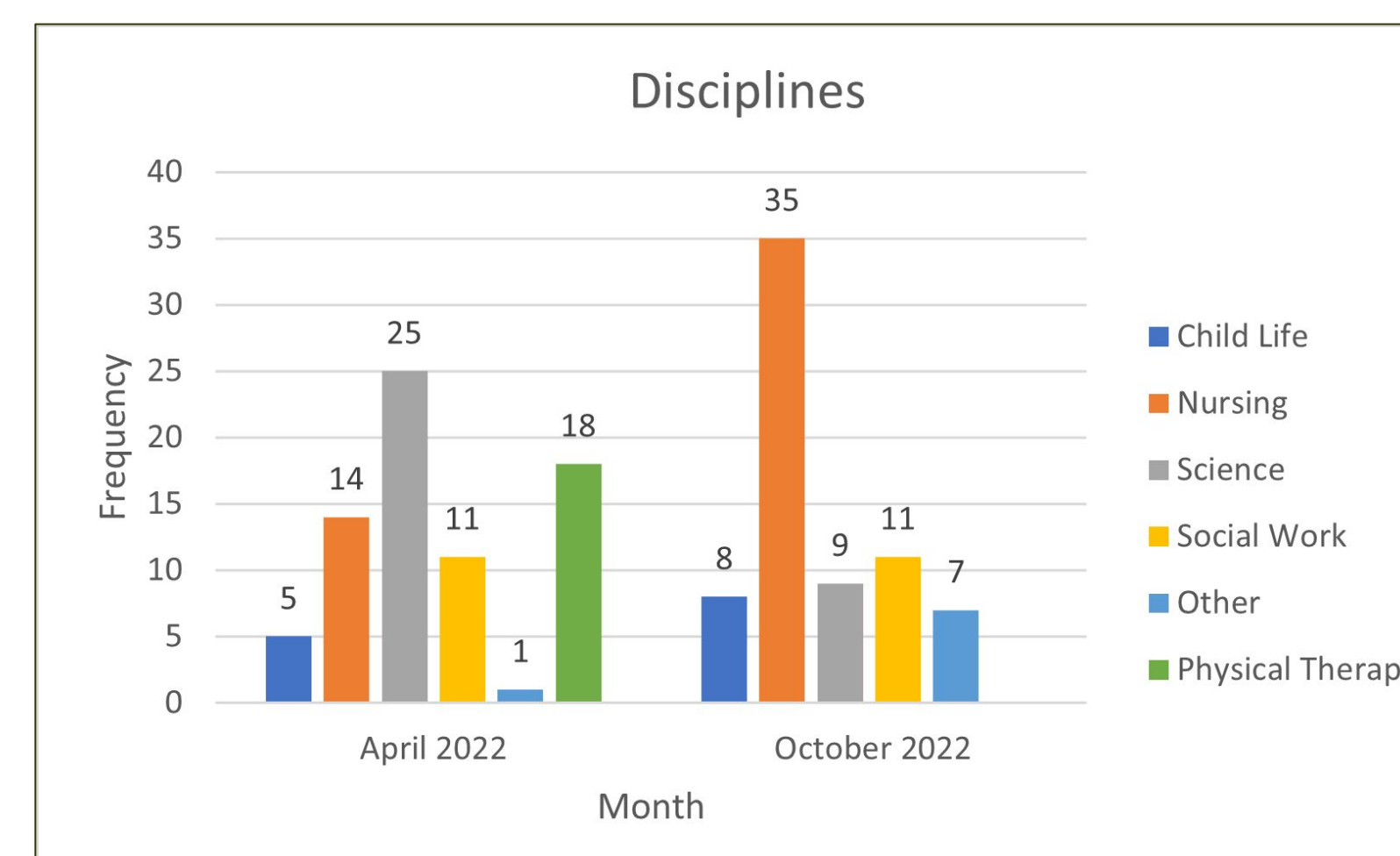
The interprofessional education (IPE) faculty workgroup assessed a need for a sustainable way to engage students in team-based learning during the COVID pandemic. The IPE virtual platform was created as the solution, and it leveraged technology to widen faculty and student access across university regional 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 case 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).

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



## 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.



# 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



## Background



Engage students and faculty to successfully integrate interprofessional practice into Nursing and Dental Hygiene Programs

## Design: CA-IPERA Model



Collaborative practice ready workforce

Teams and Teamwork

IP Communication

Values and Ethics for IP Practice

Roles and responsibilities

## 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."



Creation of a health-focused interprofessional education seminar at an equity-minded community college

MCC Faculty: Kerry Sorrentino, Julie Breen and Elizabeth Stone





# An Interprofessional Education Approach to Improve Communication in Temporarily Non-Speaking Patients

Mary Harmon, PhD., CCC-SLP, Maureen McGarrity-Yoder, PhD, RN, CEN, & Bobby Eccleston, 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.<sup>1</sup>
- In critical care settings, communication is difficult with temporarily non-speaking (TNS) patients, and many report significant frustration, helplessness, and panic.<sup>2,3</sup>
- Concerns arise for patient comfort and safety.<sup>3</sup>
- TNS patients have an increased risk of adverse medical events.<sup>4</sup>

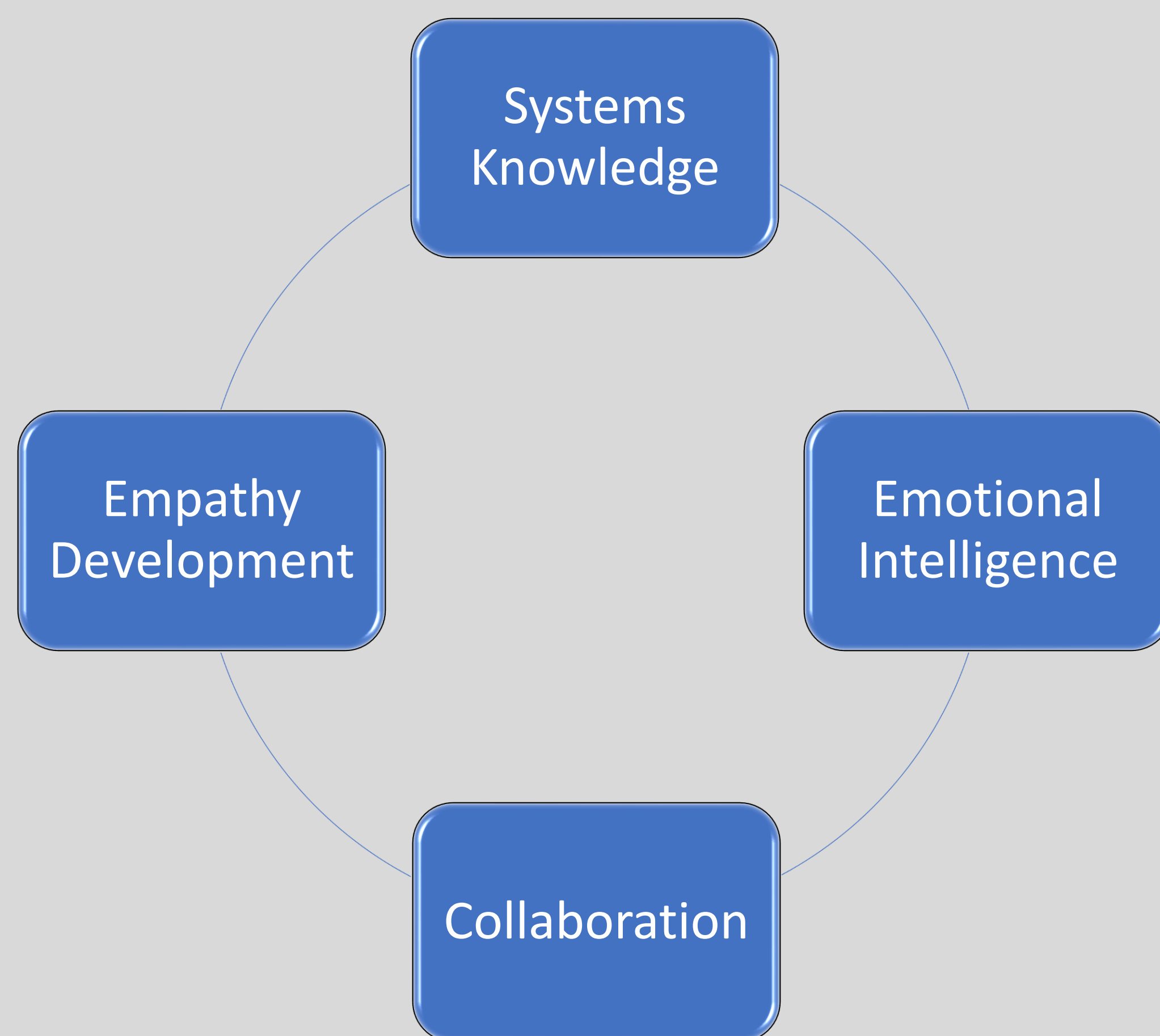
- Augmentative and alternative communication (AAC) allows for communication with TNS patients with letters, words, and pictures
- This IPE simulation allowed pre-license speech-language pathology and nursing students to collaborate in the care and communication of a TNS patient, played by an SP, AAC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



## Methods

- All students received 60-minute training about augmentative and alternative communication (AAC) and medical needs of temporarily non-speaking patients in the ICU.
- This was followed with a 20-minute IPE simulation of speech-language pathology and nursing students to collaborate in the communication and care of the SP.
- A debrief session for all students, SPs, and faculty immediately followed the simulation.
- Researchers used a qualitative, deductive approach to independently view, transcribe, and code transcripts, identifying emerging themes.
- Prominent themes were defined by the researchers as a group

## Results



| RESULTING THEMES                                      | EMERGING THEMES  | SUPPORTING COMMENTS  |
|---|--|--|
| <b>Role and Responsibilities</b><br>Systems Knowledge | *Recognizing expertise and availability of other professionals (SLP, nurses, respiratory, PT)  | <b>Student:</b> "...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)<br><b>Student:</b> 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)  |
| <b>Communication</b><br>Emotional Intelligence        | *Talking about and acknowledging patient feelings<br>*Body positioning (SP and communication partners)<br>*Confirming the message<br>*Message management<br>*Patience and adaptability | <b>SP:</b> "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."<br><b>Student:</b> "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 was one the board, one person double-checking (student move head back and forth to indicate checking back and forth) as we were thinking it. That would have been so much harder if there was just one of us in the room." (VE5)<br><b>SP:</b> "Oh, and a tip. We need a thank you, so I don't have to spell thanks every day."<br><b>Student:</b> I learned about... "keeping in mind collaboration and communication with other professionals." (CC2) |
| <b>Teams and Teamwork</b><br>Collaboration            | *Collaborative engagement with patient and AAC   | <b>Student:</b> "...before we went in we talked about the system and we were like, we are going to do once for no, can you show me that, and now we are going to do twice for yes, show me that." (TT3)<br><b>Student:</b> "I think it was important that there was a nurse in the room with a speech-pathologist. I got to see [the AAC] in use and I could show others [members of the medical team] how they can communicate with it." (TT3)  |
| <b>Values and Ethics</b><br>Empathy Development       | *Putting yourself in their shoes (SPs)<br>*Assist in developing a trusting relationship  | <b>SP:</b> "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)<br><b>Student:</b> "...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)<br><b>SP:</b> "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."   |

## 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

1. Ha E. H. (2018). Experience of nursing students with standardized patients in simulation-based learning: Q-methodology study. *Nurse education today*, 66, 123-129.
2. Patak, L., Wilson-Stronks, A., Costello, J., Kleinpell, R., Henneman, E. A., Person, C., & Happ, M. B. (2009). Improving Patient-Provider Communication: A Call to Action. *JONA: The Journal of Nursing Administration*, 39 (9), 372-376
3. Guttormson, J. L., Bremer, K. L., & Jones, R. M., (2015) "Not being able to talk was horrid." A descriptive, correlational study of communication during mechanical ventilation. *Intensive and Critical Care Nursing*, 31(3), 179-186.
4. Bartlett, G., Blais, R., Tamblin, R., Clermont, R. J., & MacGibbon, B. (2008). Impact of patient communication problems on the risk of a preventable adverse events in acute care settings. *Canadian Medical Association Journal*, 178(12), 1555-1562 .



Gina DeFranco, DO, Brittney Gunterstockman PT, DPT, Ian Rheault, PT, DPT, OCS  
DeBusk College of Osteopathic Medicine, Lincoln Memorial University, Knoxville, TN 37932

## Introduction

- 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.

## Study Purpose

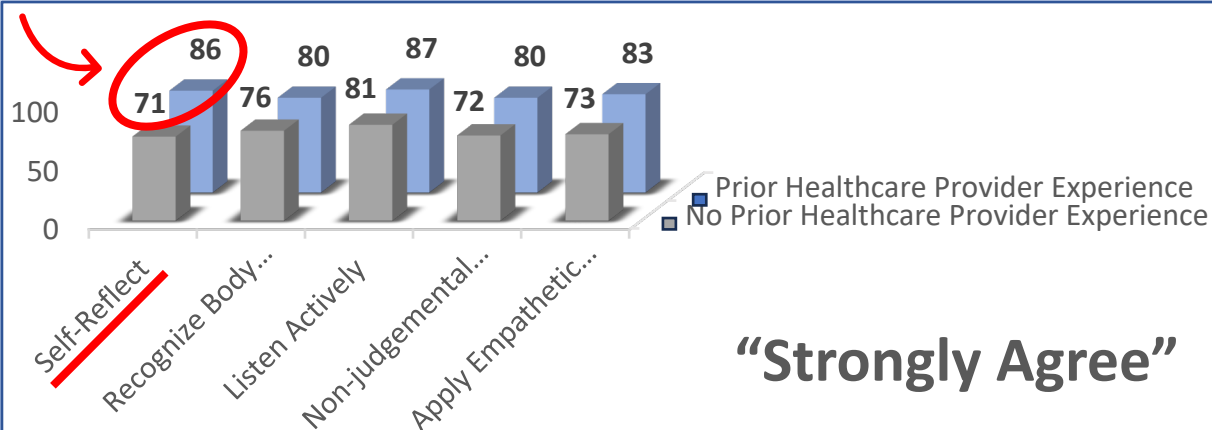
- This study assessed students' confidence in interpersonal communication after participating in interprofessional empathy training.
- Factors influencing confidence, such as prior healthcare provider experience, were assessed.

## Methods

- 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

## Results

- 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).**



## 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

## Pre-Brief

# HUDDLE



## Simulation



## Debrief

- Student Observers
- + / Δ
- Group Reflection

## Results

- 99%- HUDDLE helped:
  - IP communication
  - Roles/responsibilities
  - Teams/teamwork
- 94%- HUDDLE improved delivery of care
- 100%- IPE SIM positive learning experience

### Project Goals:

- Communication
- Teams & Teamwork
- Roles & Responsibilities



|                              |                       |
|------------------------------|-----------------------|
| Patient Name: J. Pina        |                       |
| Care Team: 5                 | DOB: 6-24-45          |
| Melanie - PT                 | Chris PT              |
| Jacelyn - MI                 |                       |
| <b>Orders:</b>               | <b>Safety Issues:</b> |
| Left AP hip                  | NI                    |
| OOB → Chair                  | No AOB                |
| Head-to-Toe assessment       | No Flexion > 90°      |
| (vitals)                     | WBAT on Left leg      |
| <b>Plan:</b>                 |                       |
| 1. Assessment                |                       |
| 2. X-ray                     |                       |
| 3. OOB and instruct movement |                       |

Visual Management Board



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

“The 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







# Laying the Foundation for Interprofessional Communication: The Impact of Personality Traits on Team Cohesion

UNIVERSITY of  
**SOUTH FLORIDA**  
Physical Therapy

Ditwiler RE\*, Cohen GW\*, Tritsch AJ\*  
\*University of South Florida, Tampa, FL



UNIVERSITY of  
**SOUTH FLORIDA**  
Athletic Training

## BACKGROUND

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

## ACTIVITY

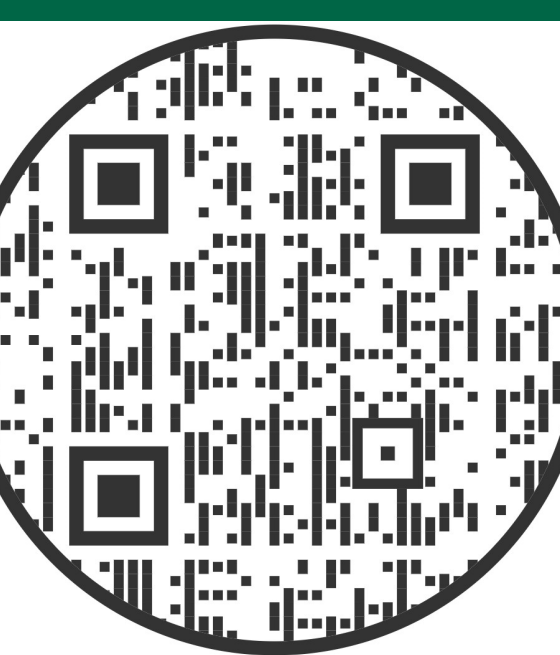
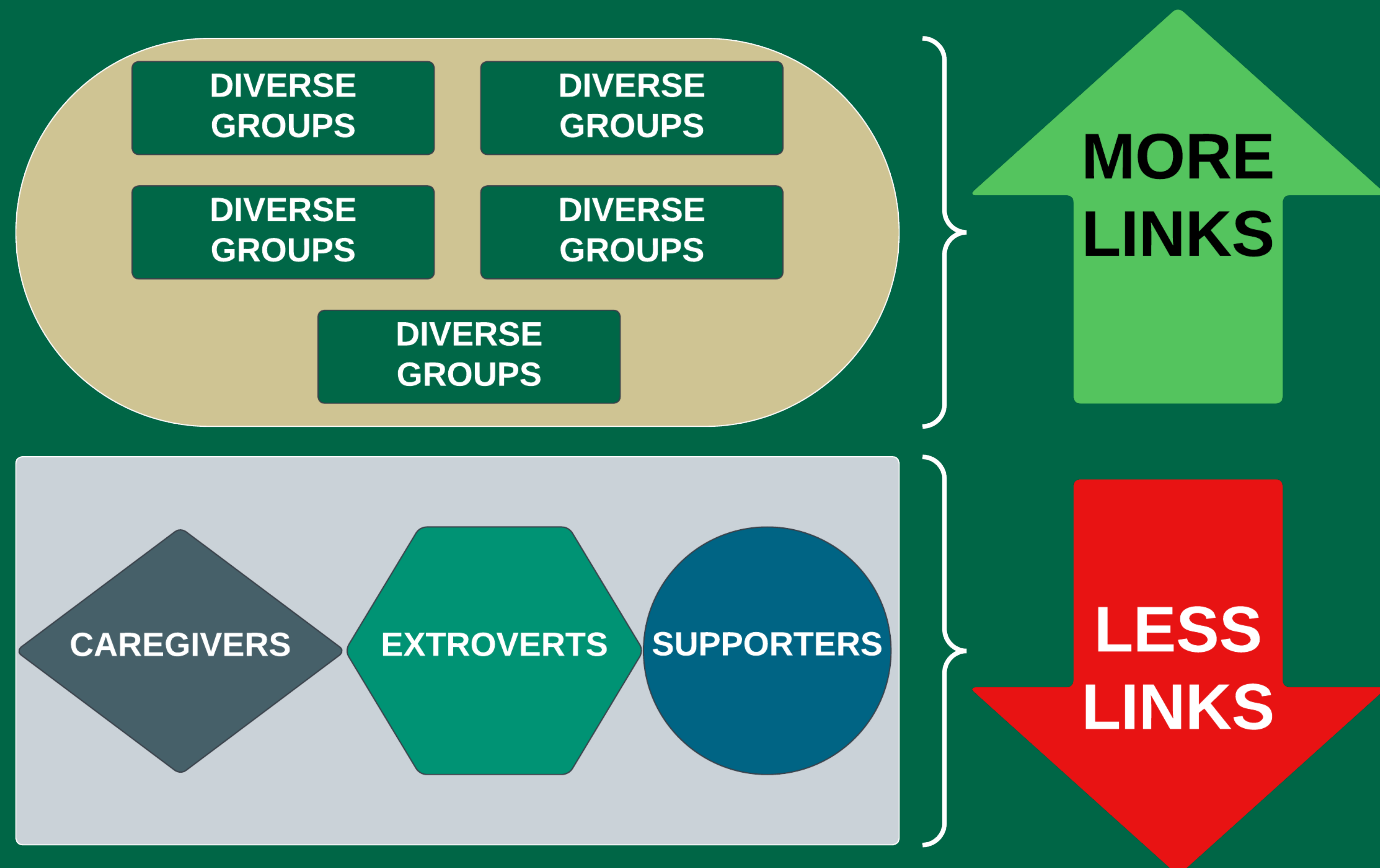
Eight groups were created by the faculty and instructed to select their roles and responsibilities. They then completed the activity of creating paper chains under increasingly difficult constraints. Following each round, faculty modeled debriefing with a final debrief about group dynamics.

## KEY TAKEAWAYS

Diverse personality traits improved team success & resilience

Modifications to the TeamSTEPPS activity demonstrated the importance of varied perspectives

# Awareness of personality styles may enhance interactions in small groups with diverse 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.

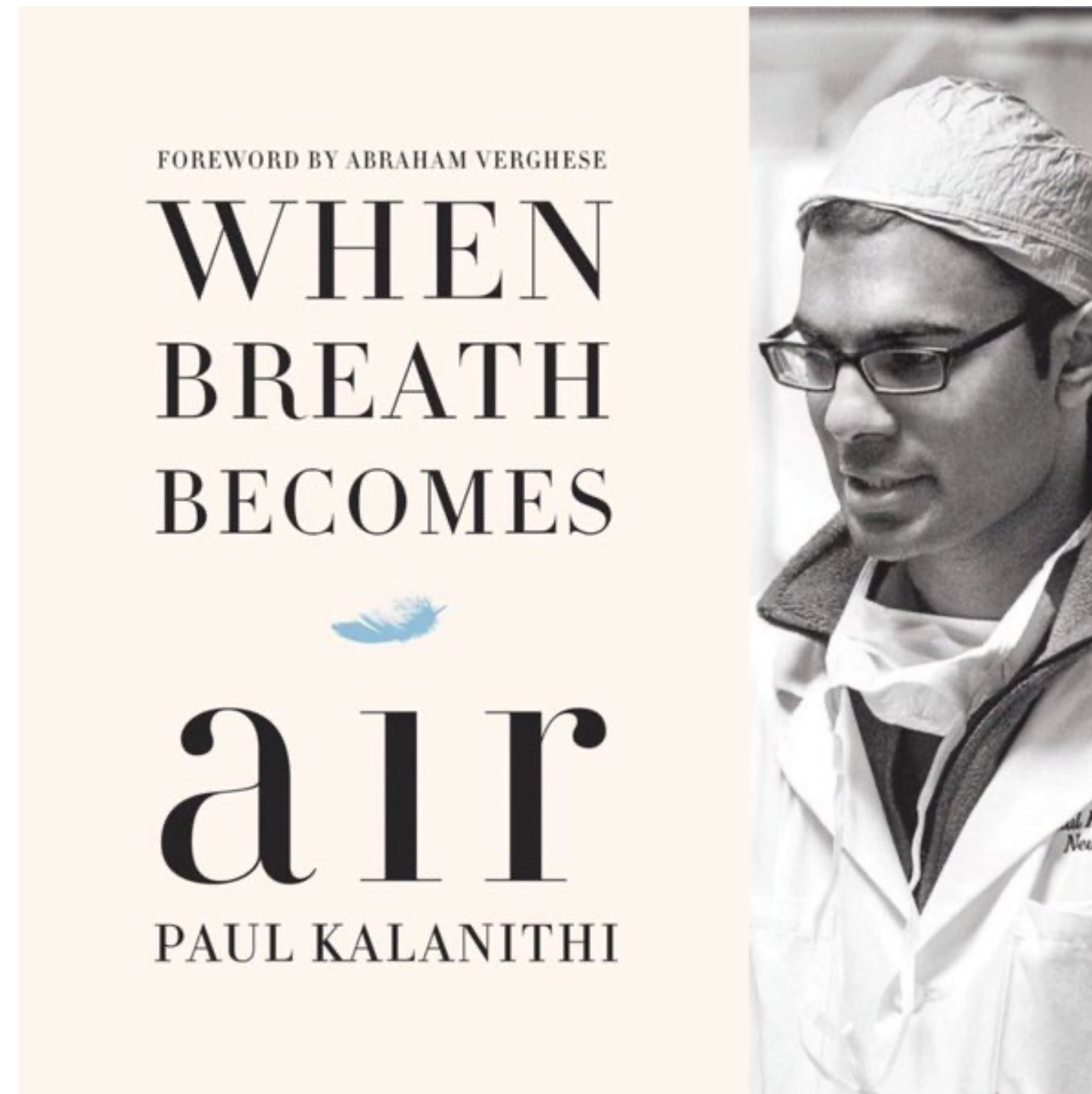
## Implementation

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.



## Authors

**Missy Travelsted**, DNP, APRN, FNP-C, PTA, Nursing  
**Kurt Neelly**, PT, PhD, Doctor of Physical Therapy  
**Lauren Bland**, PhD, CCC-SLP, Speech Language Pathology  
**Patricia Desrosiers**, PhD, LCSW, Social Work Chair  
**Dana Sullivan**, PhD, MSW, MSW  
**Dawn Wright**, PhD, CNE, APRN-PMHNP, BSN  
**Ashley Malone**, BIS, Graduate Research Assistant

## Contact Information

**Missy Travelsted**  
 Missy.travelsted@wku.edu  
 270-745-4289  
 Western Kentucky University  
<http://www.wku.edu/nursing>



## 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

Kalanithi, P. (2016). *When Breath Becomes Air*. Random House Usa. *May 2 – When Breath Becomes Air – New Melleray*. (2023). New Melleray Abbey. <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](http://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

## STEPS IN CURRICULAR DESIGN

- 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

## COURSE OFFERING

- **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



## QUOTES

- "Palliative care teams create a safe environment to discuss topics after first building a relationship with their patient. In my future practice, I plan to do the same by establishing trust with my patient and offering them opportunities to share what's important to them."
- "We can work together based on each of our assessments to provide the most support possible to the patient."

## MOVING FORWARD

- Engage additional interprofessional learner units
- Evaluate cross-listing the course

## REFERENCES

Head, B. The interdisciplinary curriculum for oncology palliative care education (iCOPE): Meeting the challenge of interprofessional education. *J Palliat Med.* 2014; 17(10): 1107-1114.

National Consensus Project for Quality Palliative Care. (2018). *Clinical practice guidelines for quality palliative care* (4th ed.). National Coalition for Hospice and Palliative Care.



# 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

## About the Presenters



Mary O'Donnell, OTR, OTD  
MGH Institute of Health Professions  
[modonnell@mghihp.edu](mailto:modonnell@mghihp.edu)



Mary Riotte, MS, CCC-SLP  
MGH Institute of Health Professions  
[mriotte@mghihp.edu](mailto:mriotte@mghihp.edu)



Emilie Larrivee, CAGS, MS, CCC-SLP  
MGH Institute of Health Professions  
[Elarrivee@mghihp.edu](mailto:Elarrivee@mghihp.edu)

## The Problem

- Few opportunities for IPP between CSD and OT students
- Limited hands-on, experiential learning for OT students enrolled in pediatrics course
- Minimal pediatric OT offerings at the IMPACT Practice Center



## 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

## Project Progress, Challenges and Directions for Future

### 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**



Anusha Sundarrajan, Jennifer Stimson, Laura Epstein

## 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

### Goal 1

Include undergraduate students from SFSU's NSSLHA chapter to plan and organize this event

### Goal 2

Provide opportunities for pre-professionals from diverse backgrounds to meet and collaborate

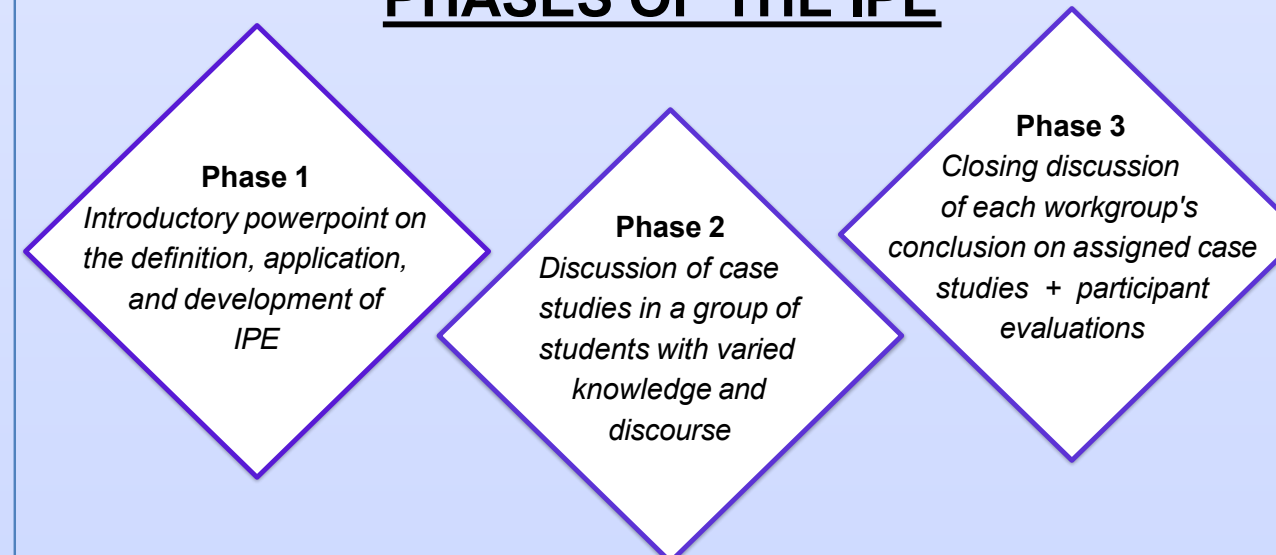
## LEARNING OUTCOMES

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



## APPLICABLE 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

Language acquisition, disorders and their causes in school-age children. Application of diagnostic and intervention techniques.

### 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 linguistics and cultural diversity of Latinos/as in the USA.

### SPED 675 - 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 easel 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 classmates 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 several 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's first IPE event was successful and sparked two following semesterly 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://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/Code-of-Ethics/>
- <https://interprofessional.ucsf.edu/framework-competencies>

## 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](mailto:anusha@sfsu.edu), Jennifer Stimson: [jstimson@sfsu.edu](mailto:jstimson@sfsu.edu), Laura Epstein: [lepstein@sfsu.edu](mailto:lepstein@sfsu.edu)



## Introduction

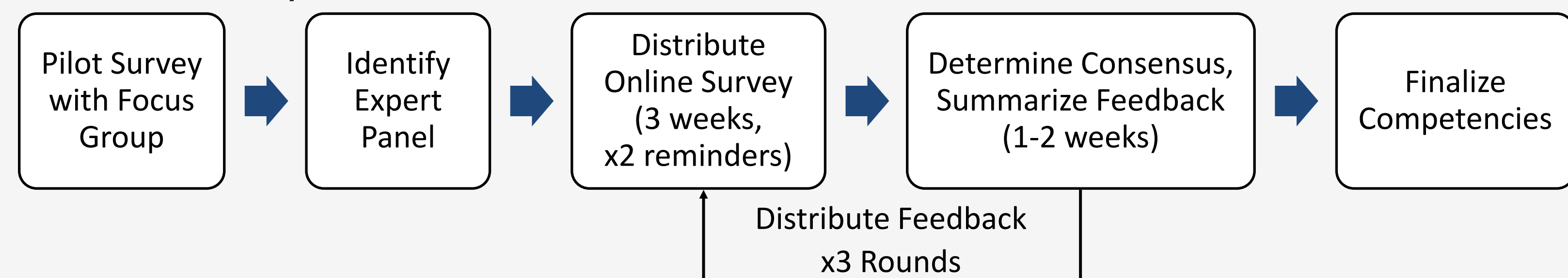
- Interprofessional education (IPE): occasions when two or more professions learn with, from, and about each other to improve collaboration and the quality of care
- The Canadian National Interprofessional Competency Framework contains 40 competencies that are divided into six competency domains
- Interprofessional 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

## Objective

Identify core interprofessional competencies from the Canadian Interprofessional Competency Framework that can be accomplished through IPE for learners in healthcare programs at the University of Ottawa.

## Methods

### Modified Delphi Method



### 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:  $\geq$  28 hours/week of clinical- or academic-based work
3. Experience in teaching in an academic setting, precepting 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  $\geq$ 80% of agreement on DS #2

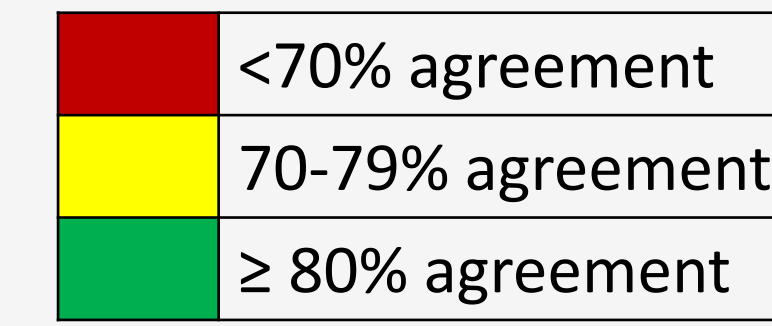
### Delphi Statements

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



### Consensual and Non-Consensual Competencies

| Competency  | R #1   | R #2   |
|---|--------|--------|
| <b>Role Clarification</b>   |        |        |
| <del>Describe their own role and that of others</del>   | Yellow | Green  |
| Recognize and respect the diversity of other health and social care roles, responsibilities, and competencies   | Green  | Green  |
| <del>Perform their own roles in a culturally respectful way</del>   | Red    | Red    |
| <del>Communicate roles, knowledge, skills, and attitudes using appropriate language</del>   | Red    | Red    |
| Access others' skills and knowledge appropriate through consultation  | Green  | Green  |
| Consider the roles of others in determining their own professional and interprofessional roles  | Yellow | Green  |
| <del>Integrate competencies/roles seamlessly into models of service delivery</del>  | Red    | Red    |
| <b>Patient/Client/Family/Community-Centred Care</b>   |        |        |
| Support the participation of patients/clients, their families, and/or community representatives as integral partners alongside with healthcare personnel  | Green  | Green  |
| <del>Share information with patients/clients (or family and community) in a respectful manner and in such a way that it is understandable, encourages discussion, and enhances participation in decision-making</del> | Red    | Red    |
| <del>Ensure that appropriate education and support is provided to patients/clients, family members and others involved with care or service</del>   | Red    | Yellow |
| Listen respectfully to the expressed needs of all parties in shaping and delivering care or services  | Red    | Green  |
| <b>Team Functioning</b>   |        |        |
| Understand the process of team development  | Green  | Green  |
| Develop a set of principles for working together that respects the ethical values of members  | Green  | Green  |
| Effectively facilitate discussions and interactions among team members  | Green  | Green  |
| Participate and be respectful of all members' participation in collaborative decision-making  | Green  | Green  |
| Regularly reflect on their functioning with team learners/practitioners and patients/clients/ families  | Green  | Green  |
| Establish and maintain effective and healthy working relationships with learners/ practitioners, patients/clients, and families, whether or not a formalized team exists  | Green  | Green  |
| Respect team ethics, including confidentiality, resource allocation, and professionalism  | Yellow | Green  |
| <b>Collaborative Leadership</b>   |        |        |
| Work with others to enable effective patient/client outcomes  | Green  | Green  |
| Advancement of interdependent working relationships among all participants  | Green  | Green  |
| Facilitation of effective team processes  | Green  | Green  |
| <del>Facilitation of effective decision-making</del>  | Red    | Red    |
| Establishment of a climate for collaborative practice among all participants  | Green  | Green  |
| Co-creation of a climate for shared leadership and collaborative practice   | Green  | Green  |
| Application of collaborative decision-making principles   | Green  | Green  |
| Integration of the principles of continuous quality improvement to work processes and outcomes  | Red    | Green  |
| <b>Interprofessional Communication</b>  |        |        |
| Establish team work communication principles  | Yellow | Green  |
| <del>Actively listen to other team members including patients/clients/families</del>  | Yellow | Yellow |
| Facilitation of effective team processes  | Green  | Green  |
| Communicate to ensure common understanding of care decisions  | Yellow | Green  |
| <del>Develop trusting relationships with patients/ clients/families and other team members</del>  | Yellow | Yellow |
| Effectively use information and communication technology to improve interprofessional patient/client/community-centered care, assisting team members in:  | Green  | Green  |
| • Setting shared goals  | Green  | Green  |
| • Collaboratively setting shared plans of care  | Green  | Green  |
| • Sharing responsibilities for care across team members   | Green  | Green  |
| Demonstrating respect for all team members including patients/clients/families  | Green  | Green  |
| <b>Interprofessional Conflict Resolution</b>  |        |        |
| <del>Valuing the potential positive nature of conflict</del>  | Red    | Red    |
| <del>Recognizing the potential for conflict to occur and taking constructive steps to address it</del>  | Red    | Yellow |
| <del>Identifying common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals</del>   | Red    | Yellow |
| <del>Knowing and understanding strategies to deal with conflict</del>   | Red    | Red    |
| <del>Setting guidelines for addressing disagreements</del>  | Red    | Yellow |
| Effectively working to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution  | Yellow | Green  |
| Establishing a safe environment in which to express diverse opinions  | Red    | Green  |
| Developing a level of consensus among those with differing views; allowing all members to feel their viewpoints have been heard no matter what the outcome  | Red    | Green  |

## Results

### Baseline Characteristics of Expert Panel

| Characteristic             | Frequency (%) |            |            | Characteristic                                      | Frequency (%) |            |            |
|----------------------------|---------------|------------|------------|---|---------------|------------|------------|
|                            | R #1 (n=16)   | R #2 (n=8) | R #3 (n=7) |   | R #1 (n=16)   | R #2 (n=8) | R #3 (n=7) |
| <b>Profession</b>          |               |            |            | <b>Primary Work</b>                                 |               |            |            |
| Audiology                  | 1 (6.3)       | -          | -          | Academic (NDPC)                                     | 9 (56.3)      | 3 (37.5)   | 3 (42.9)   |
| Dietetics                  | -             | 1 (12.5)   | 1 (14.3)   | Clinical (DPC)                                      | 7 (43.8)      | 5 (62.5)   | 4 (57.1)   |
| Nurse practitioner         | 1 (6.3)       | 1 (12.5)   | 1 (14.3)   | <b>Type of Experience</b>                           |               |            |            |
| Medicine                   | 3 (18.8)      | 1 (12.5)   | -          | Teaching in academic setting                        | 12 (75)       | 8 (100)    | 5 (71.4)   |
| Occupational therapy       | 2 (12.5)      | 1 (12.5)   | 1 (14.3)   | Supervising/precepting learners in clinical setting | 15 (93.8)     | 8 (100)    | 6 (85.7)   |
| Pharmacy                   | 3 (18.8)      | 2 (25)     | 1 (14.3)   | Curriculum development                              | 11 (68.8)     | 3 (37.5)   | 5 (71.4)   |
| Physiotherapy              | 4 (25)        | 1 (12.5)   | 2 (28.6)   | <b>Work Experience in IPE</b>                       |               |            |            |
| Social work                | -             | -          | 1 (14.3)   | None  | 3 (18.8)      | -          | -          |
| Speech-language therapy    | 1 (6.3)       | 1 (12.5)   | -          | Less than or equal to 3 years                       | 10 (62.5)     | 3 (37.5)   | 2 (28.6)   |
| <b>Clinical Experience</b> |               |            |            | More than 3 years                                   | 3 (18.8)      | 5 (62.5)   | 5 (71.4)   |
| 3-5 years                  | 1 (6.3)       | 1 (12.5)   | -          |   |               |            |            |
| 6-10 years                 | 4 (25)        | 2 (25)     | 1 (14.3)   |   |               |            |            |
| 11-15 years                | 5 (31.3)      | 2 (25)     | 2 (28.6)   |   |               |            |            |
| More than 15 years         | 6 (37.5)      | 3 (37.5)   | 4 (57.1)   |   |               |            |            |

NDPC: non-direct patient care; DPC: direct patient care

- 26 individuals were identified and invited to participate in the expert panel

### Response and Completion Rate

| Round | Response Rate (%) | Completion Rate (%) |
|-------|-------------------|---------------------|
| 1     | 16/26 (61)        | 13/16 (81)          |
| 2     | 8/26 (31)         | 8/8 (100)           |
| 3     | 7/26 (27)         | 6/7 (86)            |

- In Round 3, majority of experts (n=5/7) thought that the consensual competencies were sufficient to guide the development of IPE

## 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

1. Qandasan I, Reeves Sc. Key elements for interprofessional education. J Interprof Care. 2005 May;19(sup1):21-38.
2. Canadian interprofessional Health Collaborative. A national interprofessional competency framework. 2010 Feb.
3. Thistlethwaite J, Moran M. Learning outcomes for interprofessional education (IPE): Literature review and synthesis. J Interprof Care. 2010 Sep;24(5):503-13.





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



Keywords: Interprofessional Education, Antenatal Oral Care ,Module development

Dr. Swet Nisha, MDS, Associate Professor , Department Of Periodontology, Haldia Institute Of Dental Sciences and Research, [swetnisha.mahefaimer@gmail.com](mailto:swetnisha.mahefaimer@gmail.com)

Dr. Debanjan Das, MDS, Associate Professor, Department Of Conservative Dentistry & Endodontics, Haldia Institute Of Dental Sciences and Research,

Dr. Supriya Nambiar, MDS, Professor and Head, Department of Orthodontics & Dentofacial Orthopedics , Manipal College Of Dental Sciences, Mangalore

Dr. Krithica S. PhD, MPhil, B.S., Head-Department of Optometry, Manipal College of Health Professions ,Manipal Academy of Higher Education, INDIA

## 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

## METHODOLOGY

PHASE 1

- Readiness for IP Learning Scale- Questionnaire (RIPLS)-to Participants
- **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.

PHASE 2

- 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.

PHASE 3

- 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

## COLLABORATIVE TEAM

Dr. Savan SR HOD Periodontology

Dr. Debjani Bhadra, HOD Gynaecologist

Dr. Swet Nisha ,Principal Investigator.

Dr. Prithish Chandra Dental Surgeon

Smt. Supriya de Dental Nurse,

Smt. Sukanya Sen , Medical Nurse

Anjali Roy, Pregnant Subject

## DISCUSSION

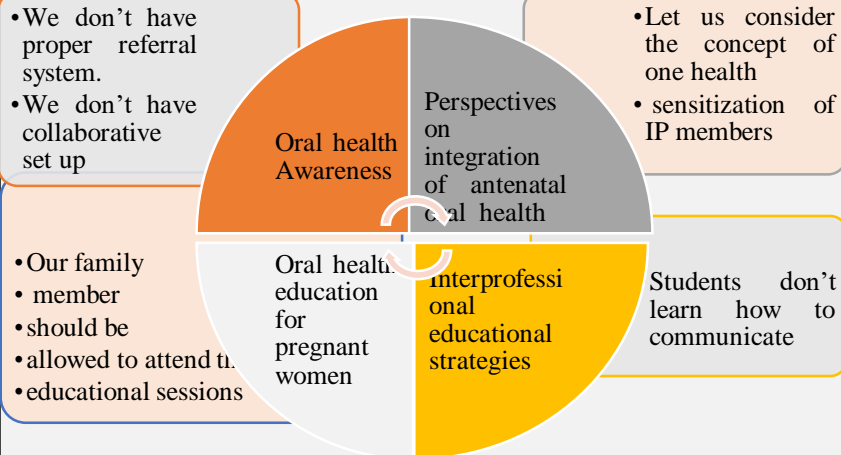
1. **Message:** Creating awareness regarding good antenatal oral health care is the need of the hour.
2. **Enabling Factors:** Committed IP team, Mentors, Institutional Support
3. **Obstacles:** Time management, FDG participation of pregnant women
4. **Change:** In-depth interviews were added for pregnant 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.

## OBJECTIVES

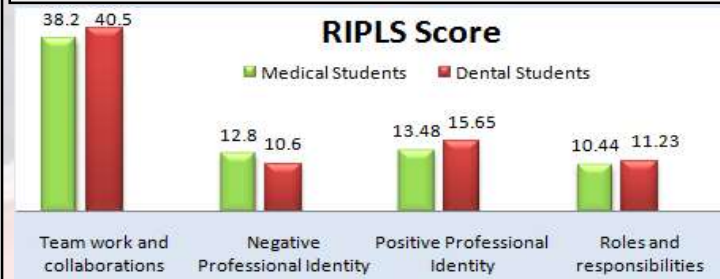
1. To conduct a need assessment for development of IP educational module for antenatal oral health care.
2. To develop and evaluate effectiveness an IP educational module to instill better oral health care in pregnancy.



## RESULTS



## RIPLS Score



## Knowledge and attitude Assessment

| Pre-test (Mean ± SD) | Post-test (Mean ± SD) | p-value |
|----------------------|-----------------------|---------|
| 4.65±1.03            | 8.52±3.19             | 0.001   |

## CONCLUSION

Students showed readiness towards teamwork and collaboration. FGD analysis shows that training dental and medical students in antenatal oral health care is essential

## REFERENCES

- Kern DE, Thomas PA, Hughes MT. Curriculum Development for Medical Education: A Six-Step Approach. 2nd ed. Baltimore, MD: The Johns Hopkins University Press; 2009
- 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, FACOFP, 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 Entrustable Professional Activities (COEPA) including both Digital Health (1.1.1) and Navigating Cultural and Structural Humility (2.2.3) outcomes.<sup>1</sup>

**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

3 School of Pharmacy Faculty

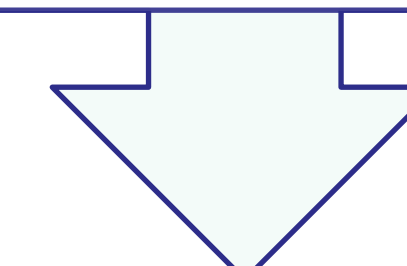
1 College of Medicine Faculty

## EVENT

### Introduction to Digital Health

10 minutes

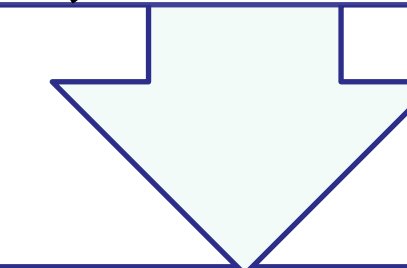
Overview of digital health tools and their effects on healthcare



### Digital Skills Assessment

25 minutes

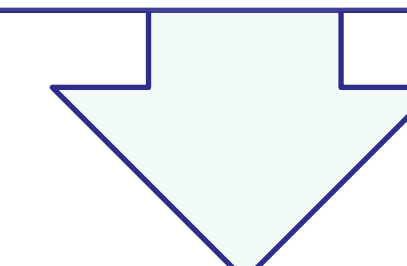
Students assigned a digital skills assessment from [digitalliteracyassessment.org](https://digitalliteracyassessment.org) to complete, discuss results with their group



### Digital Health in Diabetes Management

10 minutes

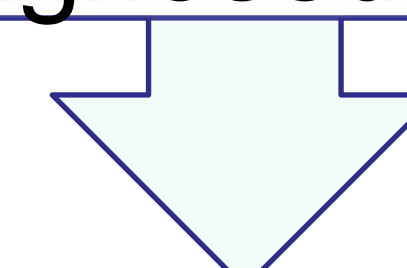
Brief overview on the management of Type 1 diabetes using insulin pumps and continuous glucose monitors



### Digital Divide

20 Minutes

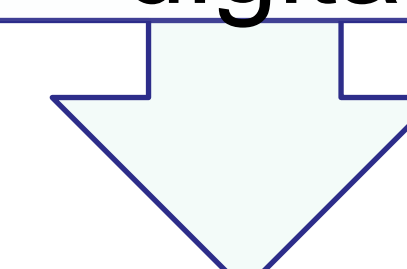
Discuss digital health as a social determinant of health. Groups evaluate a patient case with newly diagnosed diabetes and digital inclusion challenges



### 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

## LEARNING OBJECTIVES

Describe the "Digital Divide"

Assess how the "Digital Divide" can impact patient care

Address gaps by navigating community resources

## 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

<sup>1</sup>Medina M. The AACP Academic Affairs Committee's Final 2022 Curricular Outcomes and Entrustable Professional Activities (COEPA) for Pharmacy Graduates to Replace 2013 CAPE and 2016 EPAs. *Am J Pharm Educ.* 2023 Aug;87(8):100558. doi: 10.1016/j.ajpe.2023.100558. Epub 2023 Jul 7.



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

*Carmela Avena-Woods, BSP Pharm, 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 disciplines 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 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:

|                                      |   |                       |
|--------------------------------------|---|-----------------------|
| Pharmacy (n=178)                     | Essentials to Pharmacy Practice -required for course activity                       | 1st year              |
| Physician Assistant (n=73)           | Introduction to Physician Assistant Profession and Ethics -required course activity | 1st year              |
| Speech and language pathology (n=44) | Selected second year students -voluntary activity                                   | 2nd year              |
| Audiology (n=66)                     | All students invited -voluntary activity  | 1st, 2nd and 3rd year |

## 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 professions to enhance patient care as a team.

## Methods

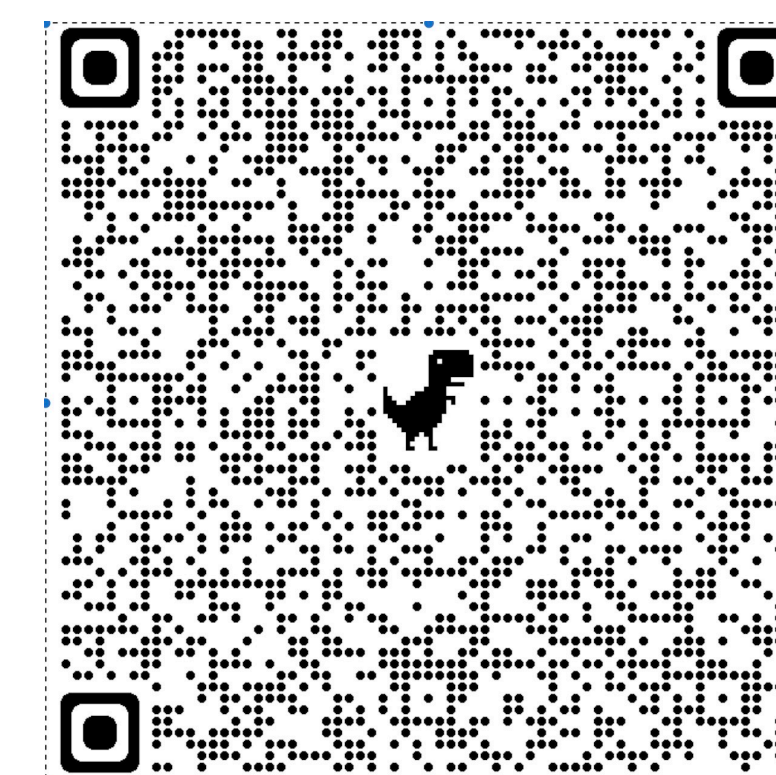
Pharmacy practice faculty created a mock course within Canvas, the university Learning Management System. For the first time at our university, students across four health profession programs were invited to enrolled in the course. Participating programs include, Doctorate of pharmacy program (Ph), Master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

Once students were enrolled, a discussion board was created. Students in the PA, Aud and SPL 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 1. Student ratios**

- Max of 2 Ph Student responses to every 1 PA student post
- Max of 1 Ph Student response for every 1 Audiology post
- Max of 1 Ph Student response for every 2 SLP post (2 SLP students were asked to create one post)

Student were tasked to coordinate and meet outside of class time to answer guided questions about each professions' role and responsibility by a preset deadline. 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 guided their discuss with the other professional student(s).



Scan for Survey

**Table 2. Sample of guided questions**

- How does a, (PA/PA, SLP, Aud) student interact with a patient regarding their medication(s)?
- What is your role on the patient care team?
- In what ways do you interact with pharmacists or pharmacy students?
- Do you have prescriptive authority?
- What you learned from the other healthcare professional/student regarding how you can work together on a patient care team.
- What do you think they learned from you about pharmacy?
- What you learned from the other healthcare professional/student regarding how you can work together on a patient care team.

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.

## Student Responses

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

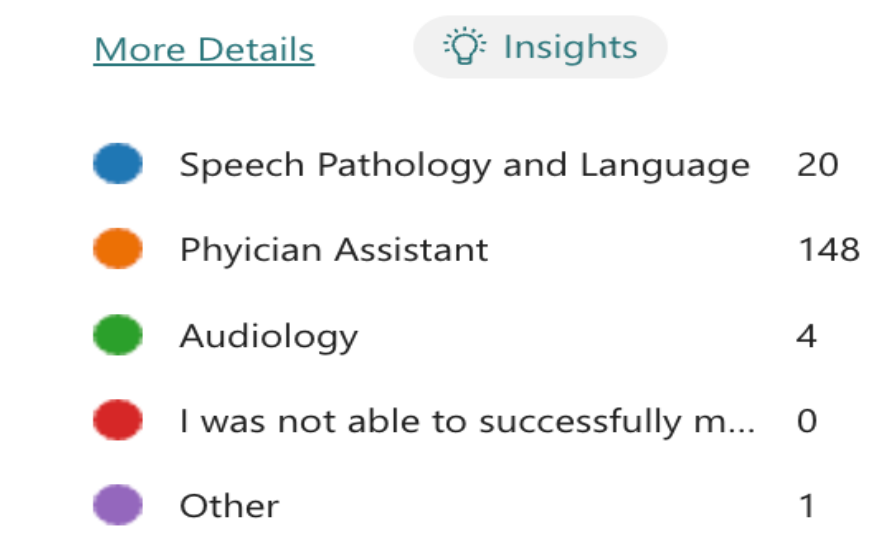
*This was successful because I was able to engage with someone I had never met before, however, myself and them both have a strong passion for healthcare and the quality of care we can provide to patients.*

*Something that surprised me is that PA's have prescriptive authority, I did not know that prior to this interaction*

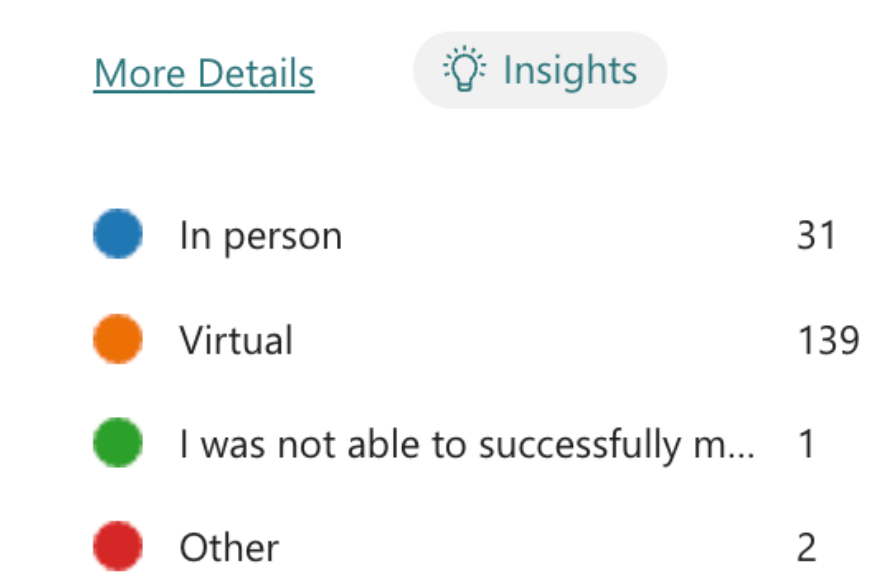
*I was surprised by the role of the audiologist. There are a lot of similarities to such a pharmacist in terms of patient advocacy. I didn't consider as well how much they interact with the healthcare team in terms of patient audiology.*

## Results

What program is the student you met with currently enrolled in?



How did you conduct your IPE interview?



- 92% of Pharmacy students were in full in agreement with the following statement, I found this assignment beneficial in that I learned something about another profession I would not have otherwise known or connected with.
- PA students reported that they gained new knowledge on the pharmacy role within the healthcare team.

## Discussion

Students enrolled in the Ph and PA 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, SPL and AUD programs. In future years, a similar model will be proposed to other programs in their courses.

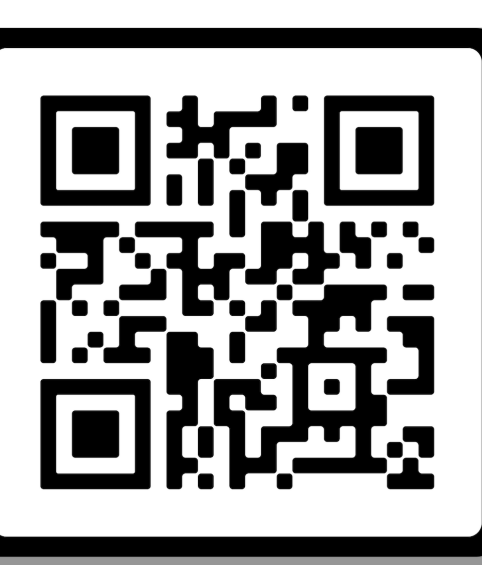
By the students having to organizing the meetings to complete the assignment, discuss guided questions, and provide answers to the students from the other program, this project simulated real life situations that require effective communication and excellent organizational skills.

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 activities 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.

*I did not 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.*





# Using an Educational Module Within a Health Science Program to Increase Interprofessional Education and Competency



Clarkson™

DEPARTMENT OF  
OCCUPATIONAL THERAPY

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.

### References



SCAN ME

### Collaborators



SCAN ME

## 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

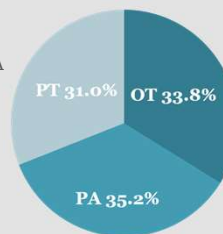
Although research suggests notable stereotypes between OT and PT students, the overall perception of IPE interactions is positive. Students report improved team attitudes, especially in situations that are relevant to their future profession and promoted respectful communication between group members. 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



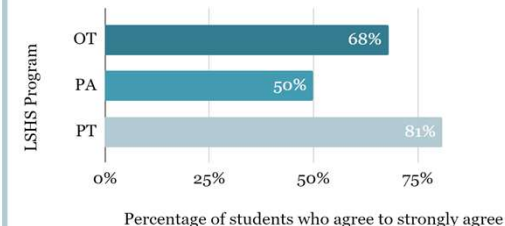
### Design:

- A recorded presentation was created including information about each Health Science program within Clarkson's LSHS including information about:
  - Descriptions of each profession's roles and responsibilities
  - General and Clarkson-specific education requirements
  - Common settings where these professionals may work
- Definitions of IPE and interprofessional collaboration (IPC) were included as well. IPE slides consisted of:
  - Examples of interprofessional interactions
  - 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.

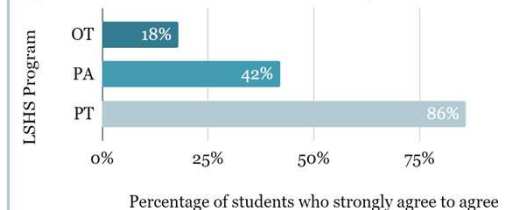
## Outcomes/Conclusion

- 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



"I feel as though my healthcare profession is understood by students from other healthcare disciplines." n=68



- 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.



# An Evidence-Based Ambulatory Care Interprofessional Simulation with Advanced Practice Nursing Students

Lisa Rohrig DNP, RN, CHSE, CHSOS

**Project Team:** Joni Tornwall, PhD, RN, ANEF, Carolyn Schubert, DNP, RN-BC, CNE, Georgianna Sergakis, PhD, RRT, RCP, AE-C, FAARC, Stephen McGhee, DNP, MSc, PGCE, RNT, RN, VR, FNAP, FFMRC, FAAN

**Interprofessional Faculty Planning Team:** Wendy Bowles, PhD, APRN-CNP, CNE, Bevra Brinkman, DNP, APRN-CNS, ACNS-BC, Oralea Pittman, DNP, CNP, FAANP, Kelly Casler, DNP, APRN-CNP, CHSE, EBP-C, FAANP, Amy Smith, DNP, MSW, APRN-CNP, PMHNP-BC, FNP-BC, Sarah Shuffelton, DNP, RN-BC, Sara Edwards, DNP, RN, APRN-CNP, EBP-C, Shannon Linder, DNP, APRN-CNP, FNP-BC, PMHNP-BC, Mandy Dickerson, DNP, RN, CHSE, Stephanie Burlingame, RN, BSN, Edee Harter, BSN, RN, CHSE, Julie Hazelbaker, 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

## 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 – KSAsn- 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
- 14 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

| Interval | N | Mean | Median | SD  | Min | Max |
|----------|---|------|--------|-----|-----|-----|
| Pre      | 7 | 43.1 | 44     | 2.4 | 40  | 46  |
| Post     | 7 | 45.7 | 46     | 3.1 | 40  | 49  |

- Sum score changes pre to post

| N | Mean | Median | SD  | Min | Max | Positive Change | Effect Size |
|---|------|--------|-----|-----|-----|-----------------|-------------|
| 7 | 2.57 | 3      | 2.5 | 0   | 7   | 5               | 1.03        |

## SPICE-R2 ITEM CHANGES PRE-POST

| SPICE Item   | N | MEAN | MEDIAN | SD  | MIN | MAX | EFFECT SIZE |
|--|---|------|--------|-----|-----|-----|-------------|
| 1. Working with students from different disciplines enhances my education  | 7 | 0    | 0      | 0.6 | -1  | 1   | 0           |
| 2. My role within an interprofessional team is clearly defined   | 7 | 0    | 0      | 0.6 | -1  | 1   | 0           |
| 3. Patient/client satisfaction is improved when care is delivered by an interprofessional team   | 7 | 0.14 | 0      | 0.4 | 0   | 1   | 0.38        |
| 4. Participating in educational experiences with students from different disciplines enhances my ability to work on an interprofessional team                                  | 7 | 0.29 | 0      | 0.8 | -1  | 1   | 0.38        |
| 5. I have an understanding of the courses taken by, and training requirements of, other health professionals   | 7 | 0.29 | 1      | 1.4 | -2  | 2   | 0.21        |
| 6. Healthcare costs are reduced when patients/clients are treated by an interprofessional team   | 7 | 0.43 | 0      | 0.8 | 0   | 2   | 0.54        |
| 7. Health professional students from different disciplines should be educated to establish collaborative relationships with one another  | 7 | 0.14 | 0      | 0.4 | 0   | 1   | 0.38        |
| 8. I understand the roles of other health professionals within an interprofessional team   | 7 | 0.86 | 1      | 0.7 | 0   | 2   | 1.24        |
| 9. Patient/client-centeredness increases when care is delivered by an interprofessional team   | 7 | 0.29 | 0      | 0.5 | 0   | 1   | 0.59        |
| 10. During their education, health professional students should be involved in teamwork with students from different disciplines in order to understand their respective roles | 7 | 0.14 | 0      | 0.7 | -1  | 1   | 0.21        |

## REFERENCES



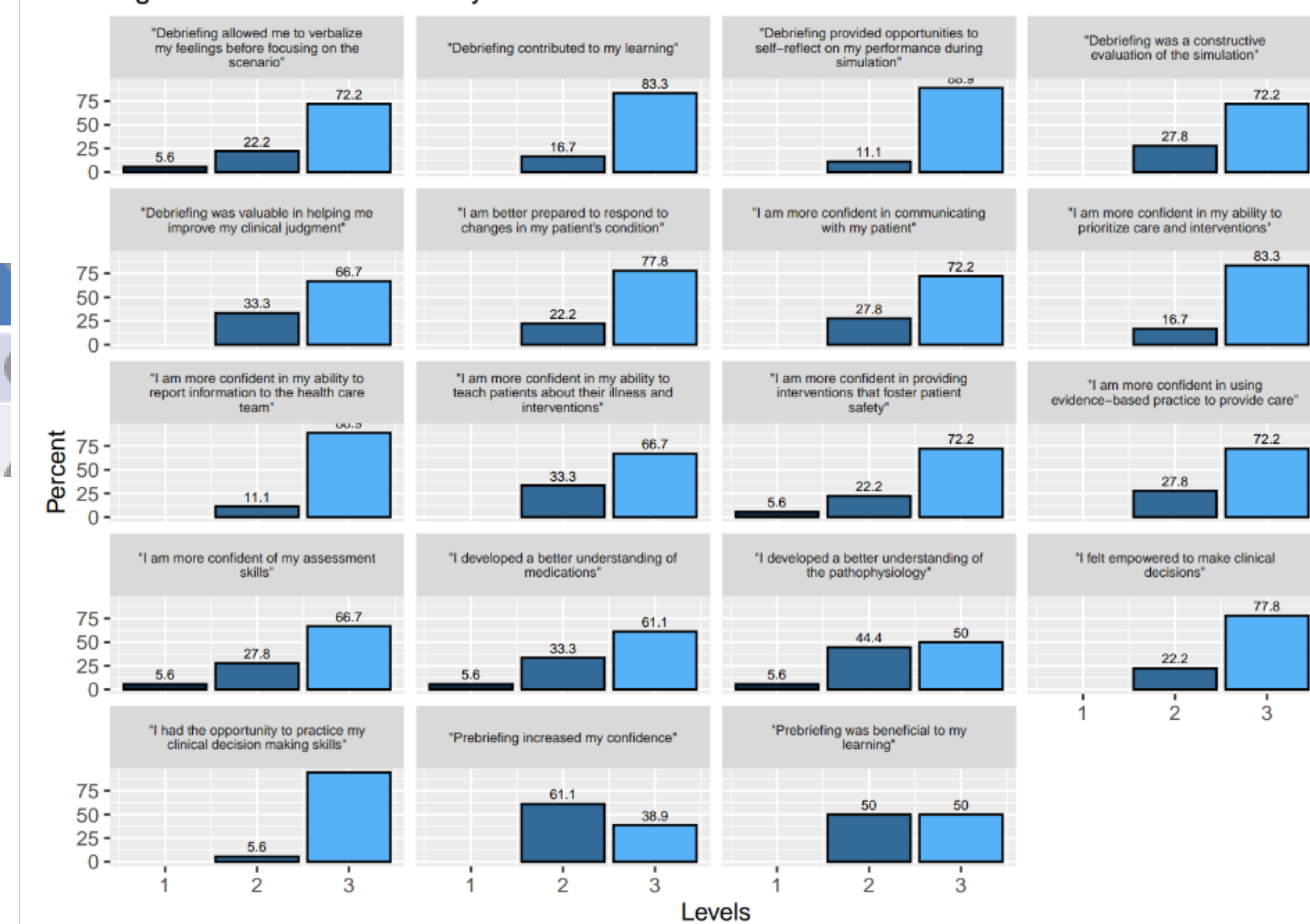
## PARTICIPATING PROGRAMS

- 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

Rohrig.1@osu.edu



# 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 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 based 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.

## Collaborators Involved

Dr. Michelle Keller, PT, MPT, CEEAA, EdD  
Board Certified Clinical Specialist in Geriatrics

- Physical Therapist
- Assistant Professor at the University of Mary
- IPE committee member at the University of Mary
- [mlkeller@umary.edu](mailto:mlkeller@umary.edu)

Dr. Jessica J. Arndt, PhD, RRT, RRT-ACCS

- Respiratory Therapist
- Assistant Professor at the University of Mary
- [jjarndt@umary.edu](mailto:jjarndt@umary.edu)

Dr. Christine Sperle, PhD, RRT, AE-C

- Respiratory Therapist
- Associate Professor at the University of Mary
- [cksperle@umary.edu](mailto:cksperle@umary.edu)

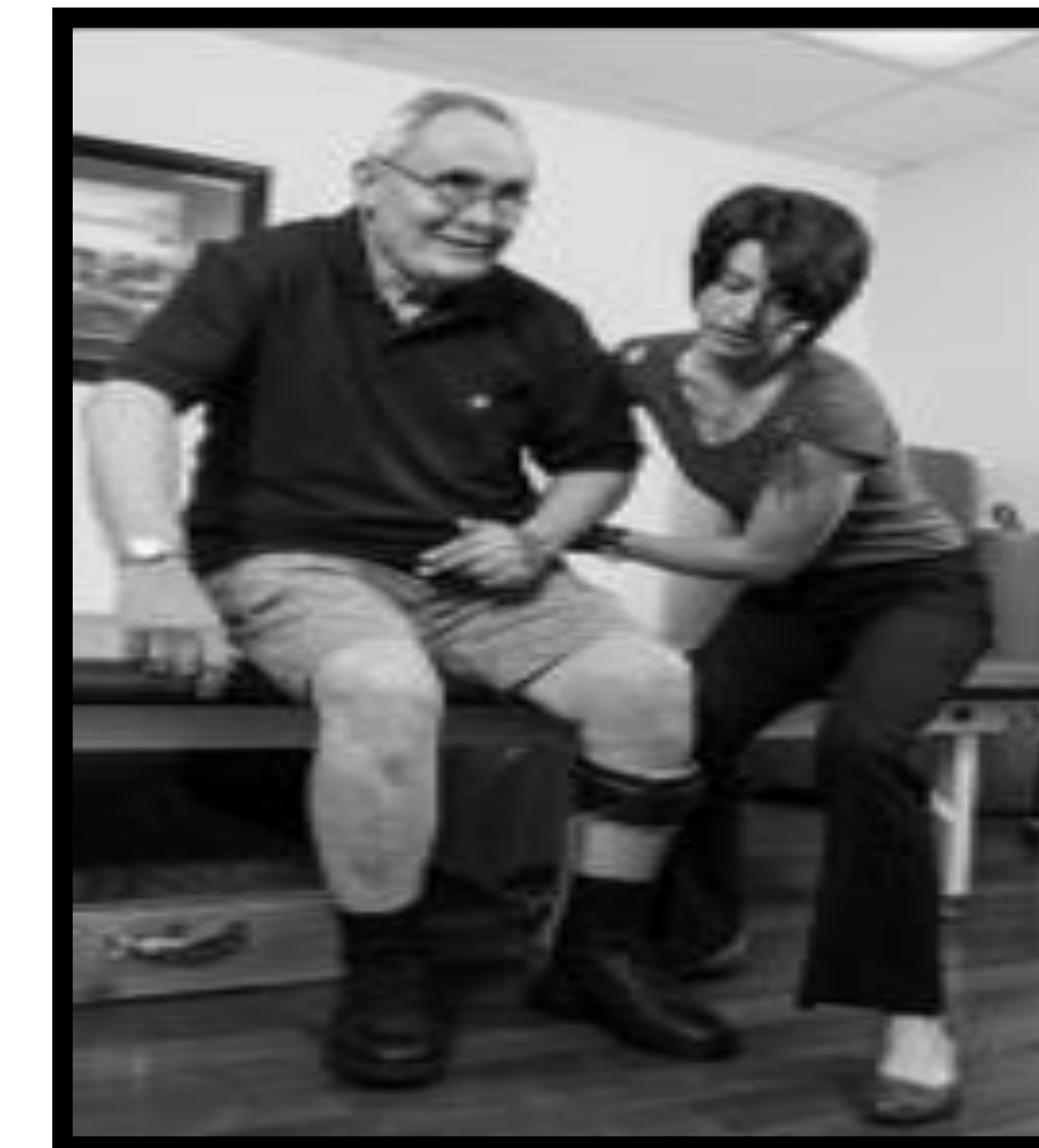
## Challenges to be Addressed

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 healthcare students. These challenges have impacted the education our clinical partners were able to provide to our students.

- Physical 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:
  - Increase 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

## Key Words

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



## Actions/Process in Place

- All Students will complete a pre/post survey utilizing the Interprofessional Socialization and Valuing Scale-21 (ISVS-21)
- 2<sup>nd</sup> 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.
- 2<sup>nd</sup> 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

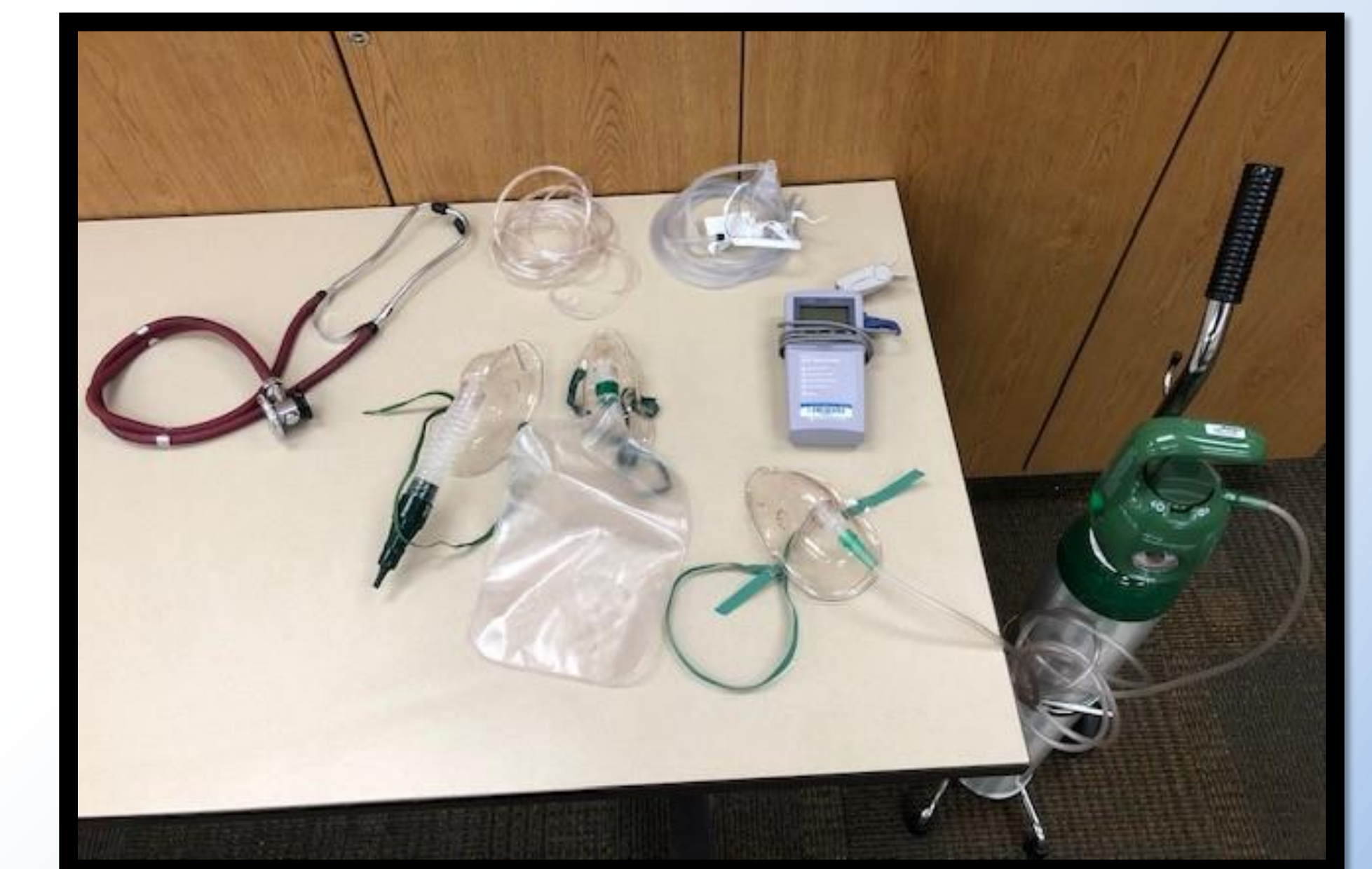
Implementation of this project will occur in Spring of 2024!

### Physical Therapy Course outcomes to be met:

- 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





# Enhancing International Interprofessional ACLS Training: A Prospective Observational Study



Brock Blankenship MD<sup>1</sup>; Andy Berry MSAH<sup>1</sup>; Phillip Nichols BS<sup>1,2</sup>; Derek Wenger BS<sup>1</sup>

<sup>1</sup>ETSU Quillen College of Medicine, Center for Experiential Learning; <sup>2</sup>nicholsp@etsu.edu

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 practice<sup>1,2</sup>. 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 situations<sup>2</sup>. The primary aim of this study is to evaluate the efficacy of interprofessional ACLS training among medical providers in Belize without prior 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.



Figure 1. Medical students participating in simulated ACLS training

## Introduction

In the setting of cardiac arrest, advanced cardiac life support (ACLS) training is essential<sup>5</sup>. 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



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

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.



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

## 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.

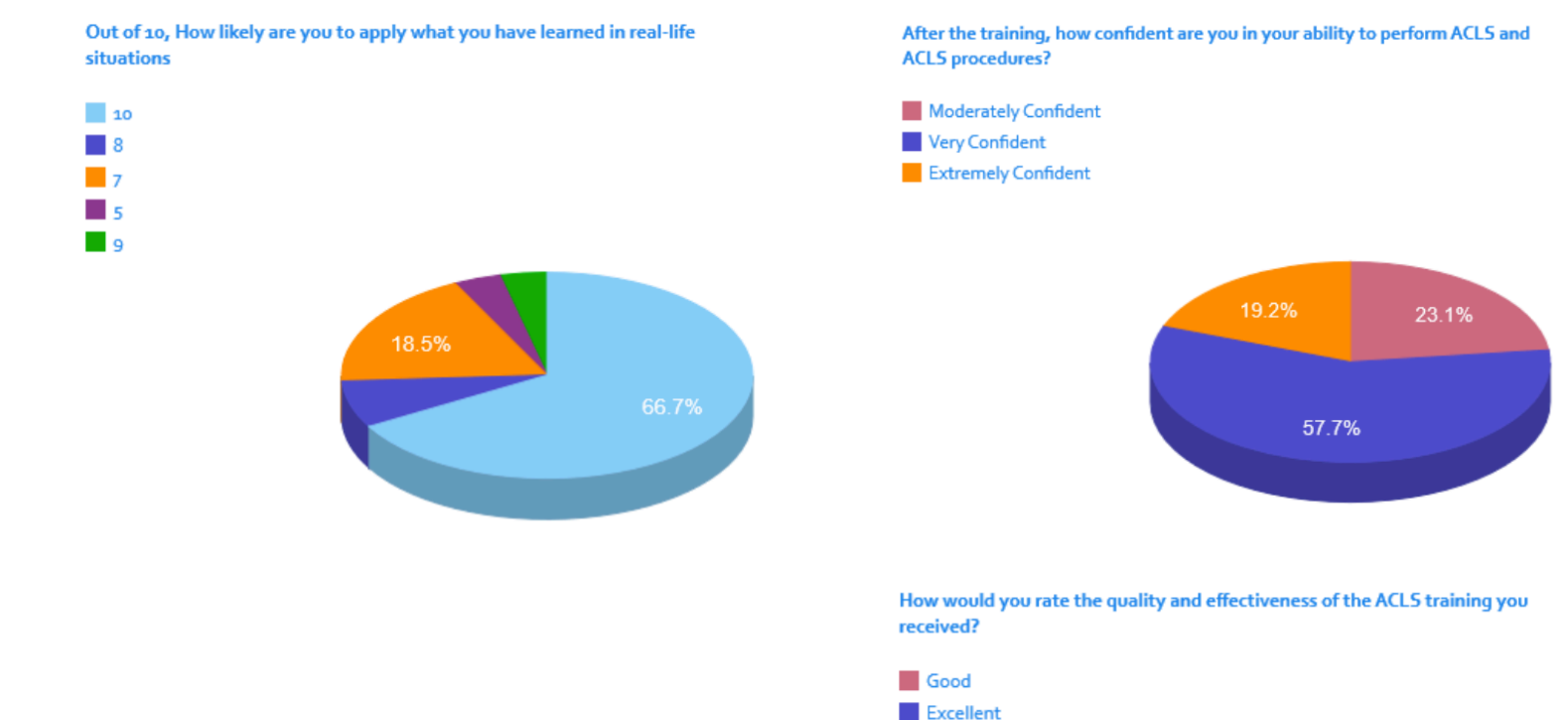


Figure 4. Charts demonstrate participants' subjective evaluation of the interprofessional ACLS training with respect to applicability, self-perceived confidence, and training quality

## 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.

## References



\*We give consent to make this poster available on the IPEC website



# Utilizing IPEC Competencies in a Physical Therapy and Nursing Simulation Experience

Archana Vatwani, PT, DPT, EdD, MBA *Old Dominion University, Norfolk, VA*  
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.



Picture source: [Dr. Pallavi Patel College of Health Care Sciences and Ron and Kathy Assaf College of Nursing Collaborate on an Interprofessional Simulation Experience – SharkBytes \(nova.edu\)](https://www.nova.edu/sharkbytes/news/2022/03/08/dr-pallavi-patel-college-of-health-care-sciences-and-ron-and-kathy-assaf-college-of-nursing-collaborate-on-an-interprofessional-simulation-experience/)

## iHubert and student feedback

**iHubert** is chatbox that was made available to the public in 2017 that allows students can engage in chat conversations. It allows faculty to receive comments in an automatically sorted view. Source: <https://elearningindustry.com/press-releases/hubert-ai-launches-smarter-chatbot-teachers>

### 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

- Watts, P.I. et al. (2020) “Faculty Reflections on Effective Strategies Utilized to implement simulation-enhanced IPE for future health care providers,” *Clinical Simulation in Nursing*, 46, pp. 22–29. Available at: <https://doi.org/10.1016/j.ecns.2020.03.005>.
- van Diggele, C. et al. (2020) “Interprofessional Education: TIPS for design and implementation,” *BMC Medical Education*, 20(S2). Available at: <https://doi.org/10.1186/s12909-020-02286-z>.
- Pence, J. et al. (2022) “A comparison of Nursing and pharmacy students’ perceptions of an acute care simulation,” *Healthcare*, 10(4), p. 715. Available at: <https://doi.org/10.3390/healthcare10040715>.
- Koplow, S. et al. (2020) “Student experiences with engagement in a nursing and Physical Therapy Interprofessional Education Simulation,” *Internet Journal of Allied Health Sciences and Practice*, 18(1). <https://doi.org/10.46743/1540-580x/2020.1842>
- Krielen, P., Meeuwsen, M., Tan, E.C.T.H. et al. (2023). Interprofessional simulation of acute care for nursing and medical students: interprofessional competencies and transfer to the workplace. *BMC Med Educ* 23. <https://doi.org/10.1186/s12909-023-04053-2>



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

Stephanie Bonk, OTD, OTR/L<sup>1</sup>; Anne Martin, OTD, OTR/L<sup>1</sup>; & Katarina Gomez, OTD, OTR<sup>1</sup>

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.

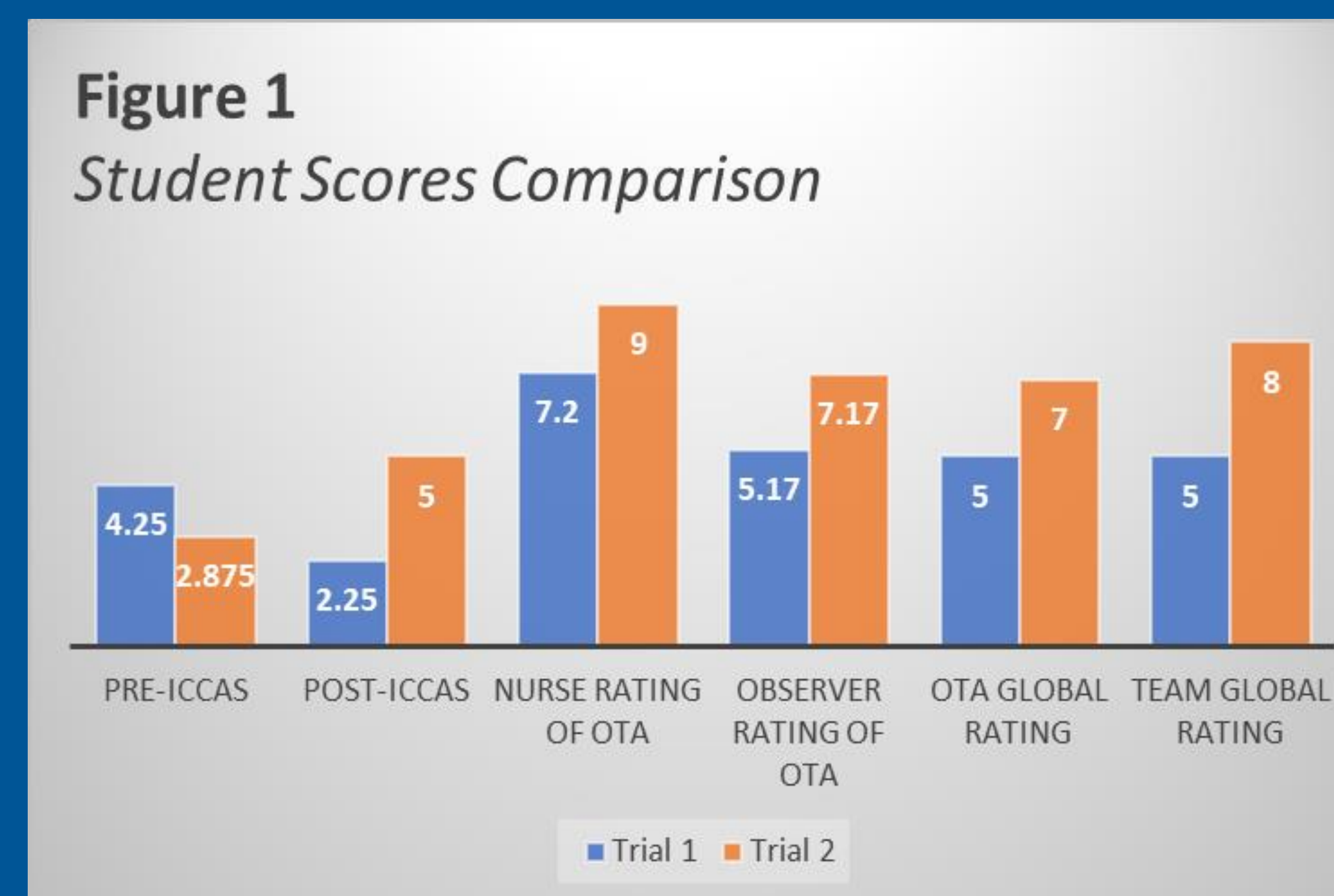
## Project Evaluation

- 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
- 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

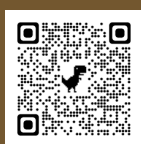
**Figure 1**  
*Student Scores Comparison*



## Contact Information & References







Sadie Trammell Velasquez, MD, FACP<sup>1,2</sup>, Andrea Berndt, PhD<sup>2,3</sup>, Annette Craven, PhD, CPA<sup>2,4</sup>, Meagan Rockne, MPA<sup>2</sup>, James Cleveland, PhD, MSN, RN<sup>2,3</sup>, Diane Ferguson, BSN, RN<sup>1,2</sup>, Rebecca Moote, PharmD, MSc, BCPS, FNAP<sup>2,5</sup>, David Ojeda Diaz, DDS<sup>2,6</sup>, Kathryn Parke, DNP, APRN, CPNP<sup>2,3</sup>, Bridgett Piernik-Yoder, PhD, OTR, FAOTA<sup>2,7</sup>, Joseph A. Zorek, PharmD, BCGP, FNAP<sup>2,3</sup>

<sup>1</sup>Joe R. and Teresa Lozano Long School of Medicine, University of Texas Health Science Center at San Antonio (UTHSCSA), <sup>2</sup>Linking Interprofessional Networks for Collaboration, Office of the Vice President for Academic, Faculty & Student Affairs, UTHSCSA, <sup>3</sup>School of Nursing, UTHSCSA, <sup>4</sup>University of Incarnate Word, <sup>5</sup>College of Pharmacy, University of Texas at Austin, <sup>6</sup>School of Dentistry, UTHSCSA, <sup>7</sup>School of Health Professions, UTHSCSA

## 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.

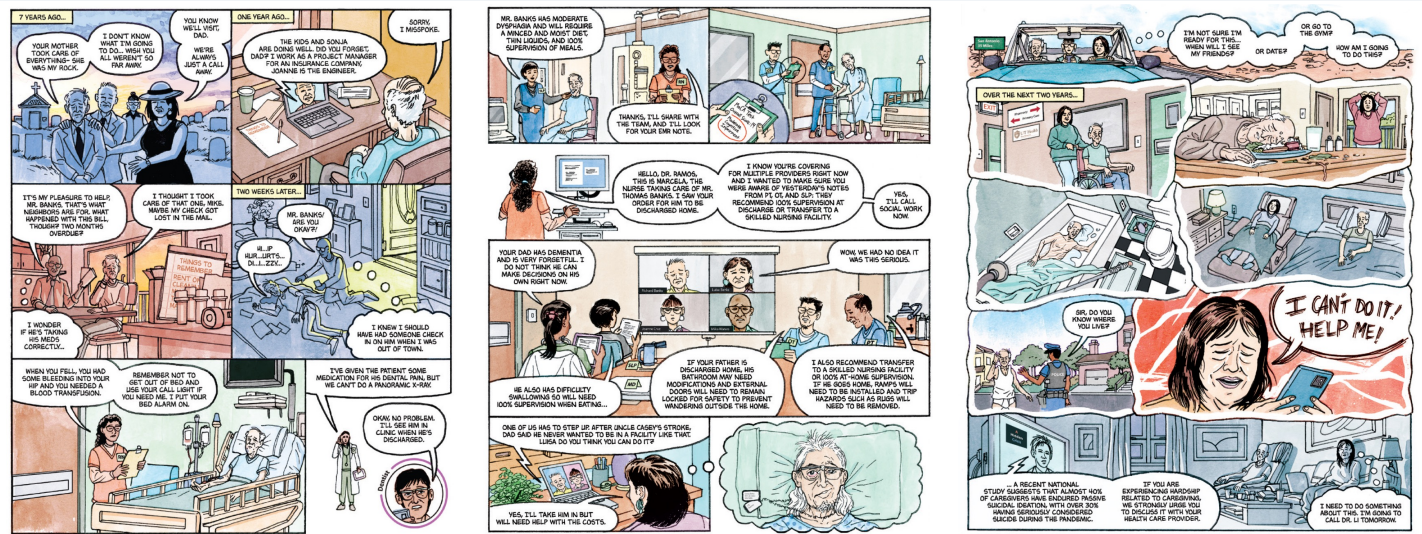


Image 1: A Hidden Crisis. N Engl J Med. 2022

## 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.**

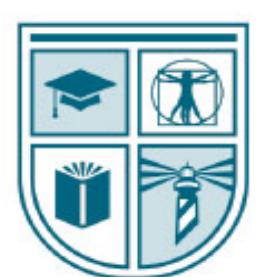
| Cumulative Evaluation Item   | N   | Mean | Std Dev |
|--|-----|------|---------|
| Q1. The LINC Simulation IPE Experience helped me understand the importance of effective interprofessional communication.   | 615 | 4.31 | 1.02    |
| Q2. The LINC Simulation IPE Experience helped me understand the need for effective interprofessional teamwork to inform healthcare plans and decisions.  | 615 | 4.34 | 1.00    |
| 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/or their families. | 615 | 4.27 | 1.06    |
| Q4. After participating in the LINC Simulation IPE Experience, I have a better understanding about effective teamwork strategies for interprofessional health teams.   | 615 | 4.27 | 1.06    |
| Q5. After participating in the LINC Simulation IPE Experience, I understand why health professionals from different disciplines need to discuss and develop informed healthcare plans for patient care.  | 615 | 4.36 | .98     |
| Q6. Completion of the LINC Simulation IPE Experience improved my ability to reflect on my communication skills and strategies.   | 615 | 4.29 | 1.06    |
| Q7. Completion of the LINC Simulation IPE Experience enhanced my understanding of teams and how to improve my team performance.  | 615 | 4.28 | 1.04    |
| Q8. I am more comfortable working with health professionals from other disciplines after completing the LINC Simulation IPE Experience.  | 615 | 4.25 | 1.05    |
| Q9. After participating in the LINC Simulation IPE Experience, my understanding of the importance of interprofessional collaboration has improved.   | 615 | 4.27 | 1.05    |
| Q10. The LINC Simulation IPE Experience was beneficial to my professional development.   | 615 | 4.17 | 1.16    |
| Q11. The LINC Simulation IPE Experience has prepared me for future clinical IPE activities.  | 615 | 4.22 | 1.10    |

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.





UNIVERSITY of  
ST. AUGUSTINE for  
HEALTH SCIENCES

# Innovative and Novel Approaches to Interprofessional Education: Effectiveness of Escape Rooms, Chart Review, and Simulation

Norman Cadiz Belleza PT, DPT, PhD, CHSE-A, Maureen Ellen Johnson, PhD, MS, OT/L, BCPR, C/NDT, CHSE-A, & Mohan Ganesan, PT, DPT, PhD  
The University of St. Augustine for Health Sciences

## 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.

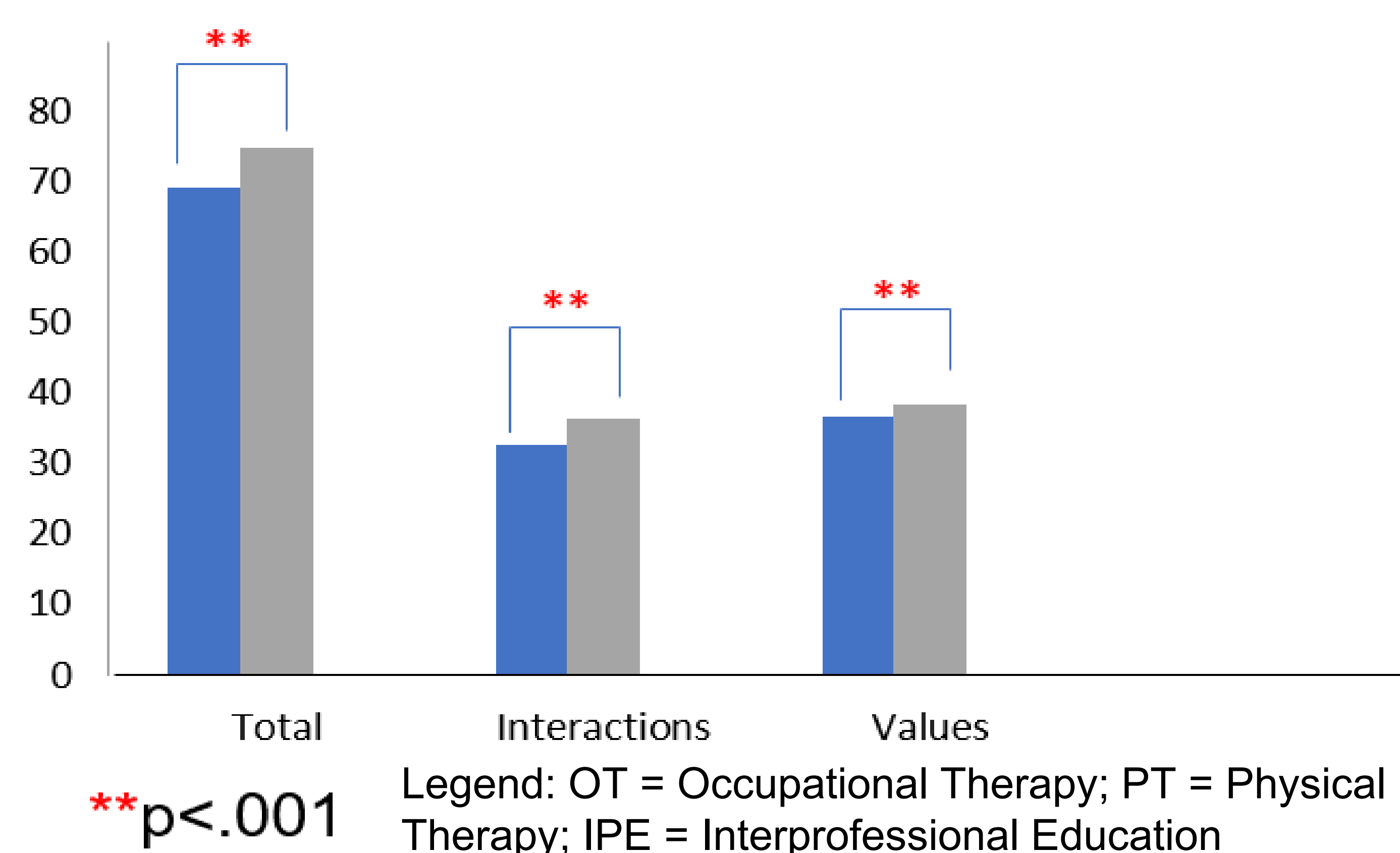
## METHODS

- 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  $69.87 \pm 7.1$ ; post  $74.64 \pm 5.9$ ;  $p < .001$ ), Interactions Scores (pre  $32.47 \pm 4.9$ ; post  $36.37 \pm 3.6$ ;  $p < .001$ ), and Value Scores (pre  $37.42 \pm 2.7$ ; post  $38.27 \pm 2.7$ ;  $p < .001$ ).
- **Discipline Comparison:** The Kruskal-Wallis Test indicated no significant difference in improvement among disciplines (MOT, OTD, and DPT students) ( $H_2 = 1.88$ ;  $p = .391$ ).

### Impact of IPE Experience in OT and PT Students



## 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.

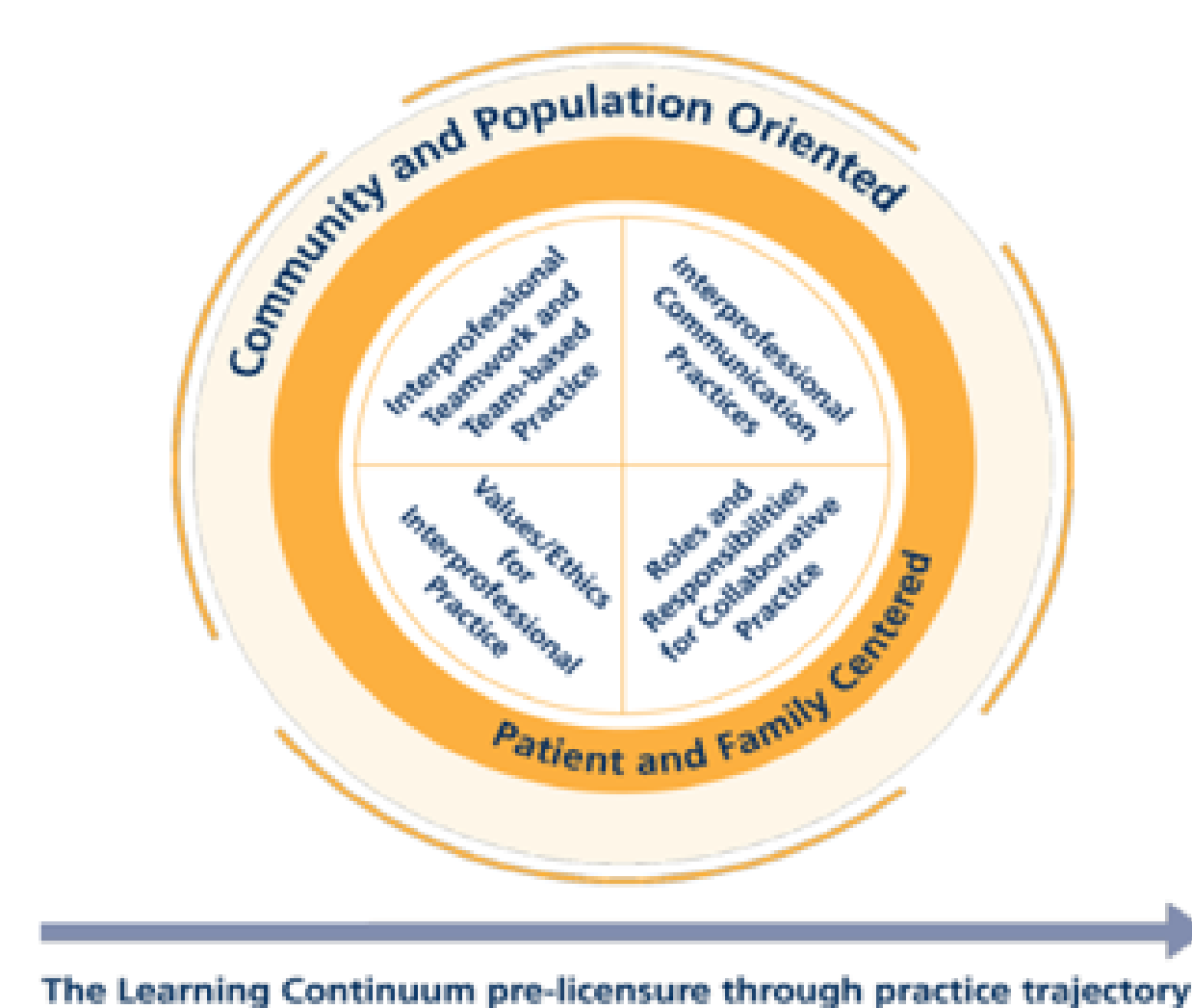
### Academic Relevance:

- 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.

### Interprofessional Collaboration Competency Domain



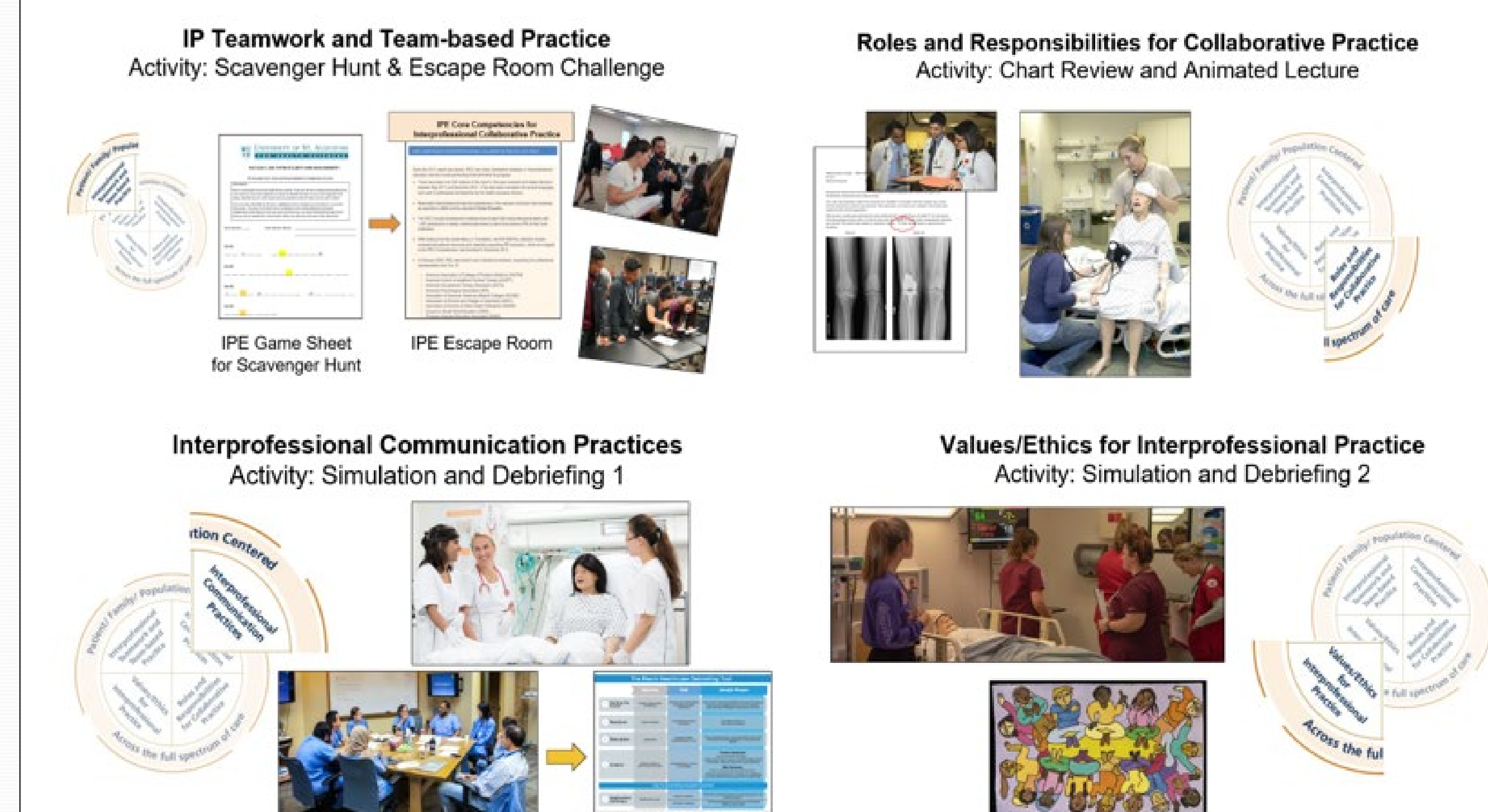
| Interprofessional Education (IPE) Core Competency Domains | IPE Model 1 – Introduction (Designated Learning Activity) |
|---|---|
| Interprofessional Teamwork and Team-based Practice        | Scavenger Hunt/Escape Room Experience                     |
| Roles and Responsibilities for Collaborative Practice     | Chart Review and Animated Lecture                         |
| Interprofessional Communication Practices                 | Simulation and Debriefing 1                               |
| Values/Ethics for Interprofessional Practice              | Simulation and Debriefing 2                               |

## 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.



### IPEC Four Competency Domains with IPE Activities for IPE Model 1 – Introduction



## REFERENCES AND CONTACTS

Scan here:







# An Interprofessional and Interdisciplinary Forensic Simulation in Higher Ed



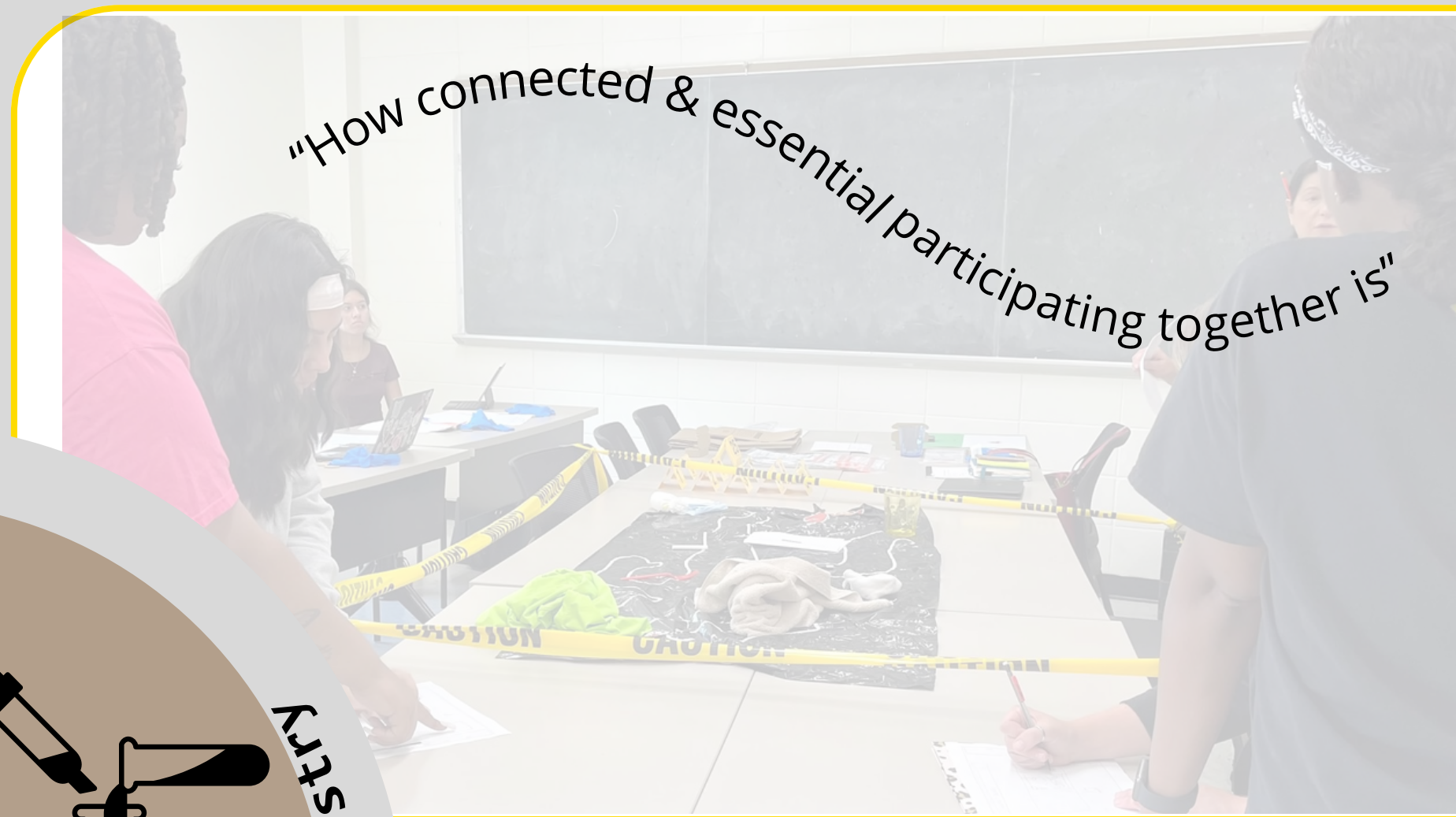
Daria Waszak, DNP, RN, CNE | Theresa Fanelli, MA | Carleen Graham, PhD, MSN-Ed, RN | Robert Keeseey, PhD

## 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

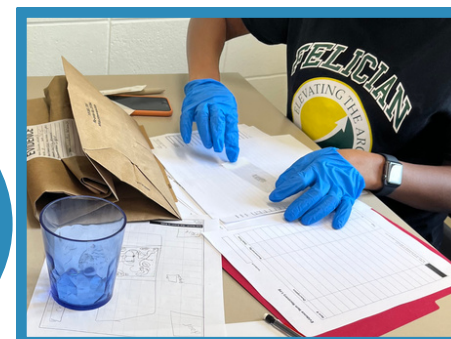


## Results

| Question   | Pre-Test Average | Post-Test Average | Ave Diff |
|--|------------------|-------------------|----------|
| I have confidence in the proper steps to take when encountering a potential victim of a crime.     | 3.75             | 4.25              | 0.5      |
| I can effectively recognize forensic evidence and/or potentially crime-related injury on a person. | 3.67             | 3.75              | 0.83     |
| I can effectively collect and preserve forensic evidence on a person.                              | 3.75             | 4.5               | 0.75     |
| The field of forensics involves interdisciplinary work.  | 3                | 4.25              | 1.25     |
| It is important for each member of an interdisciplinary team to understand each other's roles.     | 4.25             | 5                 | 0.75     |
| I understand the roles of the interdisciplinary forensic team.                                     | 3.25             | 4.75              | 1.5      |
| Working with students from other disciplines enhances my learning.                                 | 4.5              | 5                 | 0.5      |

## Methods

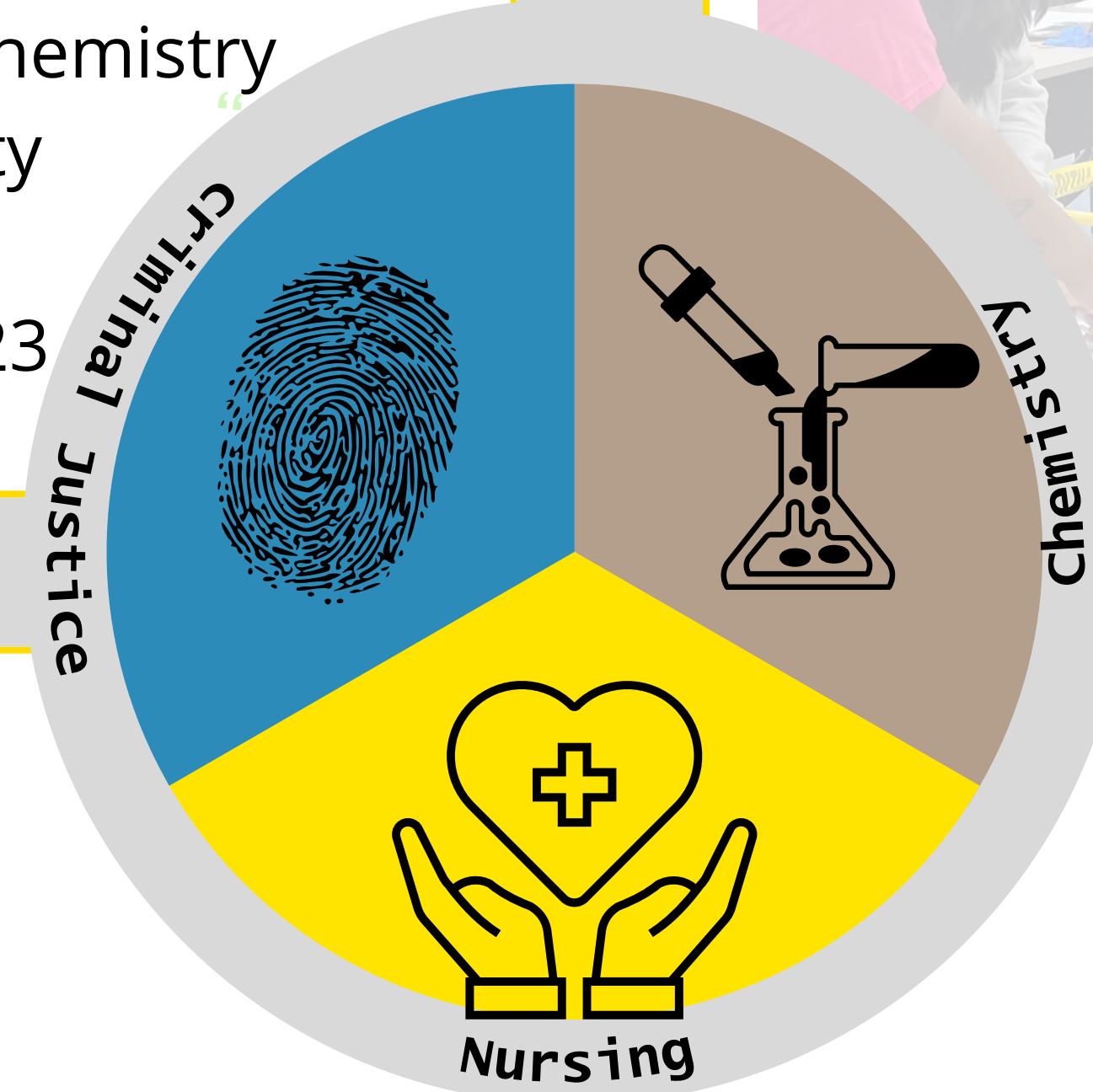
1 Crime Scene Lab



2 Nursing Simulation



3 Forensic Chemistry Lab



Synchronous hybrid flipped classroom design

IPE: Three pre-labs / labs / debriefing / threaded discussion

## Discussion

Faculty to model Interprofessionalism!

Realistic, experiential, and reflective

Professional & interprofessional identity development

Team role and dynamics

Scan for More Info

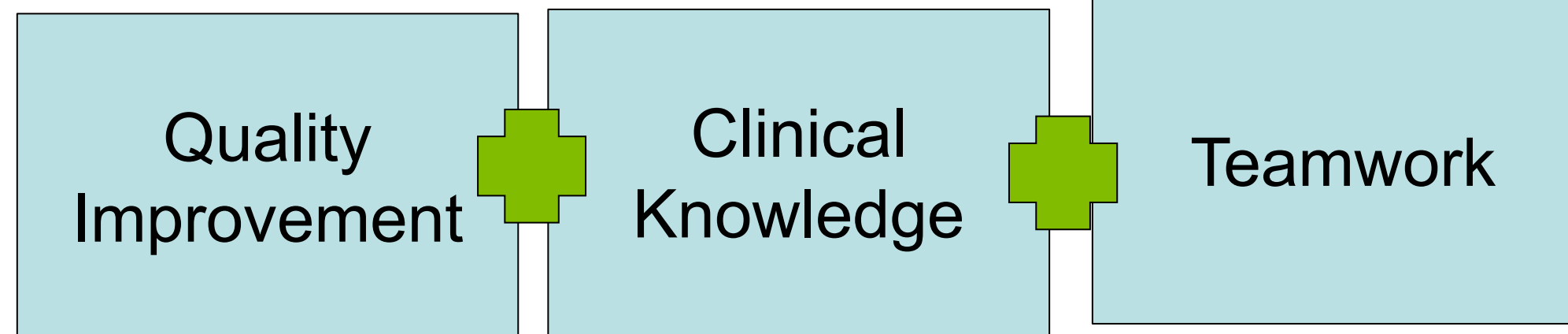




## BACKGROUND

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.<sup>1-3</sup>

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.



## 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

## METHODS

### Prior to the Event:

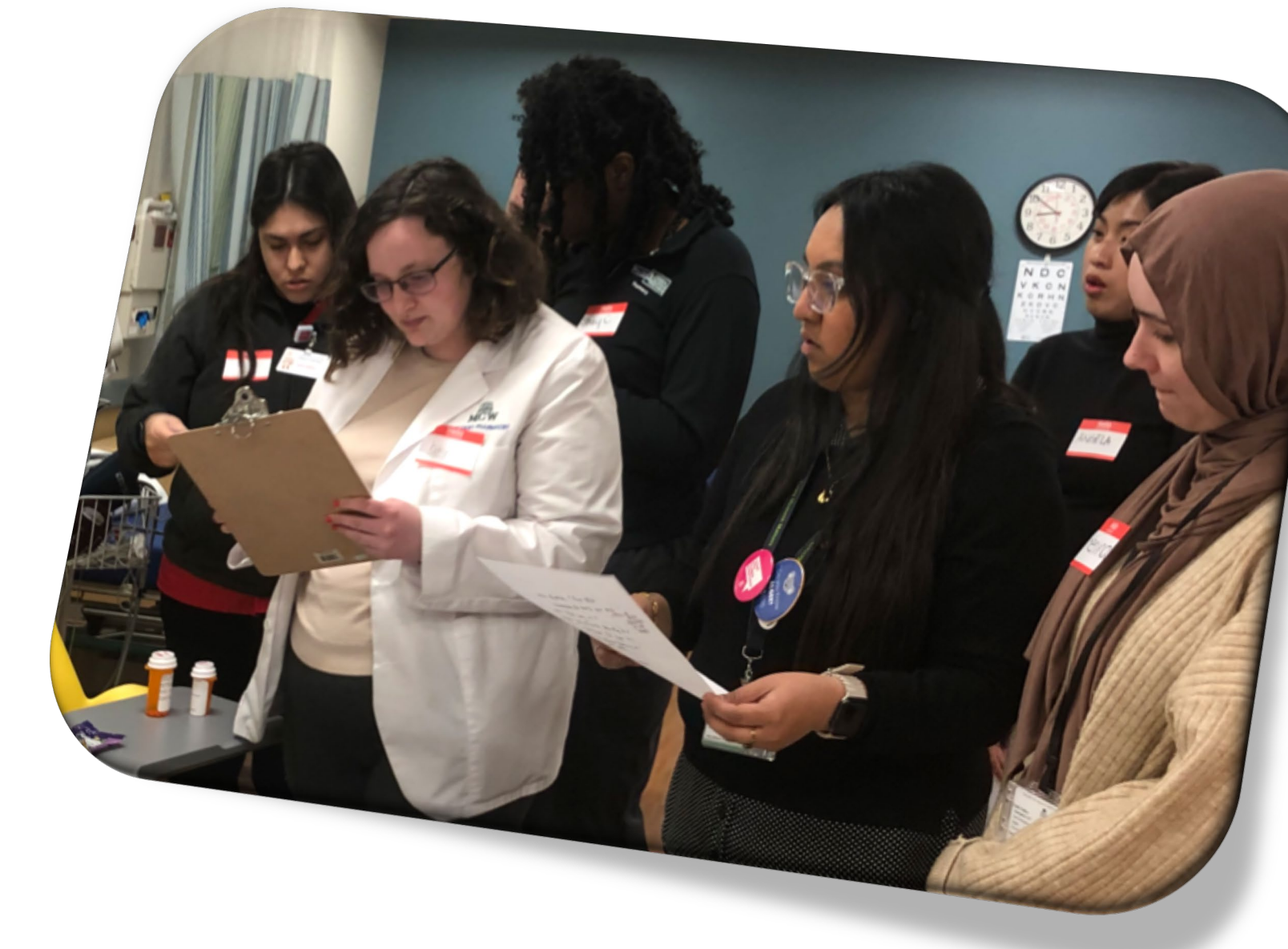
1. Students were divided into groups of 6-8 and given background information on a role (see below) to learn and play during a mock clinical scenario surrounding Mr. Brown's hospital stay.
2. Pharmacy students: Prepared a document for the nursing students in their group describing the role of the pharmacist 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:

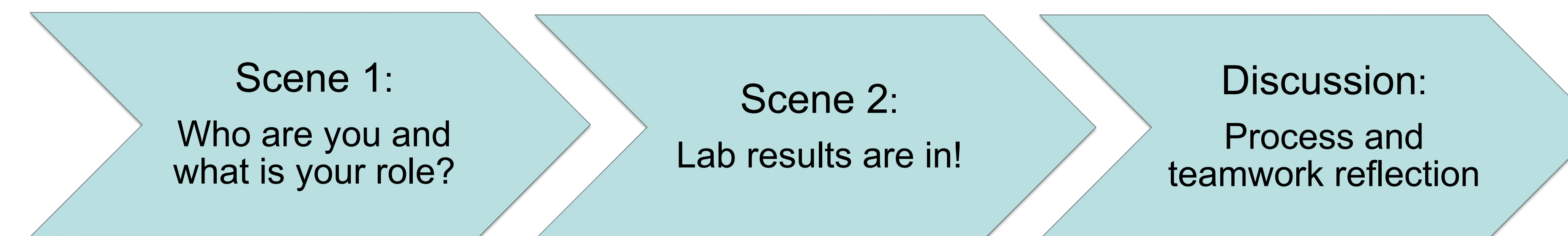
1. Scene 1 began with the students arriving prepared to act out their parts in two scenes to determine a primary cause of death and identify what contributed to the passing of the fictional Mr. Brown.

### Materials Provided to Each Group:

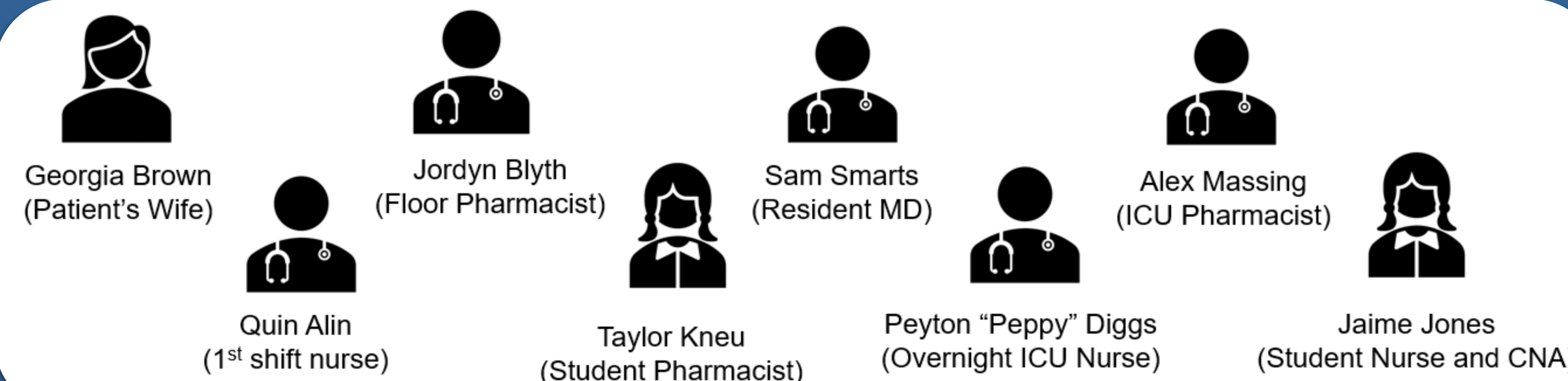
Entire medical chart  
Current inpatient chart and MAR  
PDMP report  
White board  
Manikin and bedside clues



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.



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.



## OUTCOMES

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.



## 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

Coordinators look forward to enhancing the patient case details and will consider additional 'red herrings' which may generate additional discussion between pharmacy and nursing student learners.

Interest also exists in the form of translating this case and the organization of the activity for replication across health system education as an effective way to engage students in an active learning technique that fosters interprofessional experiences.

## REFERENCES

1. Cain J, Conway JM, DiVall MV, et al. Report of the 2013-2014 Academic Affairs Committee. *Am J Pharm Educ.* 2014;78(10): Article S23. doi: [10.5688/ajpe7810S23](https://doi.org/10.5688/ajpe7810S23)
2. Persky AM, Stegall-Zanation J, and Dupuis RE. Students Perceptions of the Incorporation of Games into Classroom Instruction for Basic and Clinical Pharmacokinetics. *Am J Pharm Educ.* 2007;71(2):Article 21. doi: [10.5688/aj710221](https://doi.org/10.5688/aj710221)
3. Cain J, Piascik P. Are Serious Games a Good Strategy for Pharmacy Education? *Am J Pharm Educ.* 2015;79(4): Article 47. doi: [10.5688/ajpe79447](https://doi.org/10.5688/ajpe79447)





# Escape the Exam Room: An Interprofessional Escape Room Experience for Allied Health Students

Stephanie Johnson, OTR/L, PhD, MHS; Megan Mobley, PT, DPT; Patricia Watford, OTD, OTR/L; Amanda Breedon, MPA, PA-C; Tyger Meade Clayton, MPA, PA-C;

Emily Johnson, MS, RD, LDN; Kelly Reed, Pharm.D, MPA, PA-C; Audrey M. Johnson, PT, DPT, PhD

College of Allied Health Sciences | Augusta University, Augusta, Georgia

## PURPOSE

This interprofessional escape room experience facilitated filling the gap of a college wide interprofessional simulation case study, within an institution lacking centralized IPE infrastructure. Learners from four allied health disciplines worked in teams to solve clues centered around a client with physical, social, and psychological health concerns. This experience facilitated learners' understanding of communication, teamwork, and valuing each other's health profession.

### 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

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

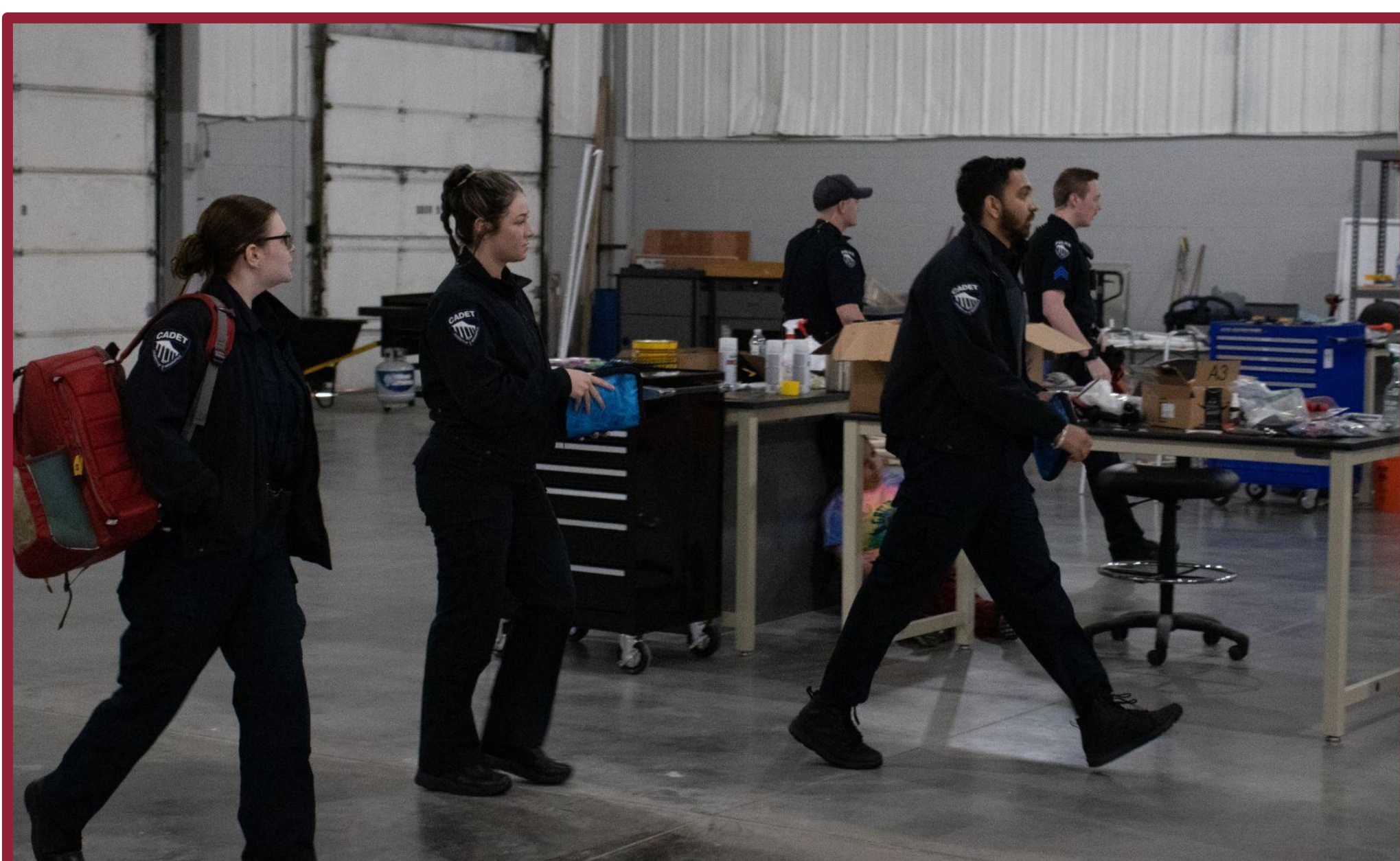


## Interprofessional Mass Casualty Simulation Toolkit: Nursing, Engineering, University Police, & Athletic Training

Cathy Miller, DNP, RN, CNE; Toni Morris, DNP, RN, CNE; Megan Hammond, PhD; Joan Martinez, PhD; Brandon Tate, MS, Chief of Police/Director of Public Safety; Dallas Gaines, Lieutenant; Jessica Jochum PhD, LAT, ATC; James Emery, Manager Mechanical Systems

### Purpose

- 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 enhances nursing, athletic training, police and cadets approach in a mass casualty event. The application of a formalized toolkit allows for seamless construction of a disaster simulation supported by best practice.
- 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 environment and creates transferable learning to support students as they move from academia into the profession.



### Project Educational Strategies

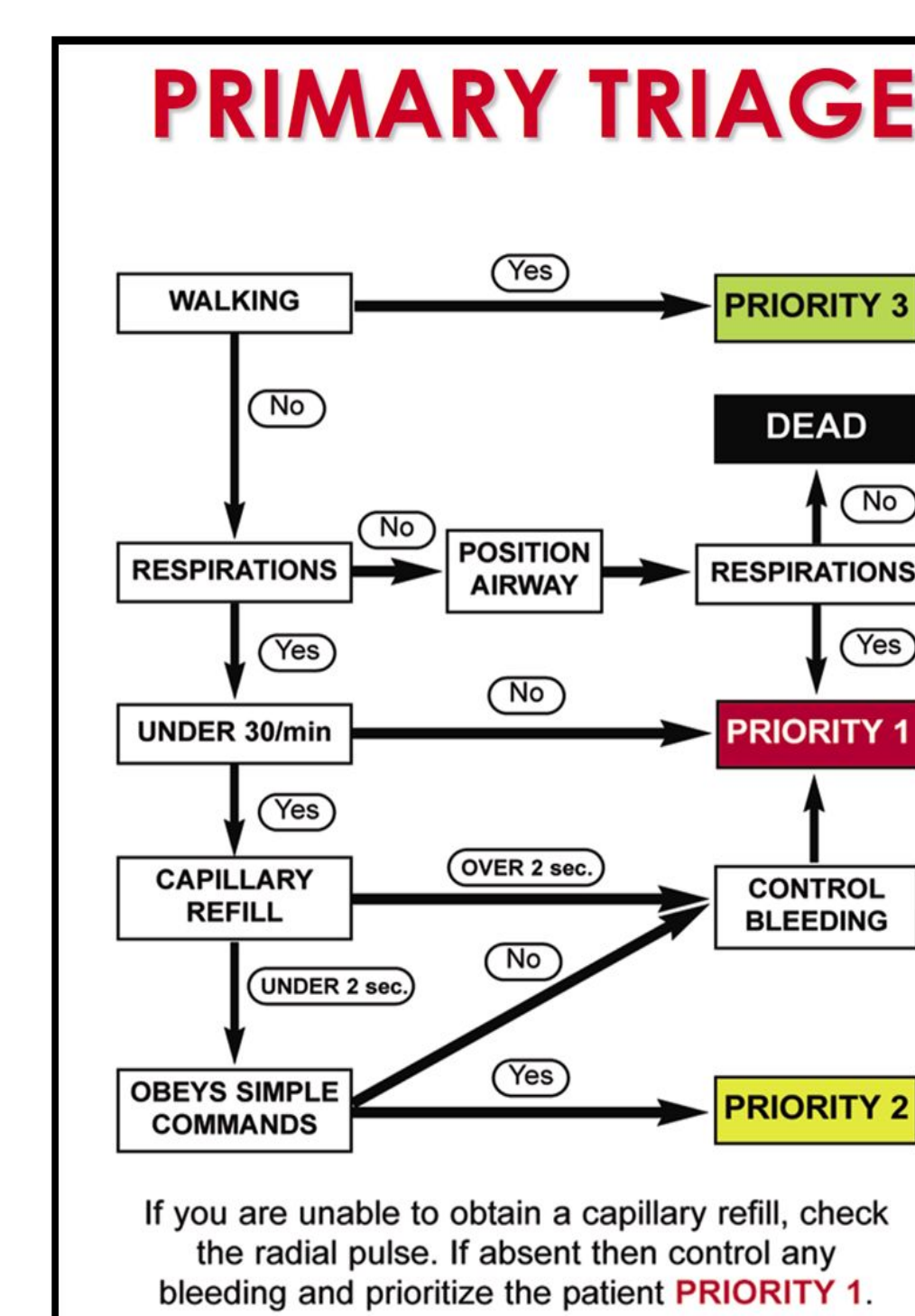
- The toolkit includes specific directions for wound design with moulage training, moulage station supply list, disaster scene victim map, victim clothing with information tags, first responder emergency response bags, pre- post survey, and debriefing guide.
- Procedures to run simulation: Senior nursing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



### Toolkit Components

Interprofessional Mass Casualty Simulation Toolkit

1. Moulage Wound Design, Training, & Supply List
2. Simulation Guide & Schedule
3. Incident Command & Triage Check-in Sheet
4. Injury Description List
5. Victim Identification Cards
6. Simulation Floor Plan
7. Stop the Bleed Training
8. SMART Triage Classroom Tabletop Simulation
9. SMART Triage & STB IPE Template
10. Pre- Post-Survey
11. Debriefing Design & Questions



### Project Evaluation

- The use of a self-made pre- post- survey measured students' understanding of role, ability to apply the SMART algorithm, level of anxiety, and empathy with patients. The results indicated a decrease in anxiety and increase in an understanding of role, empathy, and abilities with applying the SMART triage algorithm.
- During group debrief, students report challenges with triaging in such a realistic disaster environment. Faculty from the interdisciplinary team observe the simulation in an effort to assess the effectiveness of the simulation and provide recommendations for future toolkit modifications.
- 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 interesting in using the toolkit? Scan the QR code below and share your contact information.

SCAN ME



### References

1. Currie, J., Kourouche, S., Gordon, C., Jorm., & West, S. (2018). Mass casualty education for undergraduate nursing students in Australia. *Nurse Education in Practice*, 28, 156-162. doi.org/10.1016/j.nepr.2017.10.006
2. Davis, A., Manning, J., St. Germain, D., Hayes, S., & Pigg, C. (2020). Implementing disaster simulations for baccalaureate nursing students in the Gulf-Coast region. *Clinical Simulation in Nursing*, 43, 26-34. doi.org/10.1016/j.ecns.2020.02.004
3. Geng, C., Lou, Y., Pei, X., & Chen, X. (2021). Simulation in disaster nursing education: A scoping review. *Nurse Education Today*, 107. doi.org/10.1016/j.nedt.2021.105119
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)

Akshata Hopkins MD FAAP SFHM<sup>1,2</sup>, Dawn Jones MA C-TAGME<sup>1</sup>, Elizabeth Savic BS BCaBA<sup>1</sup>, Katie Grabowski MS CCLS<sup>3</sup>, Leah Frohnerath MS CCLS<sup>3</sup>

<sup>1</sup> Office of Medical Education, Johns Hopkins All Children's Hospital, St. Petersburg FL <sup>2</sup>Assistant Professor of Pediatrics, Department of Pediatrics, Johns Hopkins Medicine <sup>3</sup>Child Life, Johns Hopkins All Children's Hospital, St. Petersburg FL

## Introduction

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-ready" workforce.<sup>1</sup>

We must *cultivate* and *normalize* an interprofessional workplace learning environment where *"everyone teaches, and everyone learns."*

## P.A.U.S.E Week Curriculum (2015- 2023)

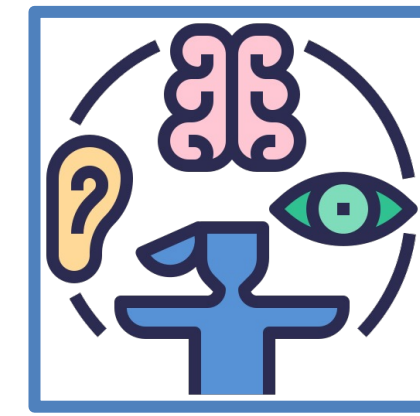
Every February since 2015, our 2<sup>nd</sup> year general pediatric residents step out of their "physician role" and are guided to observe, learn, inquire and reflect upon the perspectives of interprofessional team members, hospital colleagues and patients/families.

- 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

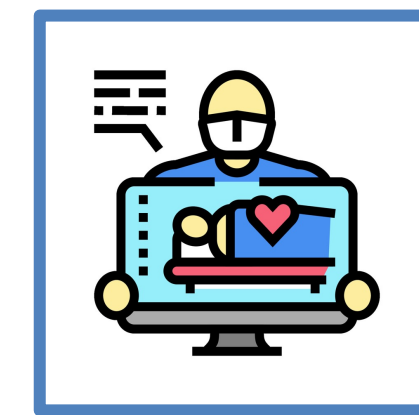
- Normalize practice-based interprofessional experiences
- Foster understanding of interprofessional roles/responsibilities
- Promote a deeper understanding of factors that influence the provider-patient experience
- Gain a better understanding of the importance of "teaming"

## Educational Methods & Strategies



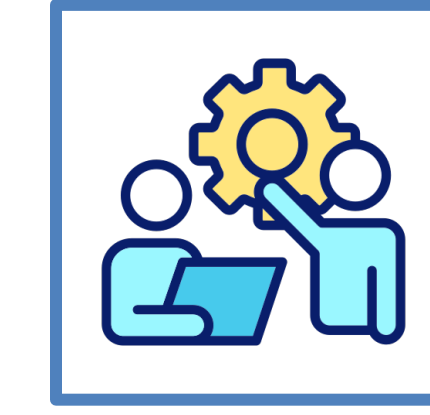
### Experiential Learning/ Shadowing

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



### Didactics & Simulations

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



### Panel Discussions & Workshops

- 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 pediatric physician can influence and is affected by the other critical roles in the chain of care."*

*"Nurses are an integral part of the team, and we need to communicate better with them regarding plan of care and ensure they are part of the overall plan and discussion."*

*"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.

## Facilitated Interprofessional Structured Reflection



Disability Simulation



Expressive Healing Art



Child Life Didactic



## Resources



PAUSE Curriculum Content



IPEC Poster 2023





# WVoice: A Health Sciences Podcast



Giorgi Morrone, OTS, Timothy South, PharmD Candidate, Asa Charnik, SN, Loryn Frame, OTS, Mackenzie Kaminski, BSPH

Dr. Jacob Greenfield, OTD, OTR/L, Dr. Brad Phillips PhD, RN, CNE  
West Virginia University, School of Medicine,  
Morgantown, West Virginia, 26505

## BACKGROUND

Effective communication between providers and patients and quality services improved patient quality of life.<sup>1,9</sup>

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

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.<sup>2</sup>

## 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.

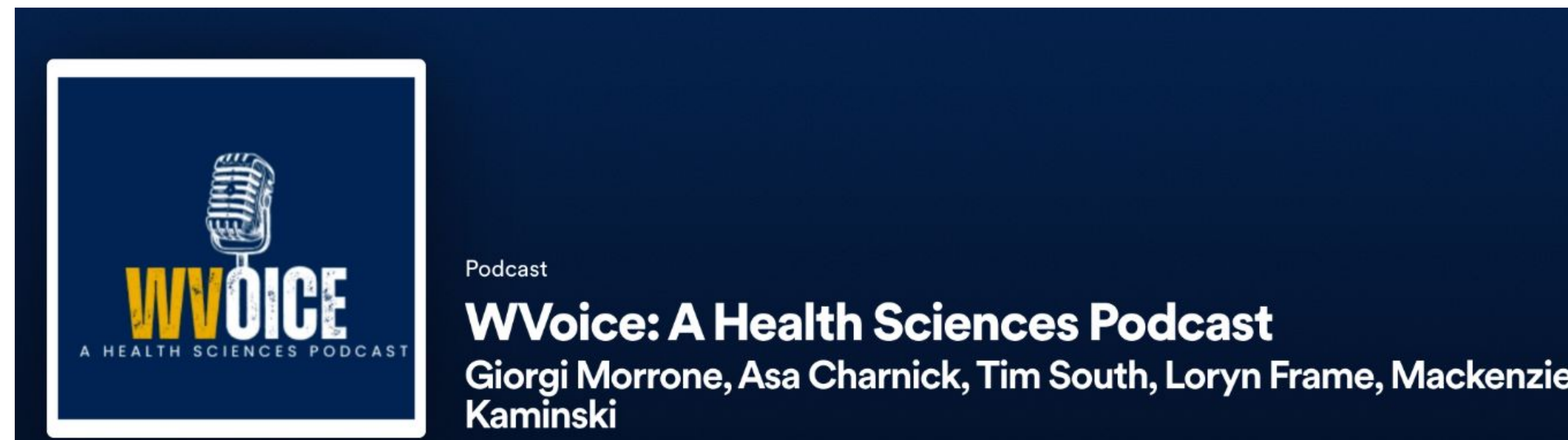
## METHODOLOGY

**Study Design:** Phenomenological study

**Figure 1**

*Groups of Interest in Understanding Marginalization and Stigma in Healthcare*

|                |                                  |                                   |                        |
|----------------|----------------------------------|-----------------------------------|------------------------|
| Homelessness   | Substance use disorder (SUD)     | Immigration                       | Smoking cessation      |
| Foster parents | Lack of access to transportation | Food insecurity                   | Appalachian population |
| LGBTQIA2s+     | Amish population                 | Parent of adult with a disability | Panel of experts       |



**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.<sup>1,3,6,9,13</sup>

Interprofessional teamwork improves patient care and increases cultural awareness, and lack thereof may result in stigma and non client-centered care.<sup>7</sup>

Podcasts are on the rise as an education tool for medical field students due to accessibility, increasing student inquiry, and participation.<sup>2</sup>

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.<sup>1,3</sup>

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.<sup>8,11,12</sup>

As healthcare providers we can take an interprofessional team approach to increase access to resources that support health and well-being.<sup>1</sup>

- 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





# Be My Neighbor: Intergenerational Living for Health Science Students at a Personal Care Home

Kasey Stepanky, CScD, OTR/L, C/NDT, CBIS  
Michelle Criss, PT, DPT, PhD

## 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

## Background:

Vincenian Collaborative Systems and Chatham University partnered to establish an intergenerational living community at a personal care home (PCH). Students live in apartments on the same floors as older adult residents and provide 4 hours of service to the community for a reduced rent. Supported needs of combatting mental health crisis and housing needs. Students from all health science programs were able to apply including:

- Counseling Psychology
- Occupational Therapy
- Physical Therapy
- Athletic Training
- Physician's Assistant
- Nursing

## 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:

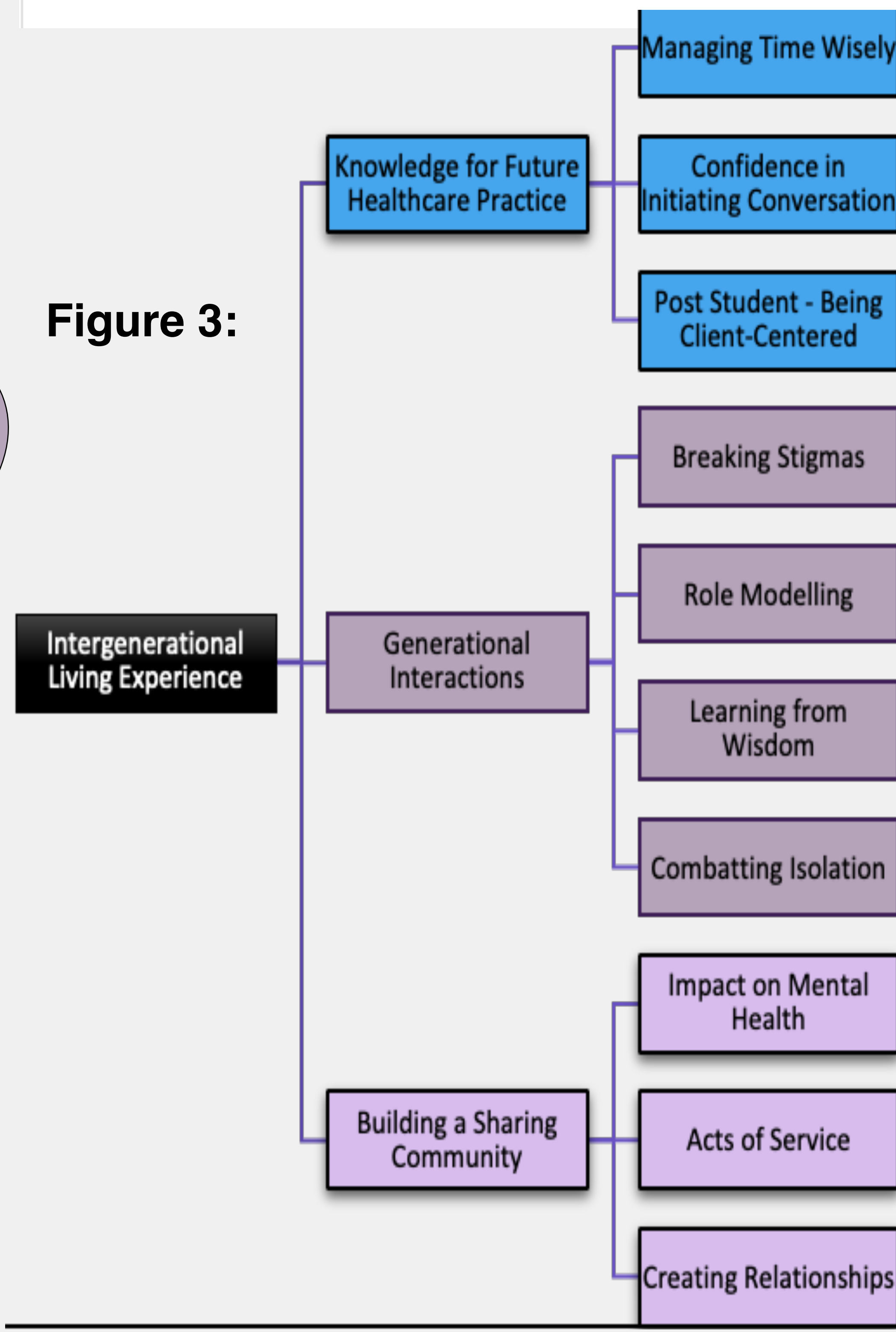
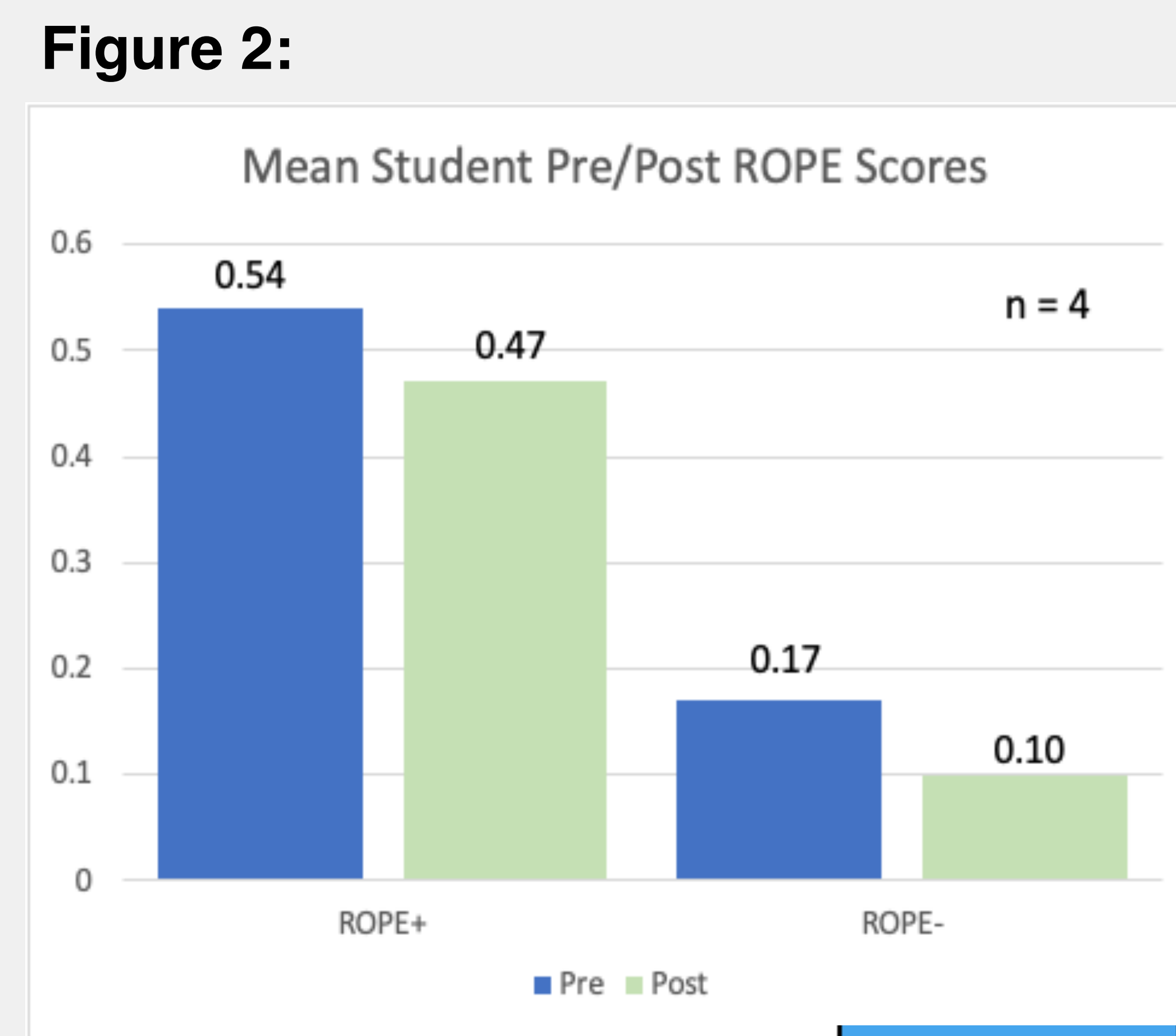
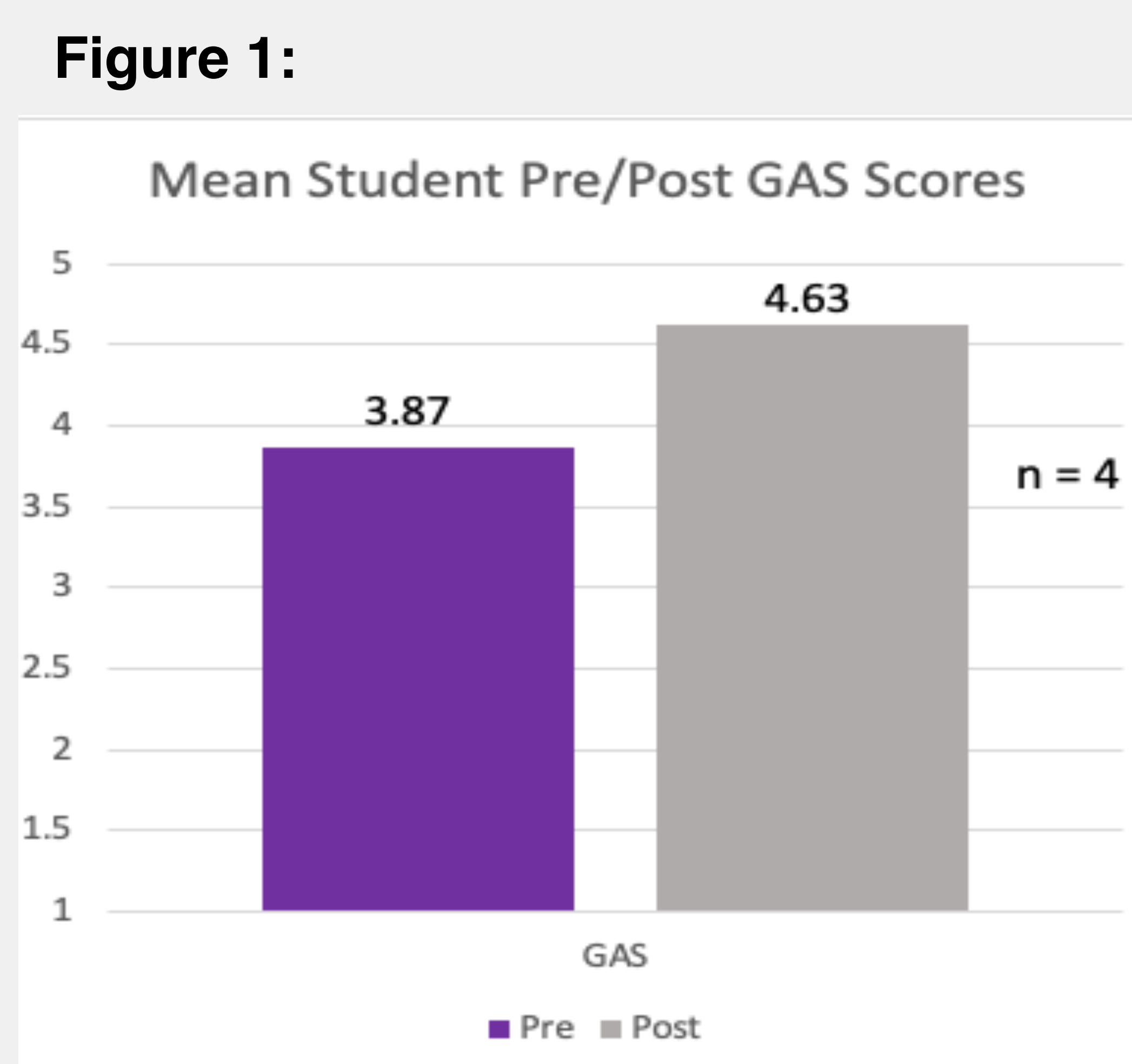
**SRs and OARs:** Intentional design of intergenerational living was valued. Community was organically created and supported.

**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.

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**.





# Use of a Standardized Patient Team Experience to Improve Learner Interprofessional Collaboration and Teamwork

Center for Interprofessional Practice and Education  
at Washington University Medical Campus

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

1 Department of Medicine, Washington University School of Medicine, 2 Center for Interprofessional Practice and Education, Washington University, 3 Program in Physical Therapy, Washington University School of Medicine, 4 Brown School Evaluation Center, Washington University in St. Louis, 5 Department of Neurology, Washington University School of Medicine, 6 Brown School of Social Work, Washington University in St. Louis

## 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.

**Learning Objectives:** The team establishes an environment of collaboration, trust, and appreciation for diversity and differing opinions.



Nursing and medicine students examine a patient on admission (left).  
Source: Beckie Guillot-Beinke/Office of Education, School of Medicine.



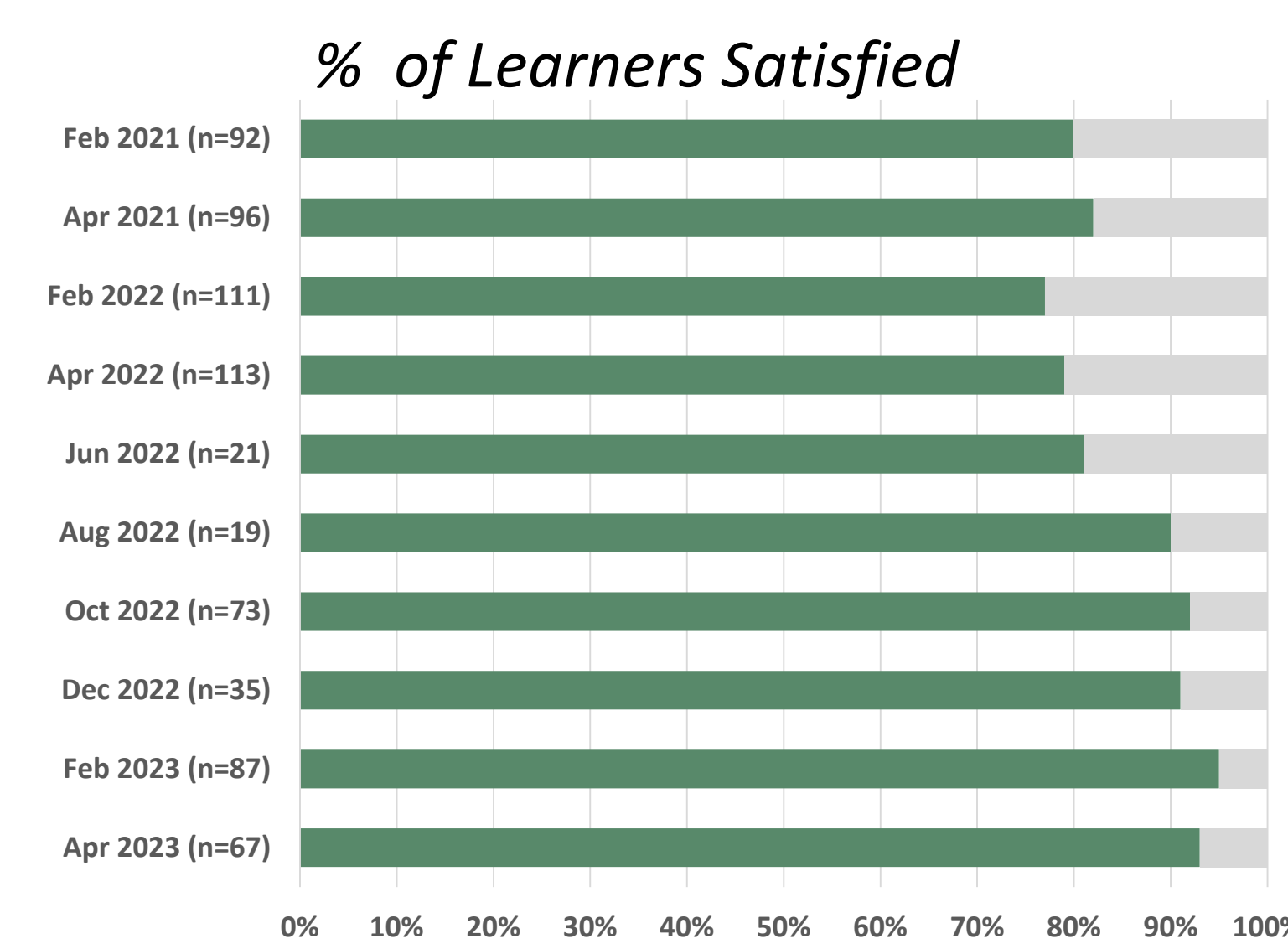
Interprofessional learner team meeting with patient to discuss discharge plan (right).

## Methods

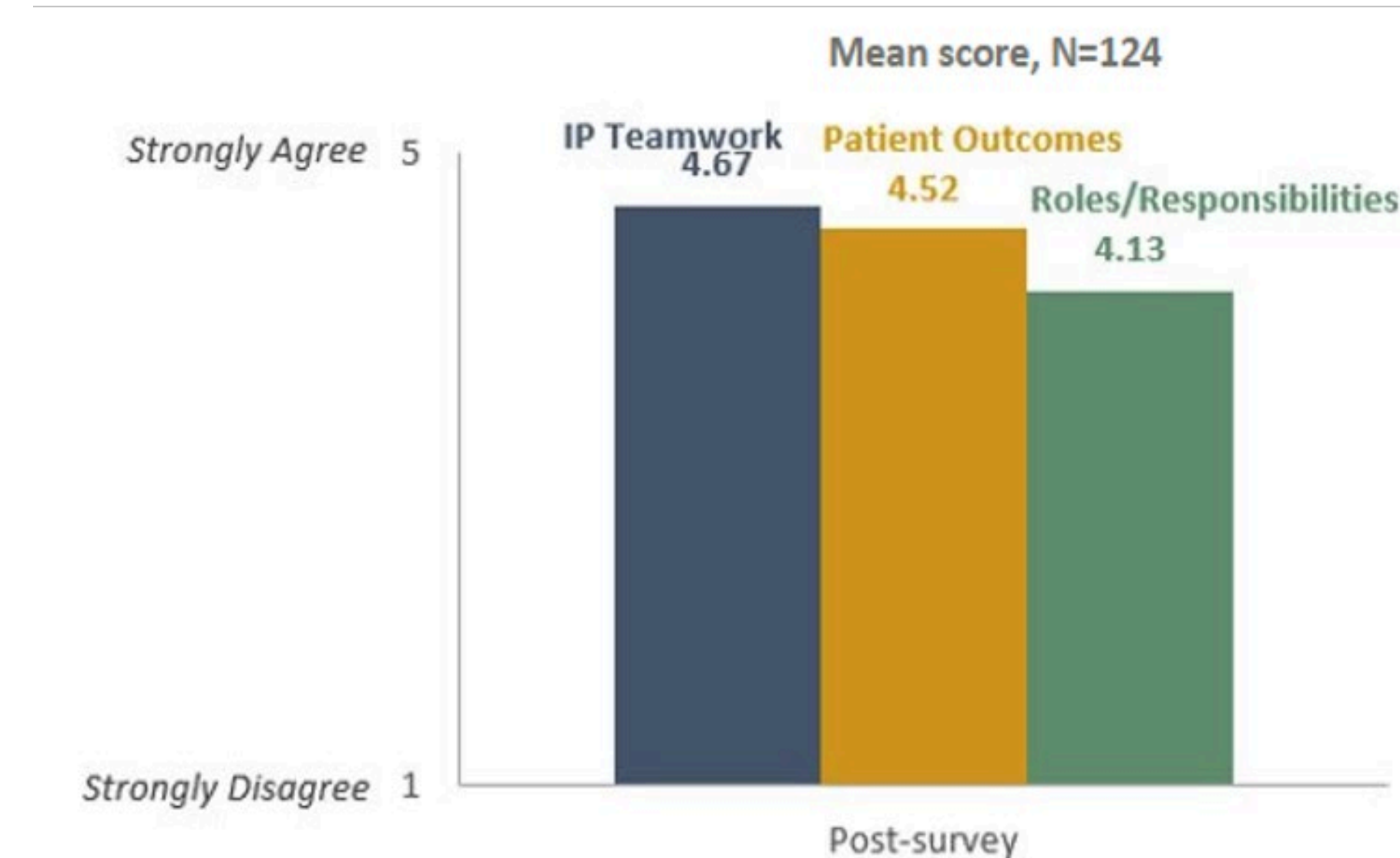
- A mixed-methods evaluation was completed for two sessions: December 2022 (admission) and February 2023 (discharge).
- Students completed a post-survey that assessed:
  - Attitudes toward interprofessional teams with the **Student Perceptions of Interprofessional Clinical Education Revised 2 (SPICE-R 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:



Learner satisfaction has improved with adjustments to learner preparation and facilitator training.



SPICE R-2 findings: Learners reported higher agreement with items in the Interprofessional Teamwork subscale, followed by Patient Outcomes; Learners reported slightly less agreement with items in the Roles/Responsibilities subscale.

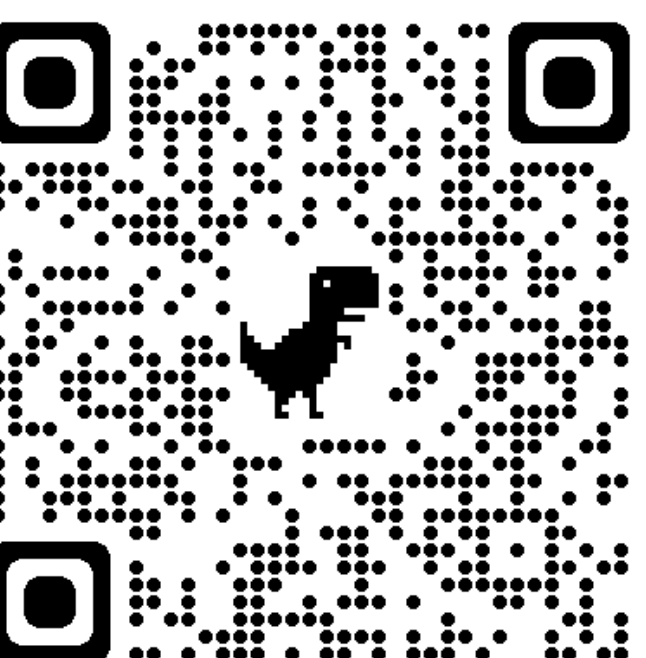
Learners (97%) and facilitators (95%) agreed objectives were met



## Conclusions and Next Steps

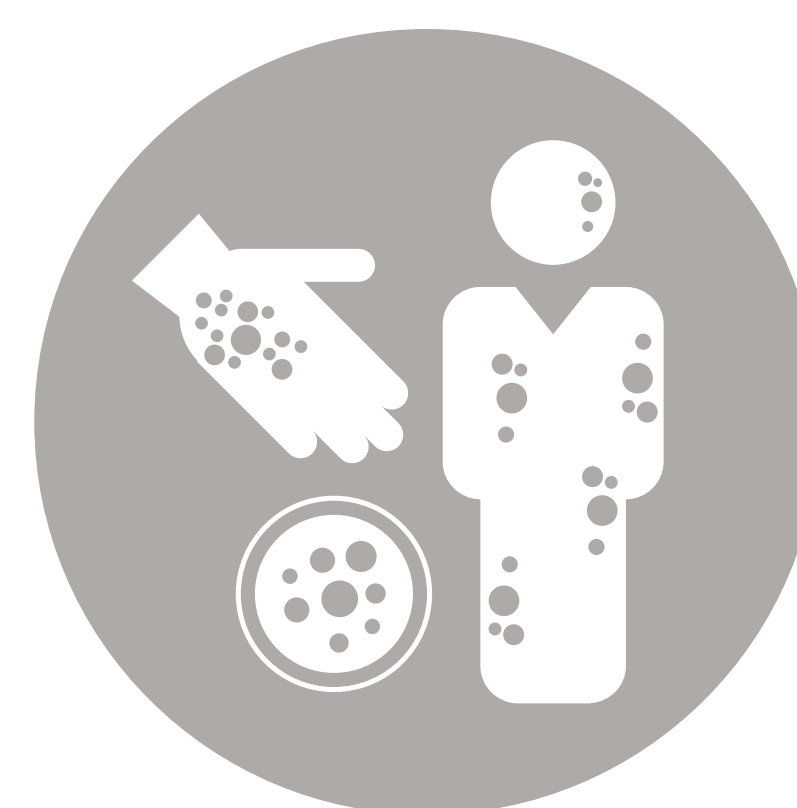
- SPICE R-2 scores showed strong positive attitudes toward interprofessional collaboration.
- Strong evidence that learners enjoyed:
  - The collaboration with other professionals;
  - Practicing teamwork skills; and
  - Gaining insights about how other professions approach evaluation and discharge planning.
- 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.

Use the QR code to Read more about SPTe on the CIPE's website





## BACKGROUND



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 disparate outcomes among different racial and ethnic groups, as well as individuals with disabilities.

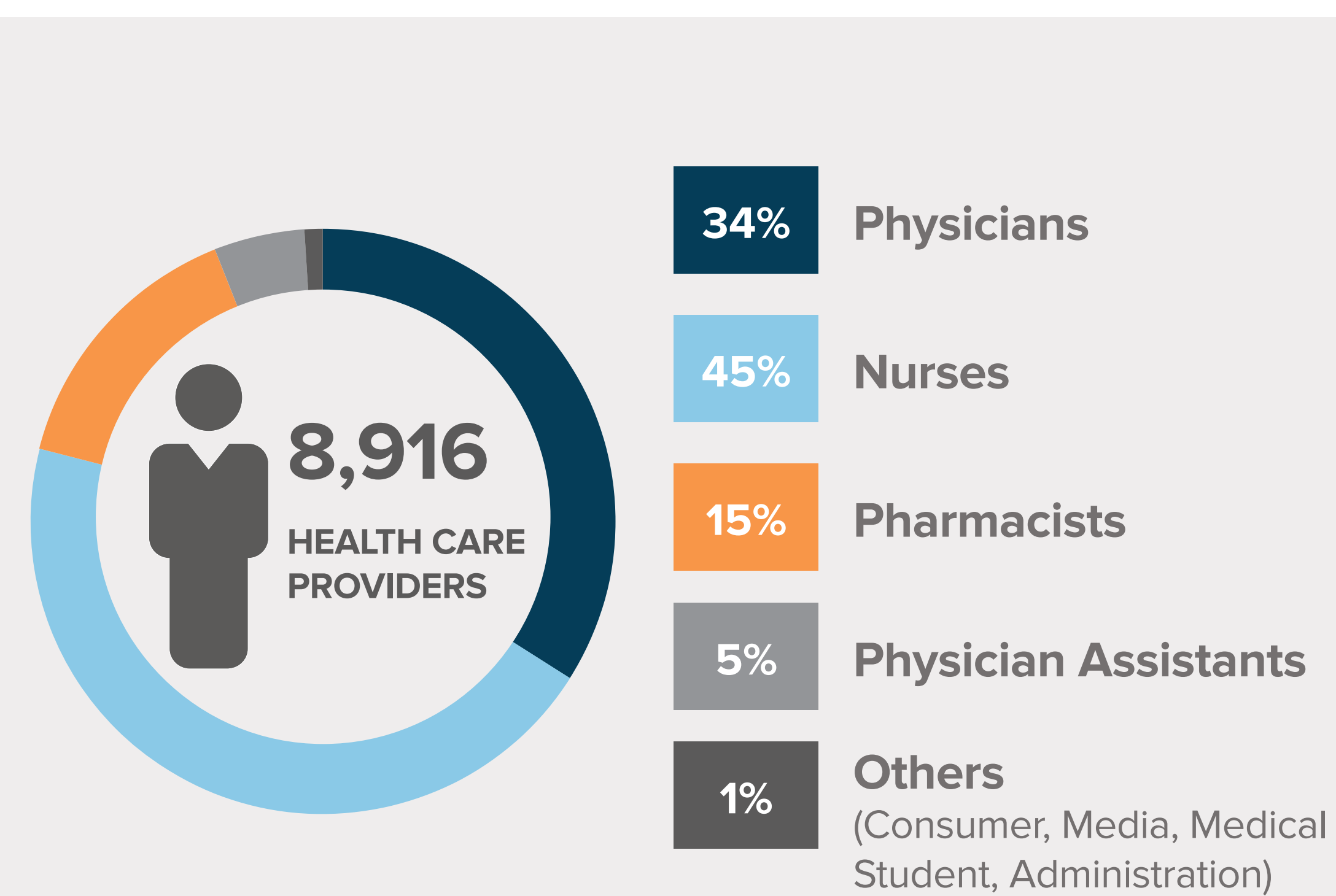
**Key Themes:** Patient-Centered Care  
Interprofessional Collaboration  
Ethical Considerations  
Inclusivity in Education

## 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 pharmacist.

## RESULTS

### PARTICIPATING HEALTH CARE PROVIDERS

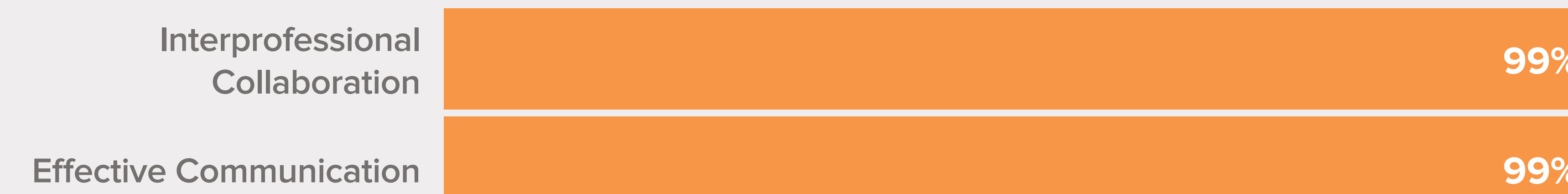


In a 12-month period, among 8,916 learners, there were 15,450 responses to post-test questions, with 15,324 of them being correct, resulting in an average accuracy of 99% across all episodes. The post-test questions aimed to assess learner knowledge and comprehension and covered the following themes.



### POST TEST QUESTIONS THEMES

#### Activity 1



#### Activity 2



#### Activity 3



#### Activity 4



#### Activity 5



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

## 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.

### ACKNOWLEDGEMENTS

Many thanks to the patient advocates who chose to tell their story in hopes of creating awareness and improving the patient-provider relationship.

For more information, contact:  
For more information, please contact: Esther Nyarko at [enyarko@medscape.net](mailto:enyarko@medscape.net)



Scan here to view this poster online.





# 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

## Methods

### 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:
4. Categorize projects into **short, intermediate, and long-term** objectives, each complete with detailed project proposals.
5. 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

## 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. Leverage **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

### IPEP News and Publications



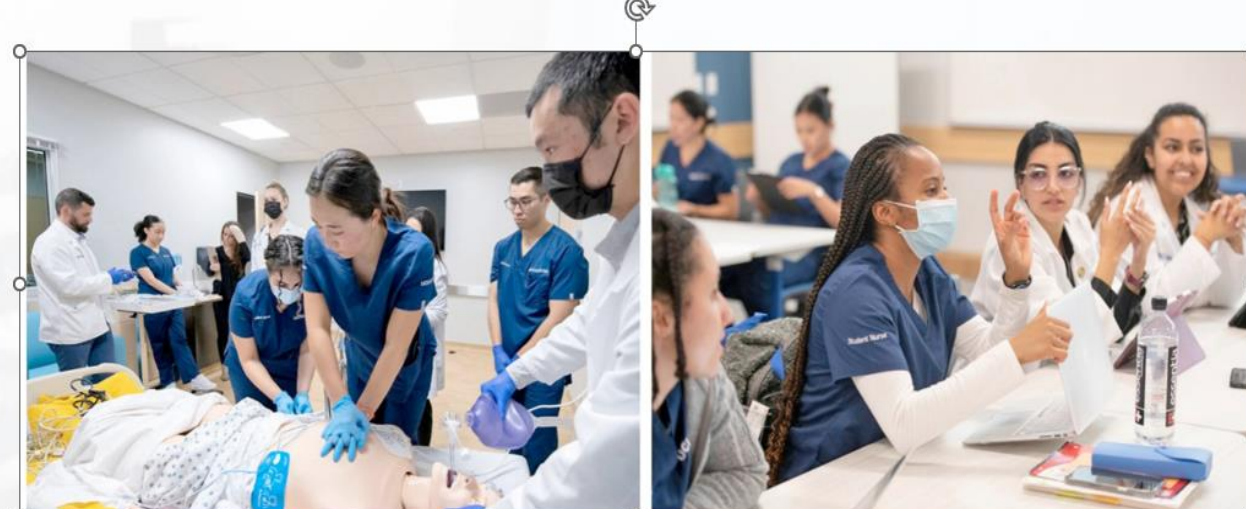
### Student Evaluation Responses:

1. Student surveys across disciplines indicated:
  - **93%** found IPEP activities **"highly beneficial"**
  - **90%** feeling **"significantly more confident"**

## Interprofessional Education & Practice Collaborative

The UCI IPEP Collaborative seeks to transform health professions education and health care delivery by fostering community-centered partnerships, collaborative learning, interprofessional research and continued interprofessional practice advancements. Our mission focuses on 4 separate, yet interrelated foundational elements:

- IPEP Curriculum Development and Integration for early learners; Developing sustainable infrastructures to support IPE activities
- across Health Affairs
- Community Engagement Projects and Outreach
- IPEP Research and Framework development
- IPEP Faculty and Practicing Provider Development and Continuing Education



UCI Susan & Henry Samueli College of Health Sciences

### 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

## 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 SSIH**
- **78 junior and senior year Early Academic Outreach Program high school students; Over 40 student, faculty, and staff from the COHS**







# Building Interprofessional Bridges Internationally: A Reflection on Our International Partnership

Devin Lavender<sup>1</sup>, Virginia Fleming<sup>1</sup>, Blake Johnson<sup>1</sup>, Robin Southwood<sup>1</sup>,  
Elena Prendergast<sup>2</sup>, Lynn Glenn<sup>2</sup>, Alyssa Kingree<sup>2</sup>, Tim Brown<sup>1</sup>



<sup>1</sup> University of Georgia College of Pharmacy, Athens, GA; <sup>2</sup> Augusta University College of Nursing, Augusta, GA

## Needs Assessment

- The COVID-19 pandemic illustrated the importance of global healthcare.
- Communication between healthcare professional 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.

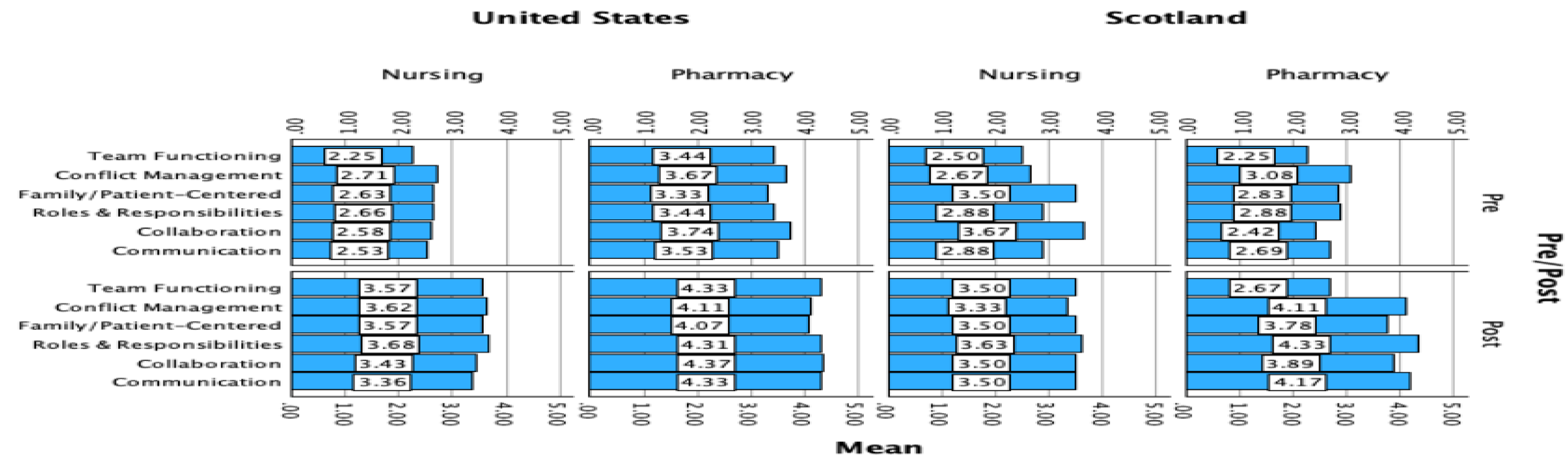
## Objectives

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

## Event Schedule

| Time     |          | Pod A   |                | Pod B          |                | Pod C          |                |
|----------|----------|---|----------------|----------------|----------------|----------------|----------------|
| GMT      | EST      | Team 1  | Team 2         | Team 3         | Team 4         | Team 5         | Team 6         |
| 12:00 PM | 7:00 AM  | Keynote with Panelists representing Professions and Countries |                |                |                |                |                |
| 1:00 PM  | 8:00 AM  | Panel Closing and Event Overview, Move to Pods                |                |                |                |                |                |
| 1:10 PM  | 8:10 AM  | Meet and Greet within Pods                                    |                |                |                |                |                |
| 1:30 PM  | 8:30 AM  | Rural USA   | Rural Scotland | Marg. USA      | Marg Scotland  | Intl. USA      | Intl. Scotland |
| 2:00 PM  | 9:00 AM  | Rural Scotland  | Rural USA      | Marg. Scotland | Marg. USA      | Intl. Scotland | Intl. USA      |
| 2:30 PM  | 9:30 AM  | Break and Faculty Facilitators move Pods                      |                |                |                |                |                |
| 2:35 PM  | 9:35 AM  | Intl. USA   | Intl. Scotland | Rural USA      | Rural Scotland | Marg. USA      | Marg Scotland  |
| 3:05 PM  | 10:05 AM | Intl. Scotland  | Intl. USA      | Rural Scotland | Rural USA      | Marg. Scotland | Marg. USA      |
| 3:35 PM  | 10:35 AM | Break and Faculty Facilitators move Pods                      |                |                |                |                |                |
| 3:40 PM  | 10:40 AM | Marg. USA   | Marg. Scotland | Intl. USA      | Intl. Scotland | Rural USA      | Rural Scotland |
| 4:10 PM  | 11:10 AM | Marg. Scotland  | Marg. USA      | Intl. Scotland | Intl. USA      | Rural Scotland | Rural USA      |
| 4:40 PM  | 11:40 AM | Debrief within Pods   |                |                |                |                |                |

## Average ICCAS Scores



## Lessons Learned

- Recruit faculty, staff, and administrators with commitment for IPE innovation
- Remain mindful and considerate of large time differences between participating countries
- Implement a content development timeline to promote a stable progression toward case vignette finalization
- Importance of faculty and student team communication
- Audit available institutional resources early on and leverage the strengths from the pooled resources, especially multimedia resources
- Expect the unexpected with contingency plans
- Expert panel was vital
- Link IPEs to curricula for accountability with student participation
- Adequate student participation permits a thorough analysis and revision prior to comprehensive program implementation
- Work closely with all collaborating institutions' business offices to ensure understanding of grant fund allocation timelines



# Collaborating Across Universities to Develop an IPE Curriculum for Pharmacy, Graduate Nursing, and Medical Learners

*Kaelen Dunican, PharmD<sup>1</sup>, Mary Antonelli, PhD, RN, MPH<sup>2</sup>, Elizabeth S. Ferzacca, MD<sup>3</sup>, Abir Kanaan, PharmD<sup>1</sup>, Janet F. Hale, PhD, MA, MS, RN, FNP<sup>2</sup>, Susan L. Hogan, MD, MPH<sup>3</sup>, Jill M. Terrien PhD, ANP-BC<sup>2</sup>, Nadia A. Villarroel, MD<sup>3</sup>*

1. Massachusetts College of Pharmacy and Health Sciences, School of Pharmacy - Worcester/ Manchester 2. University of Massachusetts Chan Medical School, Tan Chingfen Graduate School of Nursing 3. University of Massachusetts Chan Medical School, T.H. Chan School of Medicine

## 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

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.

## 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

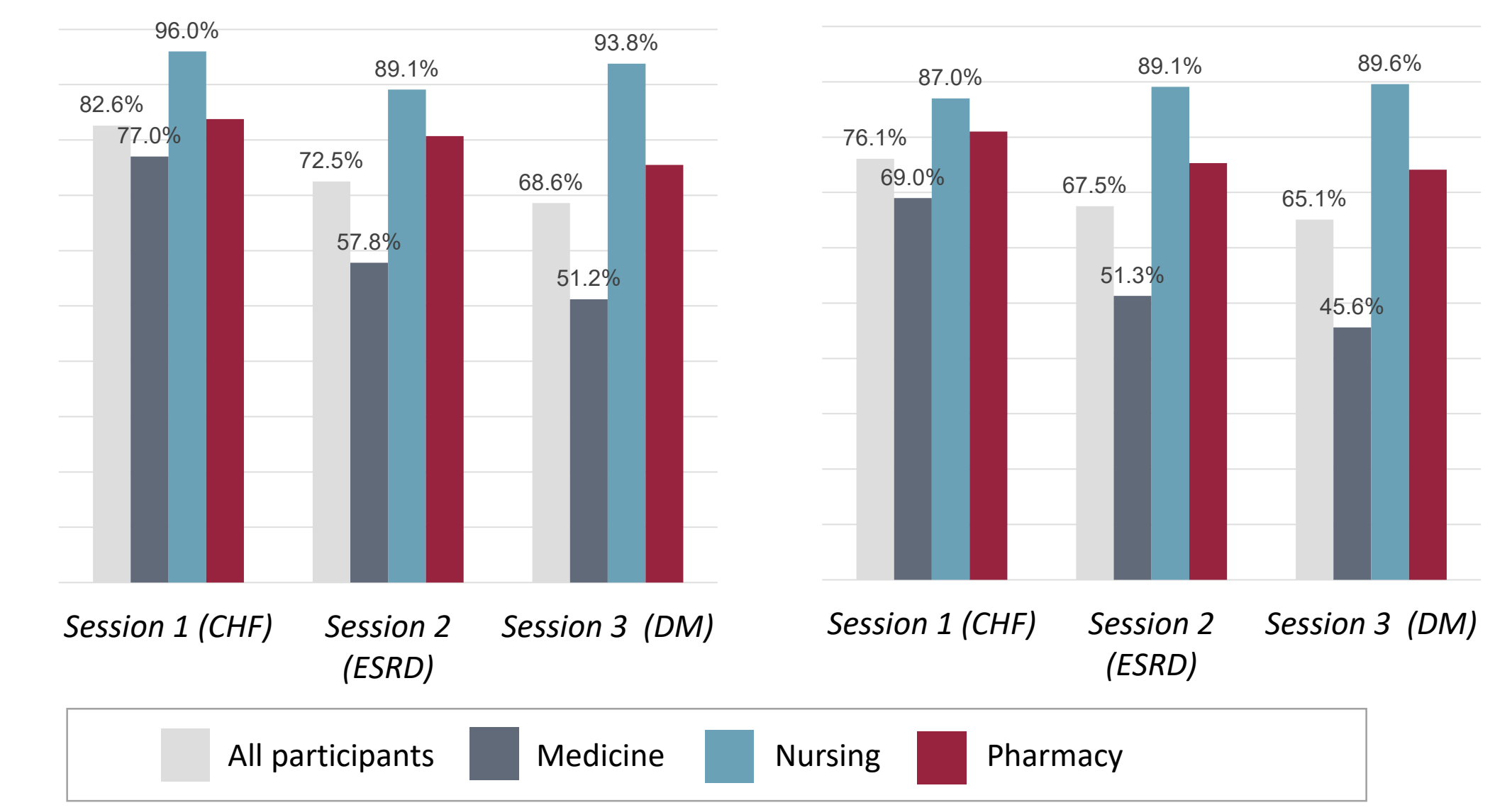
- 415 Participants: 176 Medicine (MS1), 175 Pharmacy (P2 & P3), 64 Graduate Nursing
- Pre-work:
  - Read: *Professional cultures as barriers* by Pippa Hall
  - Watch and reflect on TED Talk "The Five Chairs"
  - Review patient case pertaining to DM (diabetes)
- Zoom session: 2 hours
  - Overview of communication 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

## RESULTS

*Percentage of students that agreed with each survey statement.*

*This activity allowed me to learn with other health professions students.*

*After participating in this activity, I feel I am better able to explain how the team works together to provide care.*



## 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:

| Learners   | Interprofessional Breakout Groups   | Format  |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Ensure learners are at the same point in education</li> <li>• Include more professions</li> </ul> | <ul style="list-style-type: none"> <li>• Smaller breakout rooms lead to increased participation</li> <li>• Facilitators may not be needed in each room</li> </ul> | <ul style="list-style-type: none"> <li>• Avoid role playing</li> <li>• Provide more instruction to guide breakout room discussions</li> </ul> |



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.

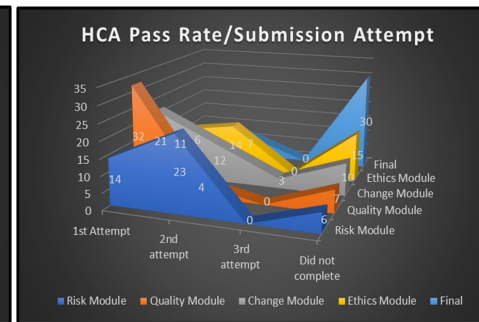
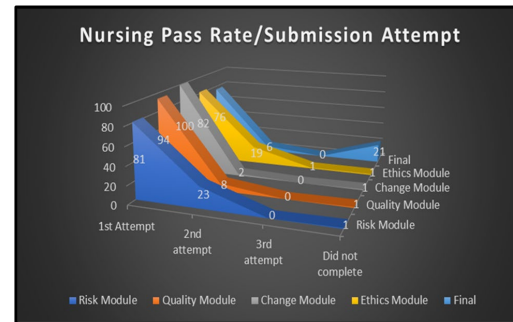
**Project Aims:**

- 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 inter-professional 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.

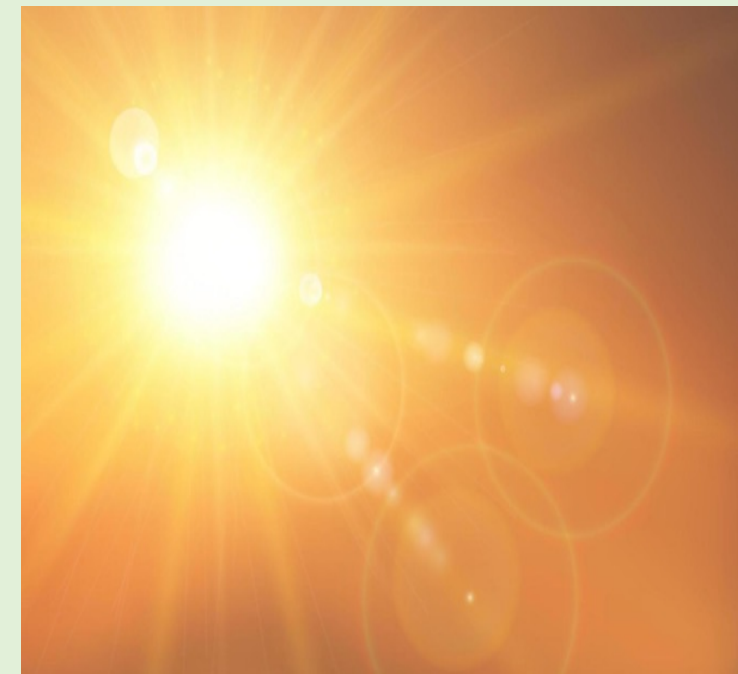
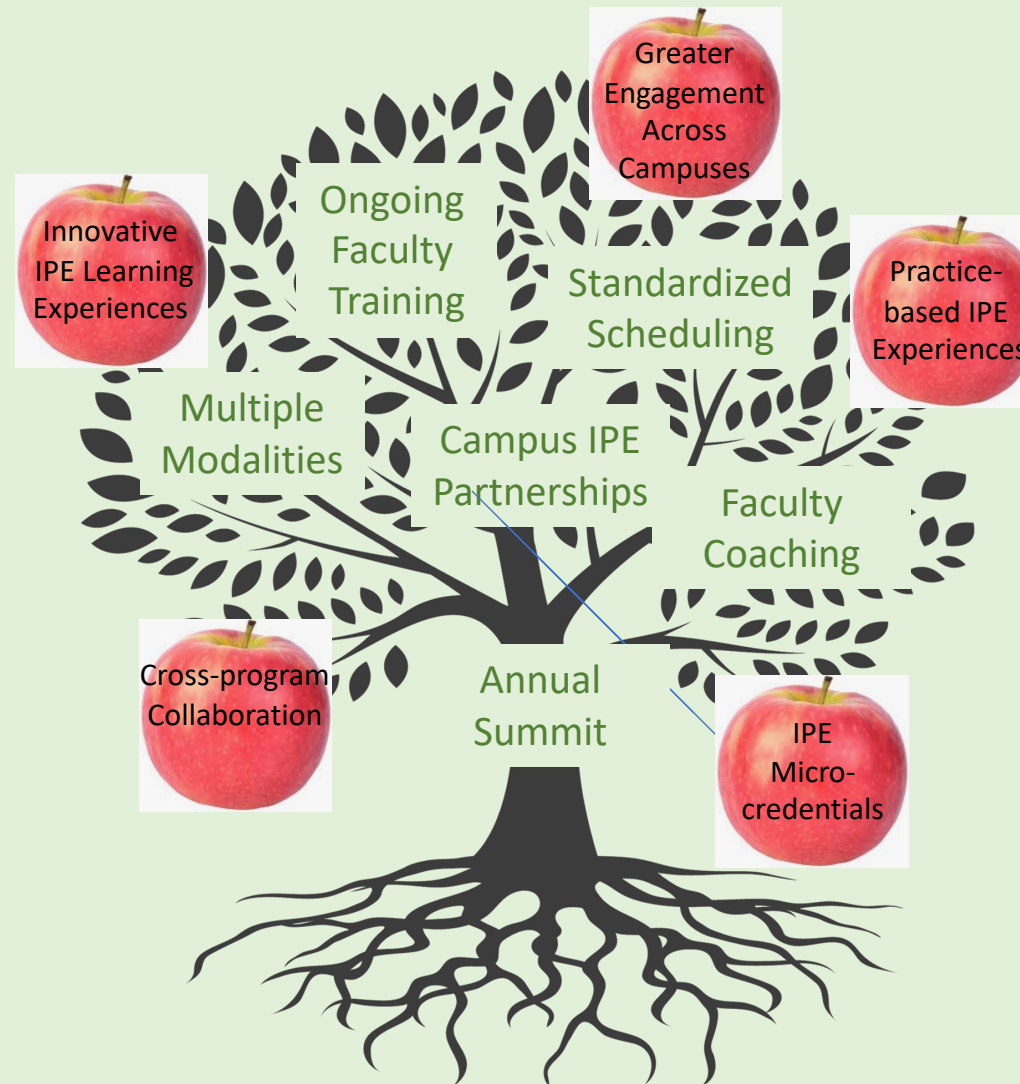






## Watering the Soil

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



## Providing Full Sunlight

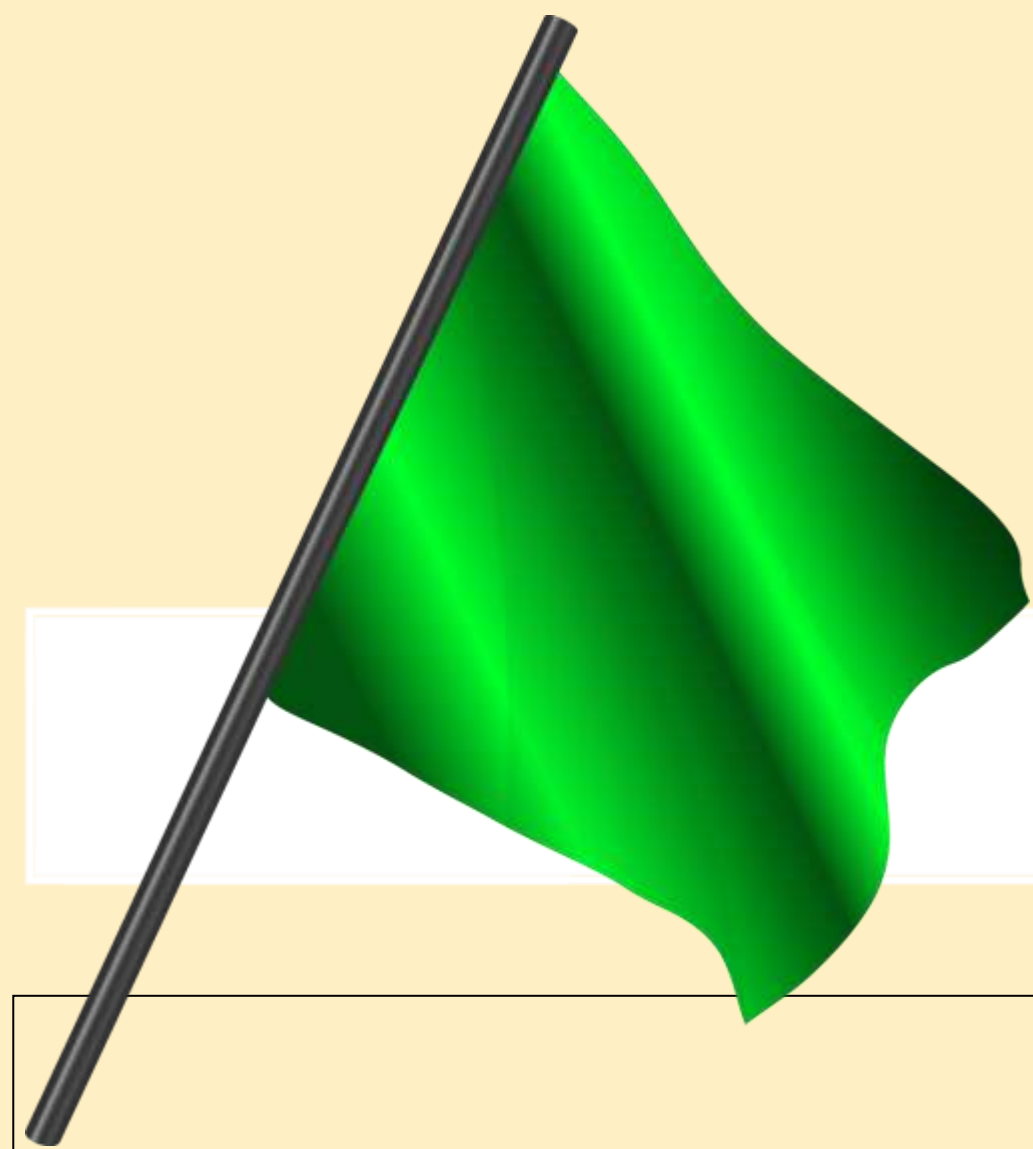
- Expand Case Scenarios
- Add Implicit Bias
- Include Standardized Patients
- Develop Faculty Certification
- Introduce IPE Toolkit

## Planting the Seeds

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



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



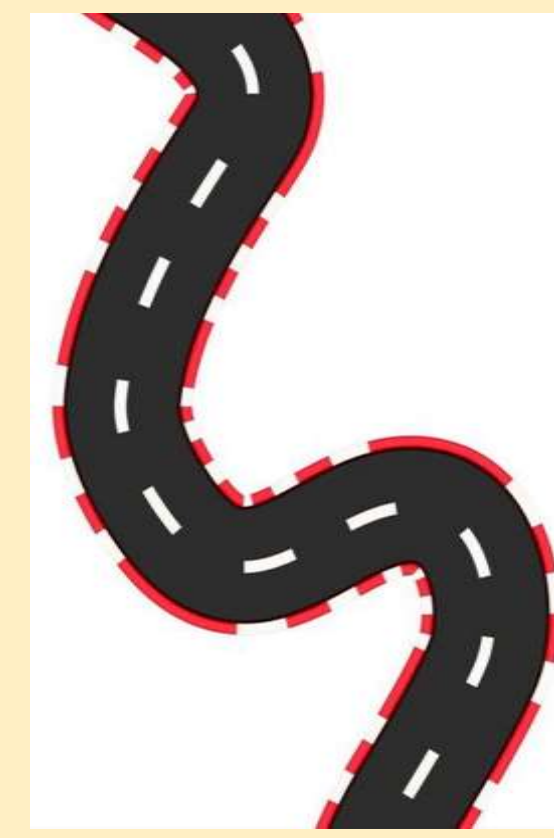
### BACKGROUND

#### 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 processes<sup>1</sup> to...

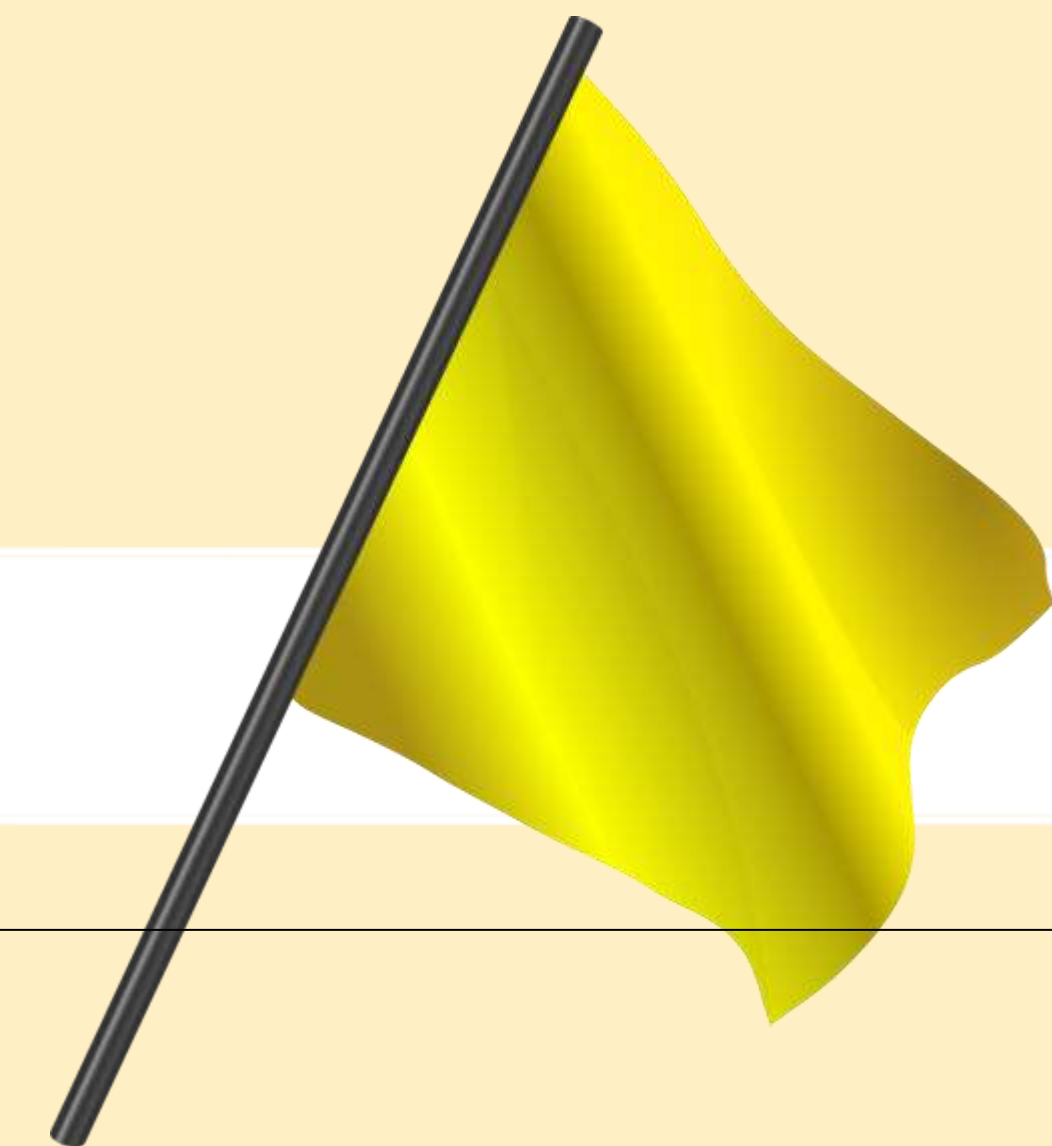
- Better understand current IPE situation
- Identify ways to move forward
- Share lessons learned

➤ *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 experiences<sup>2,3</sup>.
- **Curriculum:** specific IP knowledge/skills<sup>4</sup>
- **Culture:**
  - Faculty attitudes, perceptions<sup>5</sup>
  - Differences among professions, hierarchy<sup>6</sup>
  - Culture shift<sup>7</sup>
  - Assess learner needs<sup>8</sup>
  - Empathy, support, training<sup>9</sup>
- **Training**
  - Facilitator abilities<sup>10</sup>
  - Limited expertise<sup>11</sup>
  - Facilitator selection, training<sup>12</sup>
  - Capacity building, institutional support<sup>13</sup>

### REFERENCES



### REFLECTION

#### Readiness

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



#### Resilience

- Respond to challenges
- Sustainability
- Flagging resources



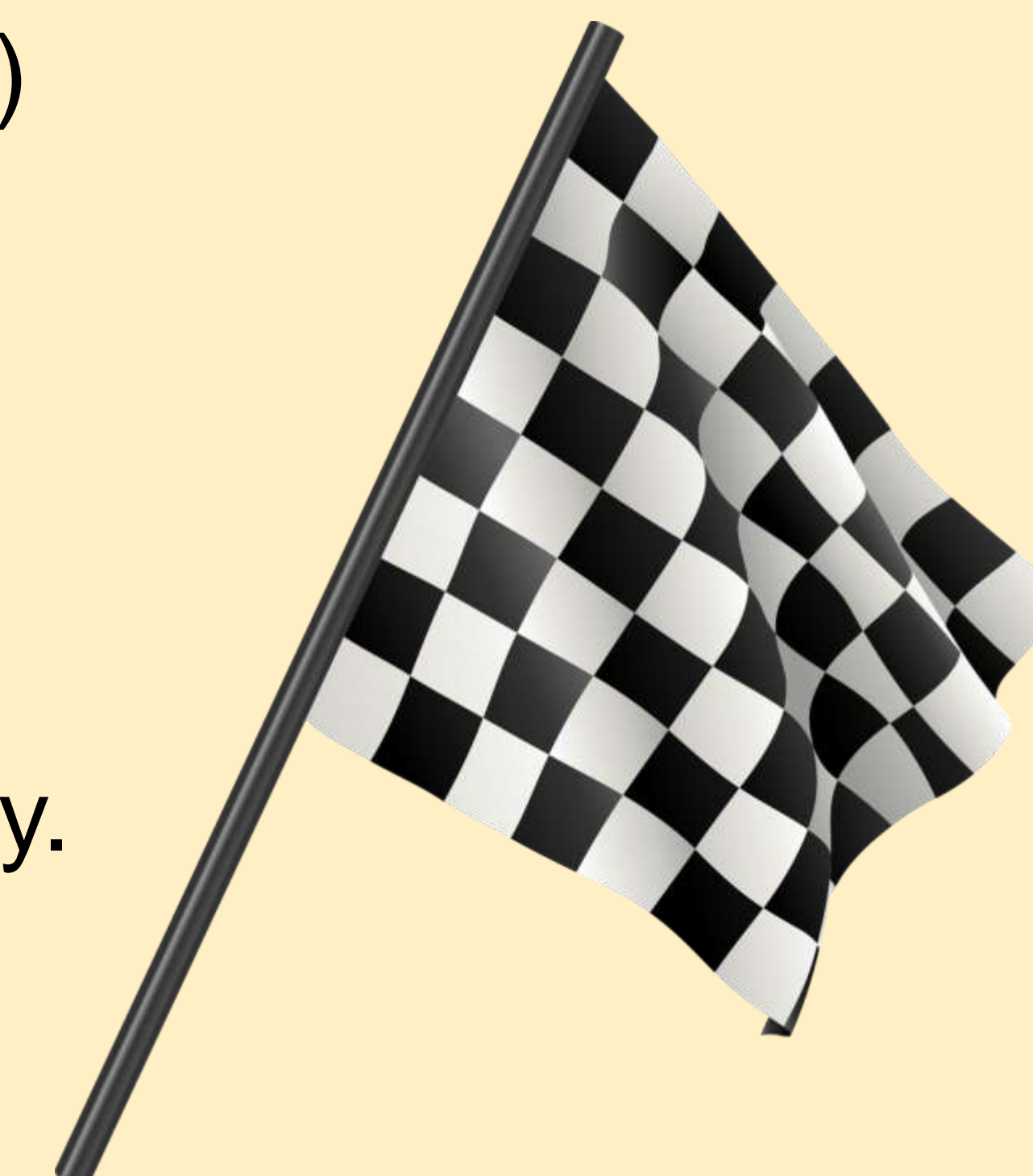
#### Resources

- 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.







# Transitioning IPE from in-person to virtual and back again, what went well and what went...

Kaelen Dunican, PharmD<sup>1</sup>, Cheryl Babin, PT, DHS, MHA, FNAP<sup>2</sup>, Karen Britt, DNP, RN<sup>3</sup>, Amanda M. Morrill, PharmD, BCPS<sup>1</sup>, Cheryl Abel, PharmD<sup>1</sup>, Karen Lenehan, BS<sup>1</sup>

1. School of Pharmacy- Worcester/Manchester 2. School of Physical Therapy- Worcester 3. School of Nursing- Manchester

## BACKGROUND

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)

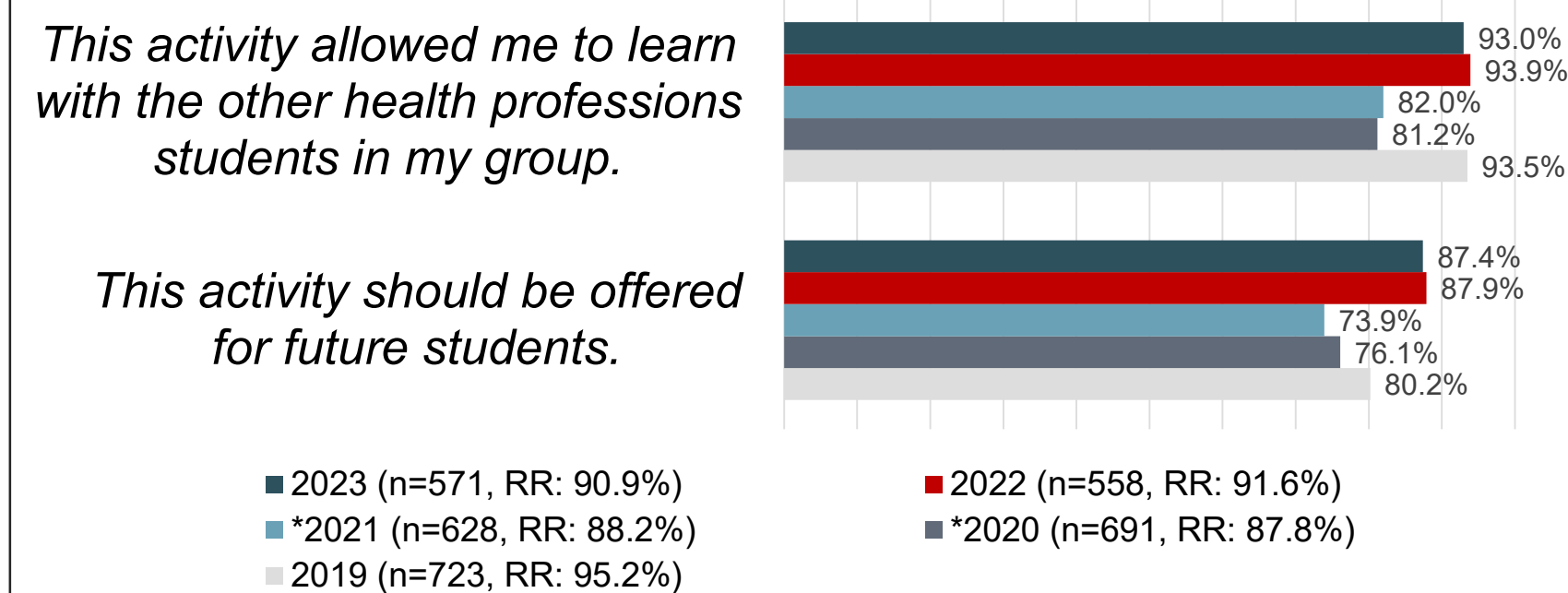
- In Person Activity:** small group interprofessional discussion pertaining to a patient case with OUD and in-person naloxone training
- Virtual Activity:** online naloxone training program and a synchronous recorded virtual interprofessional group case discussion

Anonymous post-event surveys were administered at the conclusion of each offering.

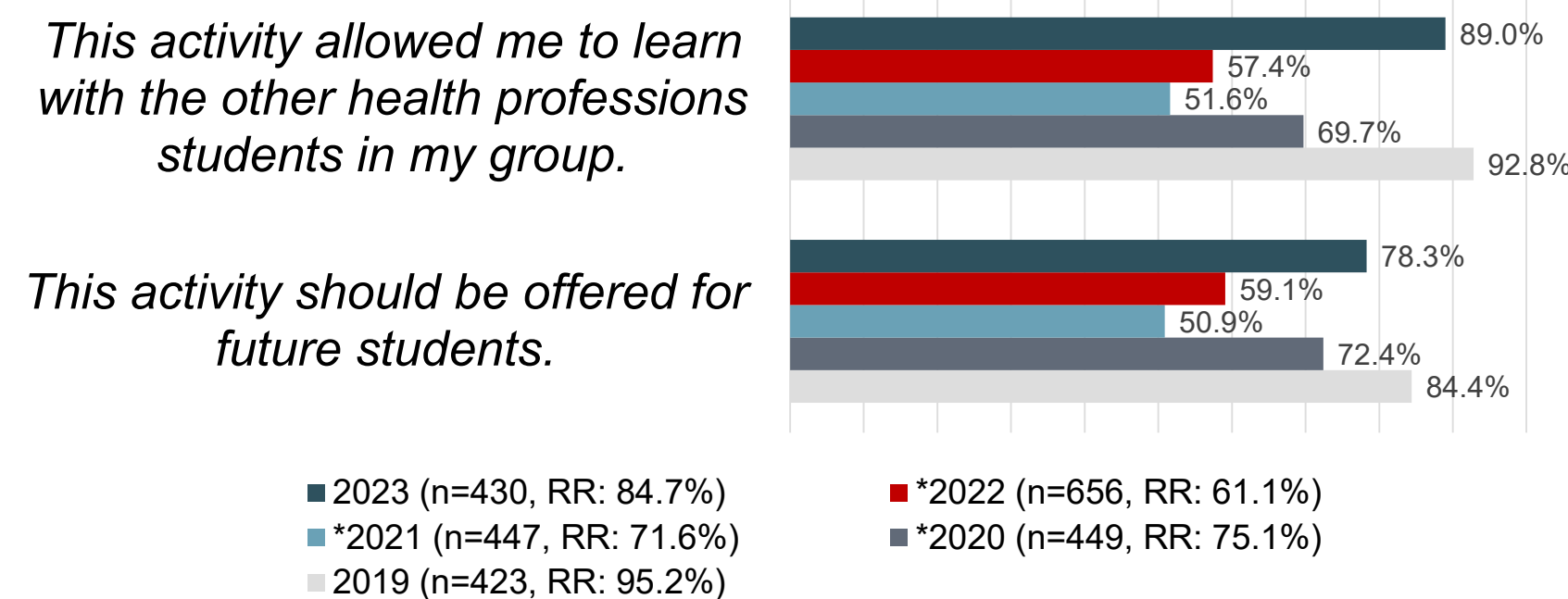
## RESULTS

Percentage of students that agreed with each survey statement.

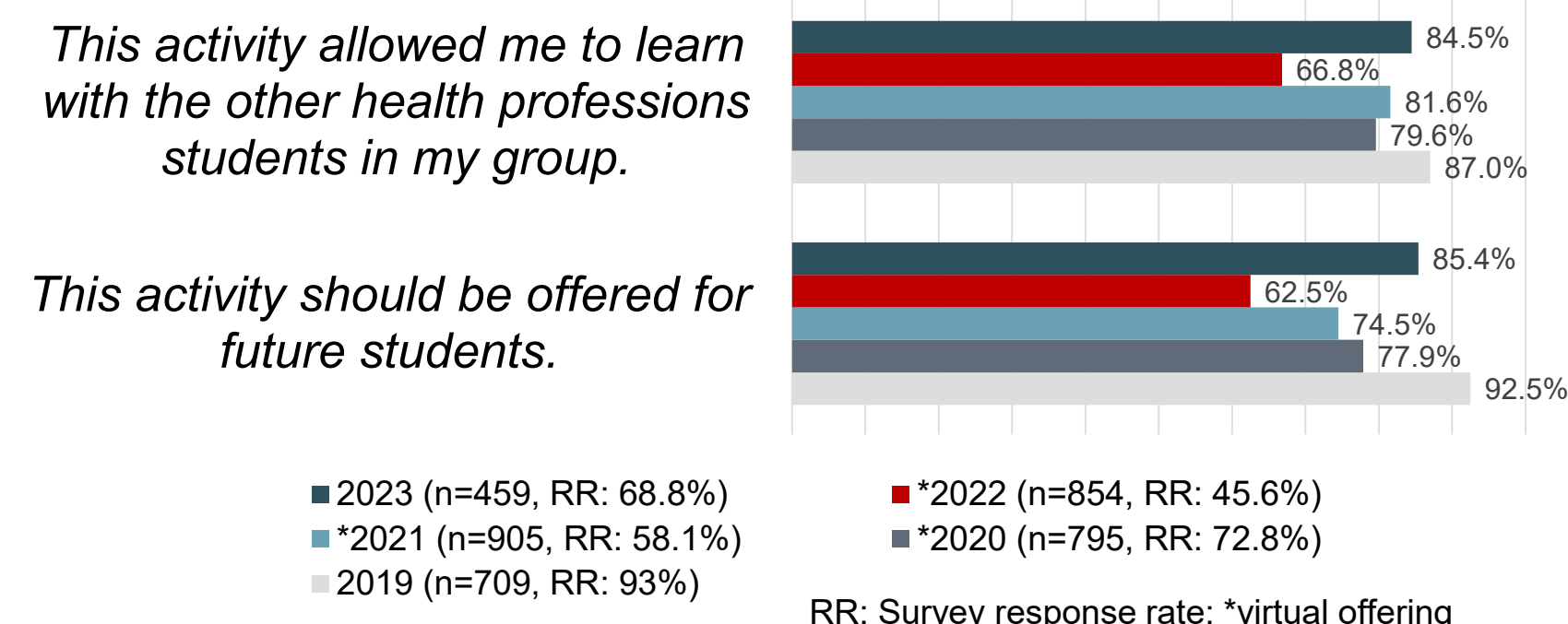
### Roles and Responsibilities Activity



### Cultural Humility Book Club



### Opioid Use Disorder Activity



RR: Survey response rate; \*virtual offering

## DISCUSSION

### 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.



# Interdisciplinary Course Design: Lessons Learned and Future Directions

Cary Moore, PhD, OTR/L and Virginia Miller DrPH, MS, MPH

## INTRODUCTION

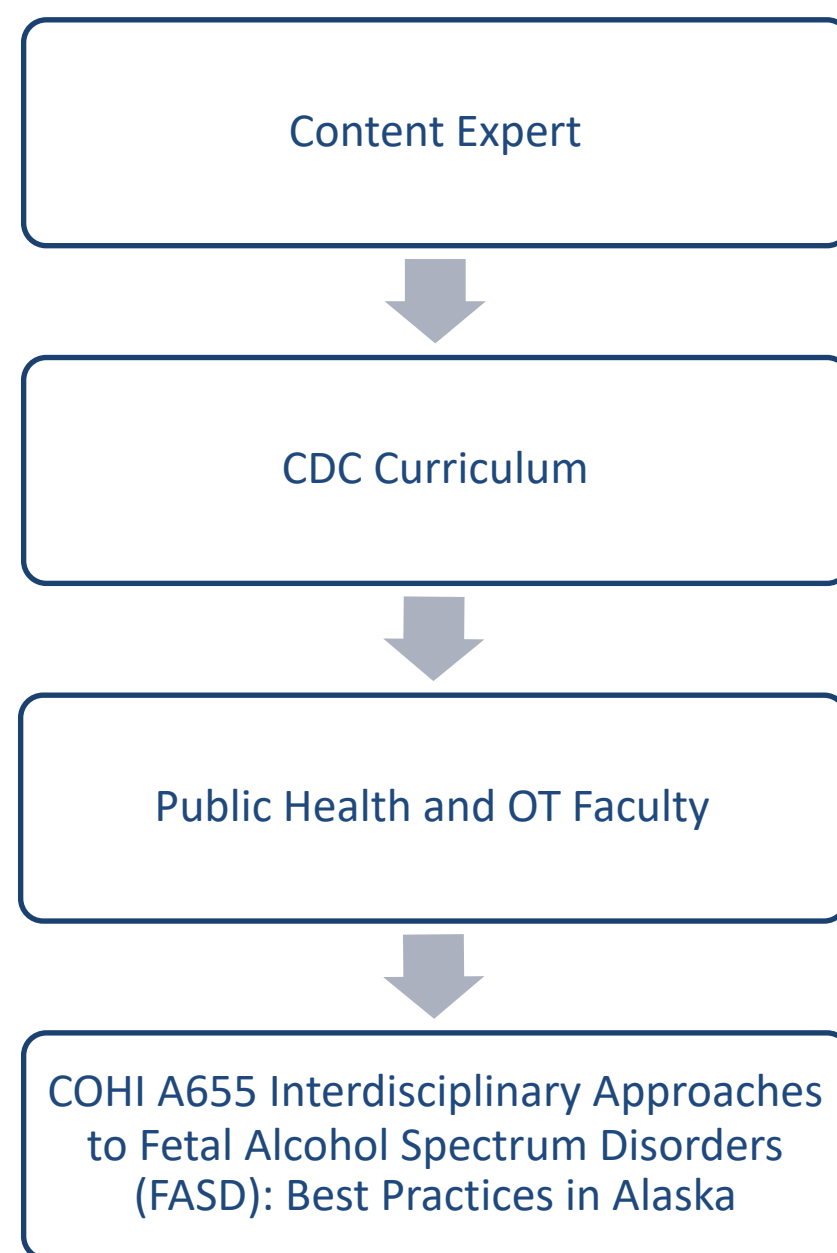
The CDC reports approximately **one in nine women drink alcohol during pregnancy** (CDC, 2019). Prenatal alcohol exposure can result in a broad range of negative developmental outcomes termed **Fetal Alcohol Spectrum Disorders (FASD)**. FASD is a significant public health problem. For more than four 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 providers** 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).

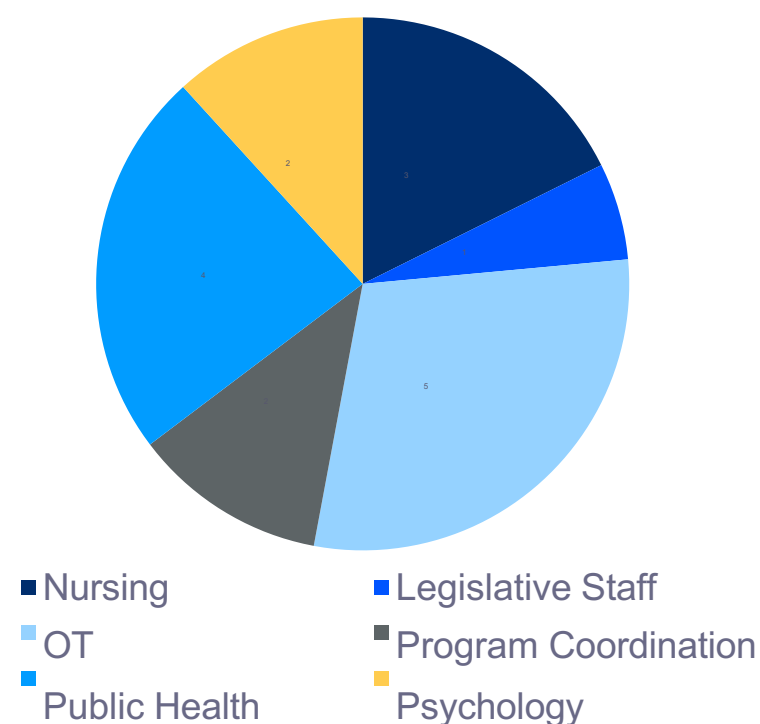
## BACKGROUND

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



## 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) **counts 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) **counts as IPE Passport Activity**
4. **Final Course Reflection** (Synthesis and critical reflection of prior assignments and course learning objectives)

| Assignment                    | IPEC Core Competencies |                           |                                     |              |
|-------------------------------|------------------------|---------------------------|-------------------------------------|--------------|
|                               | I Values/Ethics        | II Roles/Responsibilities | III Interprofessional communication | IV Teams     |
| Video Case Presentation       |                        |                           | Met criteria                        | Met Criteria |
| Educational Materials         | Met criteria           | Met criteria              |                                     |              |
| Diagnostic Team Simulation    |                        | Met criteria              |                                     | Met criteria |
| Final Case Study Presentation |                        | Met criteria              | Met criteria                        |              |

### • End of course survey quantitative data:

- Score of 4.8/5.0 for Overall Course Evaluation
- Score of 4.8/5.0 for Overall Instructor Evaluation

### • End of course survey qualitative data:

- "I appreciate the interdisciplinary applicability of the information regarding FASD prevention, screening and diagnosis."
- "This course is really building on and integrating my existing knowledge about FASDs and I feel much better qualified to work on teams within my agency which are tasked with macro-level policy work and resource mobilization for prevention."
- "The team teaching approach is extremely cool. I wish we could have this for more of our classes!"
- "Some of the most important things that I am learning in this course is how to address FASD in terms of language and destigmatization"

## FUTURE DIRECTIONS

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



**What to know about FASD**

- No amount of alcohol use is safe during pregnancy
- Damage to the fetus due to alcohol consumption can happen in the first week of pregnancy
- All types of alcohol are equally harmful
- 50% of all pregnancies are unplanned

**Why FASD is important**

- FASD is often difficult to diagnose
- FASD can include a wide range of symptoms from physical to behavioral impacts
- The lifetime individual cost of FASD is close to \$1.5 million\*
- FASD are entirely preventable

**What you can do to prevent FASD**

- Consult your local healthcare providers about alcohol use and pregnancy
- Always drink responsibly
- Practice safe sex
- Learn more at <https://www.cdc.gov/ncbdd4/fasd/index.html>

## SELECT REFERENCES

FASD Regional Training Centers Curriculum Development Team. (2009). *Fetal alcohol spectrum disorders competency-based curriculum development guide for medical and allied health education and practice*. Atlanta, GA: Centers for Disease Control and Prevention.

Governor's Council on Disabilities and Special Education (2018). *Alaska Fetal Alcohol Spectrum Disorders (FASD) Strategic Plan 2017-2022*.

May PA, Chambers CD, Kalberg WO, Zellner J, Feldman H, Buckley D, Kopald D, Hasken JM, Xu R, Honerkamp-Smith G, Taras H, Manning MA, Robinson LK, Adam MP, Abdul-Rahman O, Vaux K, Jewett T, Elliott AJ, Kable JA, Akshoomoff N, Falk D, Arroyo JA, Herold D, Riley EP, Charness ME, Coles CD, Warren KR, Jones KL, Hoyme HE. (2019). Prevalence of Fetal Alcohol Spectrum Disorders in 4 US communities. *Journal of American Medical Association*. 2018;319(5):474-482.

\*Curriculum development reported in this publication was supported by an Institutional Development Award (IDeA) from the National Institute of General Medical Sciences of the National Institutes of Health under grant number 2P20GM103395. The content is solely the responsibility of the authors and does not necessarily reflect the official views of the NIH



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

Kate Gershwin B.A.<sup>1</sup>; Haley Johnson, PharmD<sup>2</sup>; Heather Hageman, MBA<sup>3</sup>; Colleen Wallace, MD<sup>4</sup>; Heather Jacobsen, MPH<sup>5</sup>

<sup>1</sup>Brown School of Social Work, Washington University in St. Louis  
<sup>2</sup>St. Louis College of Pharmacy, University of Health Sciences & Pharmacy in St. Louis  
<sup>3</sup>Center for Interprofessional Practice and Education  
<sup>4</sup>Washington University School of Medicine  
<sup>5</sup>Brown School Evaluation Center, Brown School at Washington University in St. Louis

## Background

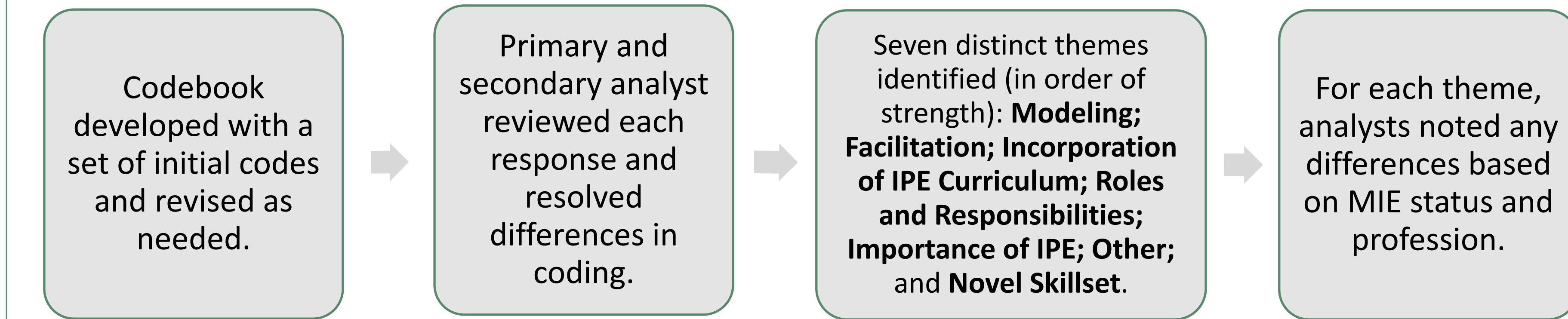
The Center for Interprofessional Practice and Education (CIPE) at Washington University Medical Campus delivers interprofessional education (IPE) activities for health professional students in its collaborating institutions [Goldfarb School of Nursing (GSON) at Barnes-Jewish College, University of Health 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?"**

## Methods

- A qualitative analysis was conducted on all open-ended survey responses from Academic Year 2022-23 (AY22-23).
- A deductive approach was used for thematic analysis.



## Results

| Individual-Level Variables    | N  |
|-------------------------------|----|
| <b>Facilitator Profession</b> |    |
| Nursing                       | 24 |
| Medicine                      | 20 |
| Pharmacy                      | 17 |
| Occupational Therapy          | 12 |
| Physical Therapy              | 6  |
| Genetic Counseling            | 2  |
| Audiology                     | 2  |
| Other                         | 9  |
| <b>MIE Status</b>             |    |
| MIE                           | 17 |
| Not MIE                       | 75 |

**Modeling:** Facilitating led respondents to model one or more CIPE program goals in their personal practice or behavior.

*"This has allowed me to develop my behavior to promote an environment that supports the interprofessional team in the real-world environment. I can quote specific opportunities where I coached bedside nurses and junior fellows into best methods to improve moments of miscommunication, highlight expertise of each profession... and ultimately improve the team work to improve the care delivered to the patient."* (Medicine Facilitator, SPTE December 2022)

**Novel Skillset:** Several respondents stated that facilitating helped them to refine or develop a new skill.

*"Reflective de-briefing."* (Nursing Facilitator, SPTE April 2023)

**Facilitation and Incorporation of IPE Curriculum:** Facilitating gave respondents a greater sense of confidence facilitating in other contexts and prompted them to explore ways to incorporate IPE into their professional curriculum.

*"[This experience] has taught me how to better facilitate discussion and participation among the students I teach."* (Genetic Counseling Facilitator, Phase I)

*"I have probably pulled more non-medical student learners in our clinical environment in during teaching moments to share the moment in interdisciplinary teams."* (Medicine Facilitator, Phase I)

**Roles and Responsibilities:** Respondents stated that they gained a richer understanding of the responsibilities and expertise of different health professions.

*"As a nursing instructor, it gave me a better idea of the roles of physician, OT, PT, pharmacy and how I can use these teams as a discussion with nursing students and who to look to for resources when discharging a patient."* (Nursing Facilitator, SPTE April 2023)

**Importance of IPE:** Respondents gained a greater appreciation for interprofessional practice and education in general.

*"I am reassured that this next generation of healthcare providers has been provided with knowledge/skills/expectations of collaborative care."* (Physical Therapy Facilitator, SPTE April 2023)

### Key Differences by Profession

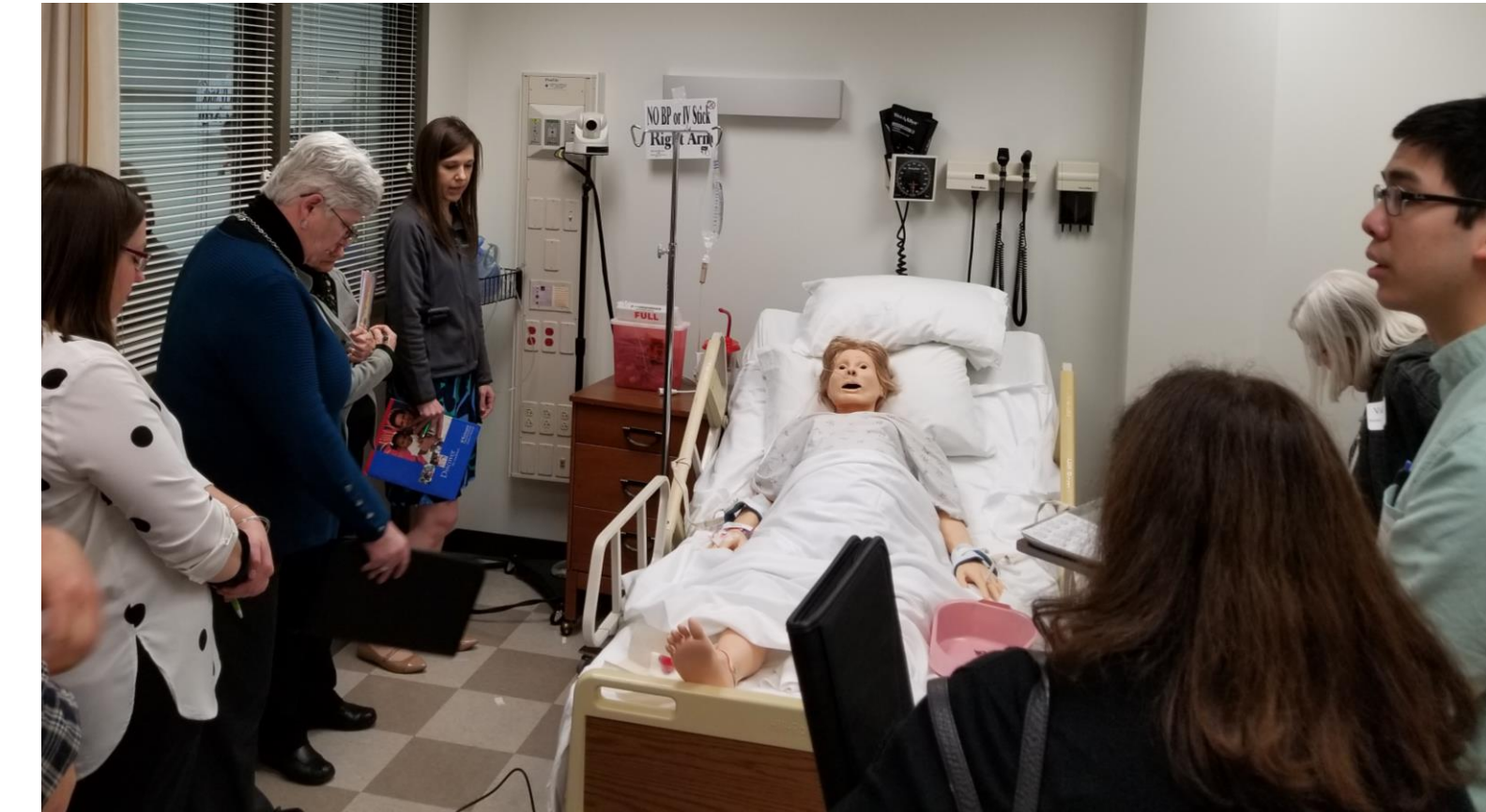
- Medicine facilitators focused on modeling effective leadership and coaching.
- Nursing facilitators appreciated that IPE assembles students from different professions.
- Pharmacy facilitators emphasized communication strategies
- PT facilitators focused on teamwork, modeling, and establishing a connection 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 Steps

- 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.



Participants of IPE 101 "Room of Horrors" simulated activity.



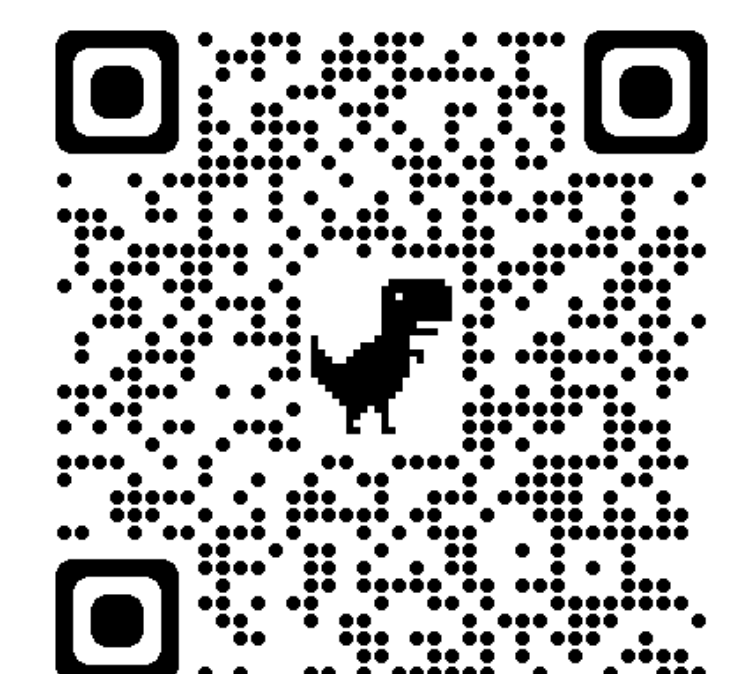
Interprofessional faculty panel presenting during CIPE's Phase I curriculum.



Nursing and medical students examine a patient on admission.  
Source: Beckie Guillot-Beinke/Office of Education, School of Medicine.



2022-2023 Master Interprofessional Educator Inductees.



Use this QR code to learn more and find out how to become an MIE with The CIPE.