INTERPROFESSIONAL EDUCATION COLLABORATIVE

2024 POSTER FAIR

POSTER PRESENTATIONS

NOVEMBER 21, 2024 | 3:00-5:00 P.M. ET

Reducing Polypharmacy in Older Adults through Interprofessional Collaboration

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BACKGROUND

- This project targets the importance of interprofessional collaboration in advancing patient are through coordinated teamwork.
- Medication consultations play a vital role for nurse practitioners in ensuring safe and effective prescribing practices.[1]
- Understanding and acknowledging role-specific responsibilities is a foundational competency within health professionals education. [2]
- Developing confidence in seeking assistance from colleagues is crucial for fostering independent clinical skills in emerging practitioners.

PROJECT GOALS

- To explore the reciprocal learning opportunities for Family Nurse Practitioner (FNP) and Pharmacy (PharmD) students during medication consultation activities
- To assess how these activities enhance students' ability to collaborate with various healthcare providers in improving patient care.
- To identify effective asynchronous/online opportunities for interprofessional education activities

REFERENCES
1. Ravi, Padma, et al. "Nurse-Pharmacist Collaborations for Promoting Medication Safety among Community-Dwelling Adults: A scoping Review." *International Journal of Nursing Studies Advances, vol. 4, 2022,* https://doi.org/10.1016/j.ijnsa.2022.100079
2. Xavier, Neena A., and Michelle R. Brown. "Interprofessional Education in a Simulation Setting." *StatPearls [Internet].* StatPearls Publishing, 1 May 2023, Treasure Island (FL), 2024 Jan-. PMID: 32491403

Figure 1: NP student consulting with Pharmacy student

Generated via AI: Chat GPT- Female NP student consulting with Male pharmacy student via Zoom

EDUCATIONAL INTERVENTION

1. Patient Selection and Care Plan Development
   FNP students identified a medically complex patient from their clinical rotations and conducted a comprehensive medication review to reduce polypharmacy and minimize medication burden. A holistic care plan was ultimately developed to optimize patient health outcomes.

2. Interprofessional Collaboration
   FNP students provided PharmD students with a patient information template, structured around the 7 domains of nursing, along with three targeted, medication-related questions. PharmD students conducted an in-depth medication analysis and formulated responses to the three medication-related questions.

3. Interactive Meeting
   Students held a live Zoom consultation, sharing their professional role responsibilities, the structure of their educational programs, licensing requirements. Both groups collaboratively discussed the medication analysis, addressed questions, and considered treatment recommendations.

OUTCOMES

- Students completed pre and post-intervention surveys using validated IPE assessment tools.
- Results indicate increased self-perceived abilities to collaborate in all areas surveyed.
- 100% of students supported continuing this activity for future students, recognizing its value in strengthening interprofessional skills.

SURVEY RESULTS

Self-perceived Abilities to Collaborate

- Eighty-four students (50 PharmD and 34 FNP) participated in the activity.
- 80.9% (n=68) students completed the pre-activity and 42.8% (n=36) completed the post-activity surveys.

Rate your ability for each of the following statements:	Test	Poor or Fair (%)	Good (%)	Very Good or Excellent (%)
Provide constructive feedback to interprofessional team members	Pre-Test	85.8	33.8	60.3
	Post-Test	0	11.1	**88.9**
Learn with, from, and about interprofessional team members to enhance care	Pre-Test	2.9	22.2	75.0
	Post-Test	0	5.5	**94.4**
Describe my abilities and contributions to the interprofessional team	Pre-Test	5.8	39.7	54.4
	Post-Test	0	13.9	**86.1**
Develop an effective care plan with interprofessional team members	Pre-Test	7.3	30.9	61.7
	Post-Test	0	11.1	**88.9**
Recognize how others' skills and knowledge complement and overlap with my own	Pre-Test	5.9	33.8	60.3
	Post-Test	0	8.3	**91.7**

MASSACHUSETTS COLLEGE of PHARMACY and HEALTH SCIENCES

Connecting Disciplines: Dermatologists Discuss Skin Cancer Screening in Physical Therapy

Michael Robinson, PT, DPT, OCS
Department of Physical Therapy, College of Nursing and Allied Health Sciences
Howard University

HOWARD UNIVERSITY
1867

References

Introduction

Semi-structured interviews enable in-depth exploration of participants' experiences, perspectives, and motivations. Conducting this type of interview with dermatologists would gain insight on the extent to which skin cancer screening should be conducted in the physical therapy profession, as well as recommendations for content to include in curricula.

Aim:
To explore dermatologists' perspectives on the integration of skin cancer screening within physical therapy practice to enhance the efficacy and accuracy of skin cancer screening by physical therapists (PTs), thereby improving early detection rates and patient outcomes.

Methods

Study Design:
Semi-structured interviews via Zoom
Number of Participants:
A total of 5 actively practicing dermatologists
Analysis:
Thematic analysis

Results

THEME 1
Interdisciplinary Endorsement

SUB-THEMES
Access
Opportunity
Cautionary Insight

"Patients that are seeking physical therapy may have some limited mobility and they may not be able to see certain parts of their body that physical therapists can have exposure to."

"PTs can over screen and then patients get worried about something that's probably benign."

THEME 2
Clinical Practice

SUB-THEMES
Clinical Signs
Collaboration

"A body map or a picture of the lesion with it circled can be very helpful."

"Ask if they see a dermatologist, and if they say no, then give them a handout with some options."
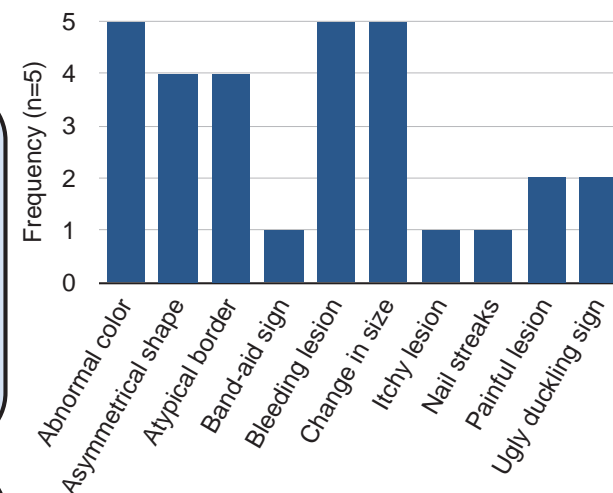
THEME 3
Education

SUB-THEMES
Content Expertise
Delivery Methods
Time Allocation

"A component of the education should include all the common skin lesions, both benign and malignant."

"Seeing a patient or two with a skin condition during a clinical experience could be really powerful."

Clinical Findings of Concern

Conclusion

- Incorporating dermatologists' insights into physical therapy practice holds significant potential for improving skin cancer screening processes.
- Reinforcing interdisciplinary collaboration between PTs and dermatologists can enable PTs to play a vital role in the early detection of skin cancer, leading to better patient outcomes.

Future Directions

- Evaluating the attitudes and behaviors of PTs toward skin cancer screening to further inform best practices.

A Scoping Review of Interprofessional Approaches in Dementia Care for Patients and Caregivers

Noorpreet Kaur, BDS, MPH; Catherine Torrington Eaton, PhD, CCC-SLP; Rebecca Moote PharmD, MS, BCPS; Jeff Uribe-Lacy, MLIS, MA; Joseph A. Zorek, PharmD, BCGP, FNAP

UT Health San Antonio Linking Interprofessional Networks for Collaboration (LINC) Clinical Research Initiative

Background

- Dementia poses a significant public health challenge both globally and within the United States, with over 50 million people affected worldwide (NOH/NIA, 2023).
- The World Health Organization's action plan emphasizes the need for integrated medical care, coordinated health and social services, and multidisciplinary collaboration to address these challenges (WHO, 2017).
- Despite ongoing efforts to implement effective care models for people with dementia (PwD) and their caregivers (CG), substantial barriers persist, including limited resources and a fragmented healthcare system that hinders continuity of care.
- **The purpose of this scoping review was to identify key components of existing interprofessional practice (IPP) models for effectively serving PwD and CGs.**

Design/Methodology
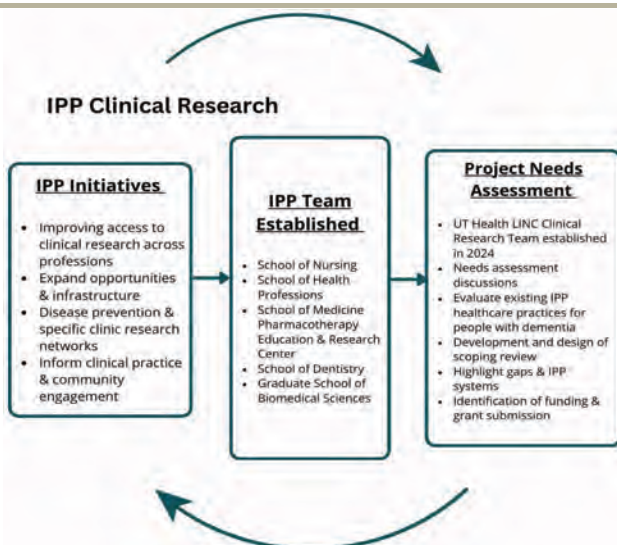
- PRISMA (2020) systematic review protocol guided the literature search
  - 98 records identified from database search + 12 records using other search methods
  - titles/abstracts followed by full text review by 2 independent reviewers
  - **13 studies** were included in the scoping review
  - data extraction was conducted by 2 separate reviewers
  - discrepancies were resolved through consensus with a third reviewer

Results

Characteristics of IPP Models

- Location of IPP models: US=5, EU=4, Scandanavia=3, Canada=1
  - All but one were based within or collaborated with academic institutions; primary funding was through research grants.
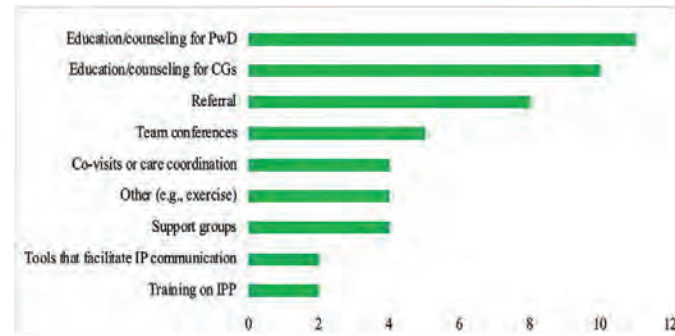- Most (n=10) were outpatient settings, several reported >1 setting
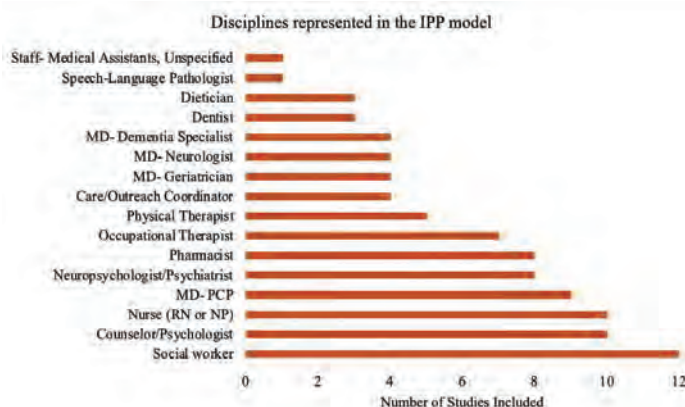
- 16 distinct professions were represented across the studies.
- 44% identified social workers, nurses, counselors/psychiatrists, and physicians as the most frequently represented professions within IPP teams.

Outcome Measures Used
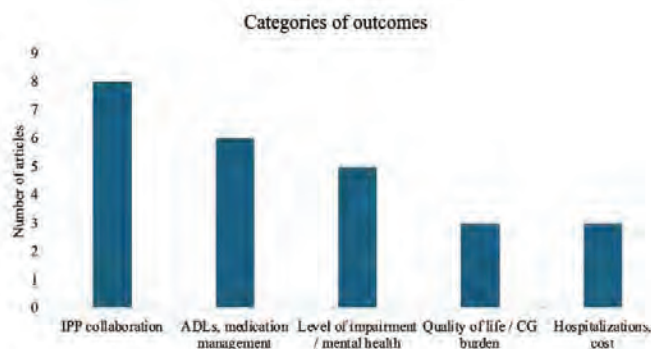
Key Intervention Components

- 42% highlighted education and counseling for PwD and their CGs as key components
- 16% focused on referrals
- 18% discussed team conferences and care coordination
- Only 8% incorporated training on IPP or tools to facilitate communication between team members

Conclusions

- Medical staff, speech-language pathologists, dieticians, dentists, outreach workers, and geriatric specialists were the least represented professions, highlighting an opportunity for future growth in these areas.
- The variability of outcome measures and lack of detail regarding measurement limit replicability.
- Although many studies assessed IPP outcomes, few were designed to foster/train collaborative, patient-centered care.
  - There is need for the development and implementation of interprofessional tools and training to support team collaboration within the examined programs.
- Further research is needed to determine whether patients' and CGs' various needs are managed through referral or simply left unaddressed.

Selected References

1. Moote, Rebecca, et al. "Clinical Interprofessional Education in the Health Professions: A Scoping Review protocol." *JBI Evidence Synthesis*, vol. 20, no. 3, 11 Nov. 2021, pp. 931–943, https://doi.org/10.11124/jbies-21-00207.
2. 2024 Alzheimer's disease facts and figures. (2024). *Alzheimer's & dementia : the journal of the Alzheimer's Association*, 20(5), 3708–3821. https://doi.org/10.1002/alz.13809
3. World Health Organization; Geneva, Switzerland: 2011. [(accessed on 30 December 2022)]. Patient Safety Curriculum Guide: Multi-Professional Edition; p. 135. Available online: https://apps.who.int/iris/bitstream/handle/10665/44641/?sequence=32
4. Page M J, McKenzie J E, Bossuyt P M, Boutron I, Hoffmann T C, Mulrow C D et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews *BMJ* 2021; 372 :n71 doi:10.1136/bmj.n71

This poster includes selected references due to space constraints.
For a complete list of references, please use the following QR code:

COFFEE WITHOUT PAIN
IPEC-CARE PROGRAM FOR CHRONIC PAIN

Mariana Cozer Siviero, Caroline Gonzaga, Fernanda B. Mayer, Graziela Sapienza, Jean Tafarel, José Knopfholz

ESCOLA DE MEDICINA E CIÊNCIAS DA VIDA PUCPR

2024 POSTER FAIR

BACKGROUND

Patient with chronic pain

Psychology student

Medical student

Chronic pain is a multifactorial experience and treatment requires an integrated, inter-professional approach. (Mallick-Searle T, 2021).

Interprofessional education occurs when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes. (WHO, 2010)

OBJECTIVE

Implement an IPEC-Care, patient-centered program tailored to chronic pain management.

METHODS

IPEC-Psychoeducation Groups. Experience reports and qualitative analysis

RESULTS

Characteristics of the patients
Total of 92, 71(77,1%) females
21 (22,8%) males
Mean age: 56 ± 2,0.

Example of student report

"It was extremely gratifying to be part of this initiative and learn how professionals from art, medicine, and psychology can work together."

Exemple of patient report

"For a few minutes, it was possible not to think about my pain."

DISCUSSION

The experience shows that was possible to provide Interprofessional education and care for patients with chronic pain.

CONCLUSIONS

The implementation of the IPEC-Care program appears to benefits both patients with chronic pain and students.

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Interprofessional Professionalism:
An Assessment that Guides Transition From Student to Professional to Interprofessional Team Member

IPC | INTERPROFESSIONAL PROFESSIONALISM COLLABORATIVE

John H. Nishimoto, OD, MBA, FAAO, FNAP, Southern California College of Optometry/Marshall B. Ketchum University, Association of Schools and Colleges of Optometry
Jody S. Frost PT, DPT, PhD, FAPTA, FNAP; Education Consultant and Facilitator. Past President, National Academies of Practice
Neil Harvison, PHD, OTR, FNAP, FAOTA, Chief Officer, Knowledge, American Occupational Therapy Association

PROJECT NEEDS ASSESMENT

The construct of interprofessional professionalism (IPP) (Holtman et al, 2011) identifies 6 domains of professionalism including altruism/caring, excellence, ethics, respect, communication, and accountability. Professionalism is essential in effective collaborative practice. However, the impact of professionalism behaviors is often not addressed in teams. This poster will review the work of the Interprofessional Professionalism Collaborative (IPC) on developing a valid Interprofessional Professionalism (IPP) Assessment (IPA) (Frost et al, 2019) and relevant tools on how to use the assessment results to improve collaborative team practice.

PROJECT EDUCATIONAL STRATEGIES / RESULTS

The IPA consists of 26 items addressing six domains (altruism/caring, excellence, ethics, respect, communication, accountability) and was tested by 233 preceptors who assessed final year learners from 10 professions. Internal consistency reliability coefficients for the entire instrument and four subscales were high (all >0.9). Psychometric results demonstrate aspects of the IPA's reliability and validity and its use across multiple health professions and in various practice sites (Frost et al, 2019). Teaching and training tools were developed for administration, guidance, and utilization of the IPA. Initial work on the impact of addressing professionalism is assessed through pre- and post-assessment of trainees utilizing the IPA. Dissemination and adoption of the IPA and toolkit across the IPC, consisting of 11 professions represented by the 11 member associations and one assessment organization, through conferences, workshops and webinars.

PROJECT GOALS

1. Identify professionalism behaviors common to all professions that reflect what professionals demonstrate when effectively interacting with one another and in relation to patient/family /caregiver-centered care.
2. Develop IPP tools including the IPA assessment, and teaching/training tools.
3. Utilize the assessment of IPP to develop and/or improve professionalism in collaborative team practice.
4. Identify professionalism behaviors common to all professions which reflect what professionals demonstrate when they effectively interact within one another and in relation to patient/family/ caregiver-centered care.
5. Develop IPP tools (IPA assessment, teaching/training tools).
6. Utilize the assessment of IPP to develop and or improve professionalism in collaborative team practice.

CHALLENGES / SUMMARY / NEXT STEPS

Initial plans for dissemination and adoption were modified and/or delayed due to the COVID-19 pandemic. The focus of our current initiative is:

1. Move beyond the association level to promoting utilization of the IPA and toolkit in practice and educational systems.

2. Promote collection of outcomes of the impact of addressing professionalism in interprofessional practice through pre- and post-assessment of trainees.

Loading......C-ICE 2.0

Lisa Benson-DeVries, EdD, MSN, MBA, RN, CPAN; Katie Zander, MSN, APRN, PPCNP-BC/CPNP-AC; Lindsay Iverson, DNP, APRN; Ann Ryan-Haddad, PharmD; Julia Shin, EdD, MS, OTR/L, BCP; Julie Peterson, PT, DPT, EdD; Cassie Eno, PhD; Kim Begley, PharmD
Creighton University, Omaha, Nebraska

Introduction

- The Creighton Interprofessional Collaboration Evaluation Instrument (C-ICE) recognized only instrument to assess behavior changes and team performance
- C-ICE aligns with the interprofessional education collaborative core competencies
- IPEC revised competencies published in 2023 necessitate review and update of C-ICE to ensure relevance and efficacy
- Aim to revise the C-ICE instrument to provide reliable and valued way to evaluate interprofessional team behaviors

C-ICE Revision Methodology

1. Identified an interdisciplinary team
   - Nursing, Occupational Therapy, Physical Therapy, Medicine, Pharmacy
2. Reviewed the new 2023 IPEC Competencies
   - Added inclusion, diversity, equity, and justice
   - Related competencies to outcomes
   - Emphasized focus on team-based care
3. Individual review followed by group discussion
4. Revisions to C-ICE included:
   - Removed items no longer included in IPEC
   - Added new items based on IPEC updates
   - Verified wording and language
5. Improved appearance and usability of instrument

Map to IPEC Competencies

Roles and Responsibilities *Respects and incorporates the roles, responsibilites, and expertise of team members to meet health outcomes.*	
7. Verbalizes discipline spcific role to patient (introduces self/role)	RR4
8. Offers to seek guidance from colleague of the same discilne with uncertian about own knowledge, skills, and/or abilities (NA if not necessary)	RR2, RR5
9. Communicates with team members about cost effective and/or timely care (i.e. generic medications, diagnostic utiltiy)	RR1, RR3, RR5
10. Directs questions to other health professionals based on team member's expertise	RR1, RR2, RR3, RR4, RR5

The Revised C-ICE 2.0 Instrument

Validity Testing

1. Qualtrics survey sent to over 140 national experts on IPE

2. Four focus groups with IPE experts in development and assessment

Reliability Testing

Reliability testing will be starting soon!

1. Videos of Standardized Patients as a team of interprofessional students working together created by this interprofessional team
2. Videos demonstrate interprofessional teams working together with varying levels of competency in interprofessional practice
3. Videos will be distributed to interprofessional experts around the world to use the C-ICE 2.0 to evaluate team performance at two different times to ensure reliability

Interested in Reliability Testing?

Conclusion

- Loading......C-ICE 2.0 coming soon!

- Designed to comprehensively evaluate collaborative behavior and performance in practice

- Unique in using IPEC Core Competencies as framework

Acknowledgements

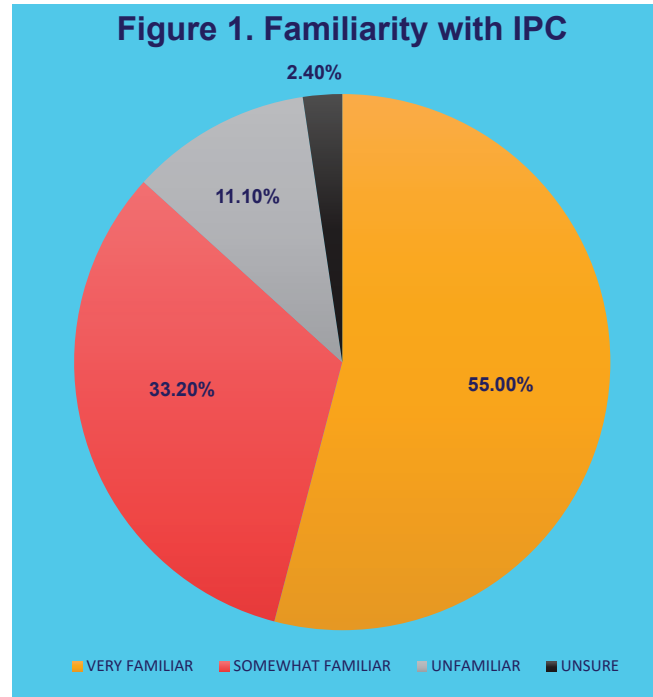# INTERPROFESSIONAL PROFESSIONALISM COLLABORATIVE USER SURVEY

Loretta Nunez, MA, AuD[1], Mark R. Speicher, PhD[2], Kelly Ragucci, PharmD[3], John Tegzes, DVM[4]

BRIEF DESCRIPTION

The growth in both interest and prevalence of interprofessional education has focused importance on national, validated assessments. The Interprofessional Professionalism Collaborative (IPC; see http://www.interprofessionalprofessionalism.org/) is a national organization that defined and created an assessment instrument to measure the construct of Interprofessional Professionalism (IP). The organization has also created a toolkit/set of resources for educators and clinicians to use for teaching and assessing IP in educational and practice environments. In 2018, the IPC published its interprofessional assessment instrument (IPA) which was designed to evaluate an entry-level health professional's demonstration of professionalism when interacting with other health professions as a part of the health care team. This survey provides data on where, how and in what kinds of programs interprofessional professionalism is being taught and assessed.

INTRODUCTION

The IPC User Survey (IPCUS) was developed by the IPC following a literature review on the use of tools to measure Interprofessional Professionalism. The survey comprises 7 questions on the nature of the IPE program; 12 questions on use of the use of the Interprofessional Professionalism Assessment (IPA) and the Toolkit; 12 questions on the value of and challenges to the use of the IPA and the Toolkit; 1 question on alternatives to the IPA; 4 questions on published work and 1 question on suggestions for future development of additional tools to assist in the development of future tools.

Figure 1. Familiarity with IPC

- 2.40%
- 11.10%
- 33.20%
- 55.00%

VERY FAMILIAR SOMEWHAT FAMILIAR UNFAMILIAR UNSURE

whom IPC has communicated about its research and resources. Over the period of February 15, 2022 to May 25, 2022, the IPCUS was distributed to 848 individuals who provided their contact information at the time that they downloaded the IPA. Three reminders were sent, at weeks 4, 8 and 12 of the survey period, and 90 complete responses were received (of 107 who opened the survey), for a response rate of 13 percent.

RESULTS

The professions with the most survey respondents included Nursing, Occupational Therapy, Physical Therapy, Pharmacy and Medicine. Programs were geographically diverse across the U.S., as well as three respondents from outside the U.S.

The majority of programs (27.6%) used a synchronous, didactic education program as the main delivery method. Additional methods include asynchronous didactic education and simulation (each 16.1%); standardized patients (14.7%); virtual standardized patients (7.7%); actual patients (7.0%); and programs using augmented or virtual reality (1.4%). More than 10% of programs indicated another method of delivery.

As shown in Figure 1., most respondents reported that they were very or somewhat familiar with the IPA. Most respondents became aware of the IPC through the IPC website (35.3%), with other significant methods being colleagues (22.1%), the Nexus website (11.8%), and a presentation (5.9%). Other methods of becoming aware of the IPA include published articles and Professional Associations. Respondents were less familiar with the IPA Toolkit; more than half (56.9%) were not familiar with the toolkit. Of those who were aware, 34.5% found out about it from the web site, and 27.6% from a colleague. Most of those who were aware used the IPA (30.8%), with the rest of the tools (video and written case scenarios, instructions and references) were used by between 10% and 15% of the respondents.

DISCUSSION

Most respondents were familiar with the IPC, but most programs (56.9%) did not use the IPC or an alternative such as Team STEPPES or rubrics based on the competencies. Assessing interprofessional professionalism remains problematic among IPE program.

1. American Speech-Language-Hearing Association, Rockville MD; 2. . American Association of Colleges of Osteopathic Medicine, Bethesda MD; 3.American Association of Colleges of Pharmacy, Arlington VA; 4. Western University of the Health Sciences College of Veterinary Medicine, Pomona CA

Integrating New Interprofessional Clinical Experiences for SLP and OT Students into an Existing Therapeutic Program for Preschoolers

Patti Caudill, M.S., CCC-SLP • Elizabeth Gosnell, M.S., OTR/L • Ashley Lankford, Sc.D., OTR/L
Alyssa Boltz, B.A., SLP Graduate Student • Celeste Segal, M.S., CCC-SLP • Katelyn Roe, M.S., OTR/L

Background

TU Children's Therapy Program (CTP)
- Pediatric feeding: joint SLP/OT roles
- SLP & OT graduate clinical experience
- High student-client ratio, low census
- Clinical supervisors model IPP

Project Aims

- Create IP clinical experiences for graduate students in underserved area of pediatric feeding
- Increase IPP student knowledge and confidence through understanding of provider roles & collaboration
- Utilize existing programming & resources

References

Interprofessional Program Design

Phase 1: Needs Assessment (SU 23)

- Initially SLP individual treatment only, limiting clinical experiences
- Student-led Literature Review: Only 21% of accredited graduate programs offer courses/clinical experience in pediatric swallowing/feeding (Knollhoff, 2023), or provide education in IPP
- Low self-reported confidence rates in professionals treating pediatric feeding (Raatz et al., 2023)
- CTP client feeding needs rated by parents on PediEAT as concerning in Problematic Mealtime Behaviors & Selective/Restrictive Feeding Behaviors

Phase 2: Development of Food School (FA 23 - SU 24)

- Integrated into an existing small group therapy program (CTP)
- Built on IPE training with SLP/OT students & supervisors
- Introducing new foods, developing new activities, informal planning in CTP; addressing cultural and allergy considerations
- Informal parent reports of positive changes in home food behaviors, but no formal way to capture information
- Developed learning objectives, created data collection plan, received IRB approval

Phase 3: Implementation & Data Collection (FA 24: Current Phase)

- Formalized lesson plans and assessments to evaluate client progress
- Students completed pre-assessment of knowledge and perceived skills
- Caregivers completed
  - Initial interview
  - Food inventory
  - PediEAT (Pados, et al., 2018)
- Assessments completed by students with clients
  - Oral sensorimotor screening
  - Clinical feeding-swallowing screening

Phase 4: Data Analysis (SP 24 - SU 24)

- Continue "Food School" programming in CTP
- Analyze & interpret pilot data from Fall 2024
- Modify clinical & IPE for SLP/OT graduate students, as well as feeding treatment strategies within CTP
- Identify potential grants to support future directions

Discussion

Lessons Learned:
- Start small, consider embedding into existing program
- Find your team (collaboration is key)
- Embrace trial & error; provide learning experiences for all
- Don't be intimidated by clinical research; offers greater structure for programming format
- Variation in client needs/presentations offer expanded learning experiences (clinical flexibility, treatment modification, recognition of age-appropriate feeding skills)

Future Directions:
- Incorporate caregiver education
- Greater student involvement in planning and program support
- Expand interprofessional collaborations within the college (i.e., nursing, PAs)
- Professional development / increased competencies in feeding intervention
- Funding & time

Designed by the
Office of Academic Innovation

IPE Curriculum Evolution at a School of Pharmacy Not Affiliated with an Academic Health Science Center

Amanda Brown, MSN, RN, Director of IPE and
Reza Taheri, PharmD, MBA, Senior Associate Dean of Pharmacy Education

Needs Assessment
➢ Standalone pharmacy school
➢ ACPE accreditation includes prescribers/student prescribers

Goals
➢ Expand IPE beyond internal 4 professions, esp. prescribers
➢ Integrate into Doctor of Pharmacy (PharmD) courses
➢ Comprehensive/global assessment

Interventions
➢ Collaboration with Co-curriculum, Experiential Education, Assessment offices
➢ Expand external partnerships

Professions (incl. PharmD): 4 → 8   **Mandatory: 3 → 9**   **Elective: 0 → 8**

Student Type	Pre 2018	2018 – 2019	2019 – 2020	2020 – 2021	2021 - 2022	2022 – 2023	2023 - 2024	2024 - today
PY1 Mandatory	PA, CSD, PT	PA, CSD, PT	PA, CSD, PT	PA, CSD, PT + DO + BSN	PA, CSD, PT + DO + BSN*	PA, CSD, PT + DO + BSN*	PA, CSD, PT + BSN*	PA, CSD, PT + BSN*
PY1 Elective	n/a	n/a	n/a	n/a	MD + PT + PA	MD + PT + PA + MFT	MD + PT + PA + MFT	MD + PT + PA + MFT
PY2 Mandatory	0	DO	DO + MD	DO* + MD	DO* + MD*	DO* + MD*	DO* + MD*	DO* + MD* +DNP*+MFT*
PY2 Elective	n/a	n/a	n/a	BSN	MD + BSN + PT + PA	MD + BSN + PT + PA + MFT	MD + BSN + PT + PA +MFT	MD + BSN + PT + PA +MFT
PY3	0	0	0	0	0	Reflection	Reflection	Reflection
Assessment	0	0	0	IPEC Self-Assessment	IPEC Self-Assessment	IPEC Self-Assessment	IPEC Self-Assessment	IPEC Self-Assessment

Acronym	
BSN	Bachelor of Science in Nursing
CSD	Comm. Sciences & Disorders
DNP	Doctor of Nursing Practice
DO	Doctor of Osteopathic Med.
IPEC	Interprof. Education Collaborative
MD	Doctor of Medicine
MFT	Marriage & Family Therapy
PA	Physician Assistant
PY1/2/3	PharmD Year 1/2/3
PT	Physical Therapy

Timeline
Pre-Survey: Start of PY1
Post Survey 1: End of PY1
Post Survey 2: End of PY3

QR code for Chapman University, School of Pharmacy's website and presenters' contact information

Lessons Learned
➢ Best if can integrate IPE within core courses to maintain student accountability and faculty engagement
➢ Be open to virtual opportunities, especially for standalone programs

Next Steps
➢ Continue profession and IPE experiences expansion
➢ Assessment not based on perception/self-report

Table Notes:
• Electives started 2020/21 and are integrated within Co-curriculum (mandatory course)
• External partners: MD, DO, BSN, DNP
• * indicates pharmacy core course integration
• Reflections are mandatory in Acute Care/Internal Medicine rotations

Enhanced Curricular Mapping to Support
Ways of Knowing, Learning, and Leading Together for Person-Centred Care

Andreia Bruno-Tomé, Kwang Cham, Josh Allen, Kim Allison, Joanne Bolton, Sue Durham, Christine Jackman, Vivienne Mak, Vivian Romero, Neville Turner, Tina Brock

BACKGROUND & NEED

- The Faculty of Medicine, Dentistry, and Health Sciences (MDHS) at the University of Melbourne (Australia) began interprofessional education (IPE) initiatives in 2018.
- Despite some early wins, the 14 entry-to-practice health programs in MDHS still mostly teach in single disciplines. Cross-awareness of the potential for common and collaborative IPE experiences is hampered by the lack of a shared curriculum management system, unoptimized relationships, and disciplinary pressures.
- Supported by its new Collaborative Practice Centre (CPC), MDHS is launching an updated version of its IPE curriculum in 2025.
- The inclusive name of this curriculum is *Ways of Knowing, Learning, and Leading Together for Person-Centred Care*. This name capitalises on the brand recognition from the earlier version of the curriculum, but… it's cumbersome! The short name is "**the Ways Curriculum**."
- We want to raise awareness of our complementary disciplines while increasing the percentage of common and collaborative interprofessional experiences in each program.
- To prepare for this, we embarked upon an enhanced mapping process to identify and describe *what we have* and use this to create shared vision for *what we could have*. The mapping process included both document review and interview.

METHODS

Phase 1: Curriculum Analysis

- Recruitment of 7 curriculum coordinators from 5 schools (dental, health sciences/allied health, medical, population/global health, psychological sciences)
- Development of shared mapping terminology across the disciplines
- Mapping of intended learning outcomes to domains and subdomains of the Ways Curriculum framework. *See Tables 1 & 2 for representative examples.*

Phase 2: Stakeholder Engagement

- Individual interviews with disciplinary course leaders and subject coordinators
- Verification and validation of the mapping
- Documentation of teaching and assessment methods
- Exploration of potential interprofessional learning opportunities
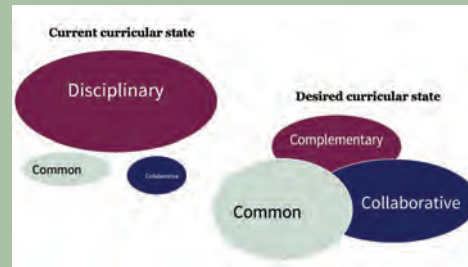
PRELIMINARY RESULTS

- 26 cross-disciplinary team meetings conducted since August 2023
- 12 of 14 entry-to-practice MDHS programs mapped to the 4 domains, 12 subdomains, and 21 keywords
  - Document review of 207/210 MDHS subjects
  - Interviews with 56 stakeholders

CONCLUSIONS

The enhanced curriculum mapping process has achieved the following preliminary results – (1) recruitment of visible IPE leaders in each school, (2) creation of an IPE curriculum coordinator team to lead implementation, (3) development of cross-program IPE terminology, (4) raised awareness of programmatic strengths and opportunities for future collaboration.

The "Ways Curriculum"

Current curricular state
Disciplinary
Common
Collaborative

Desired curricular state
Complementary
Common
Collaborative

Interprofessional Communication
Collaborative Leadership
Relational Reflexivity
Systems Improvement

This project is fostering **interprofessional academic teams** to perform enhanced curricular mapping of **entry-to-practice health programs**.

This is raising awareness of the need for and opportunities to support design, implementation, & evaluation of an **interprofessional collaborative practice curriculum** across the Faculty of Medicine, Dentistry, and Health Sciences at the University of Melbourne.

#BetterTogether

Table 1

Example of the mapping of learning outcomes and generic skills from the subject course handbooks using agreed codes from the mapping library.

Table 2

Example of a summary table with the number of subjects referenced according to the attributes for each course.

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Evaluating Health Professional Student Perspectives of an Interprofessional Education (IPE) Event on Health Equity

Jennifer L. Prisco, Evelyn Graeff, Carolyn Hall, Yulia Murray, Spencer Casella, James Goss, Kristeen Perry

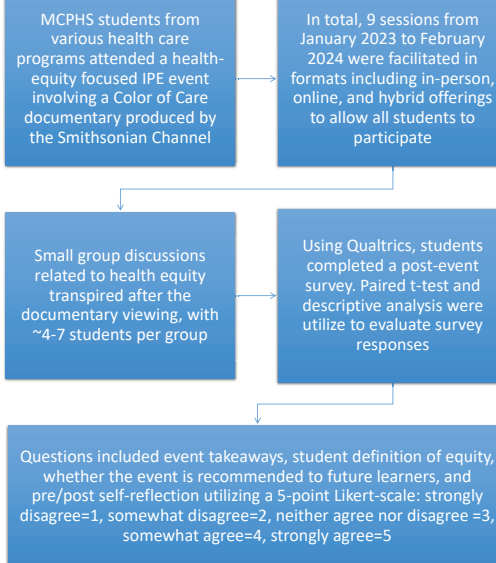MASSACHUSETTS COLLEGE of PHARMACY and HEALTH SCIENCES

Background

- Interprofessional education is when students from 2+ professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO 2010)
- Interprofessional practice and education focuses on improved health equity as one of the five outcomes within the IPE Quintuple Aim, resulting from interprofessional competency

Objective

- To evaluate health professional student perspectives on an IPE event focusing on health equity

Methods

MCPHS students from various health care programs attended a health-equity focused IPE event involving a Color of Care documentary produced by the Smithsonian Channel

In total, 9 sessions from January 2023 to February 2024 were facilitated in formats including in-person, online, and hybrid offerings to allow all students to participate

Small group discussions related to health equity transpired after the documentary viewing, with ~4-7 students per group

Using Qualtrics, students completed a post-event survey. Paired t-test and descriptive analysis were utilize to evaluate survey responses

Questions included event takeaways, student definition of equity, whether the event is recommended to future learners, and pre/post self-reflection utilizing a 5-point Likert-scale: strongly disagree=1, somewhat disagree=2, neither agree nor disagree =3, somewhat agree=4, strongly agree=5

Results

Table 1: Participating Disciplines

Team-based

Dental Hygiene, Health Sciences, Healthcare Management, Physician Assistant, Public Health, Nurse Practitioner, Nursing, Pharmacy, Pre-Med

Table 2: IPE event impact on awareness of inequity and health disparities

	Somewhat to Strongly Agree	Neither agree nor disagree	Somewhat to Strongly Disagree
Prior to this event, I had awareness on how I can call out inequity and health disparities	58%	24%	18%
After the Color of Care viewing, I have awareness on how I can call out inequity and health disparities	85%	10%	5%
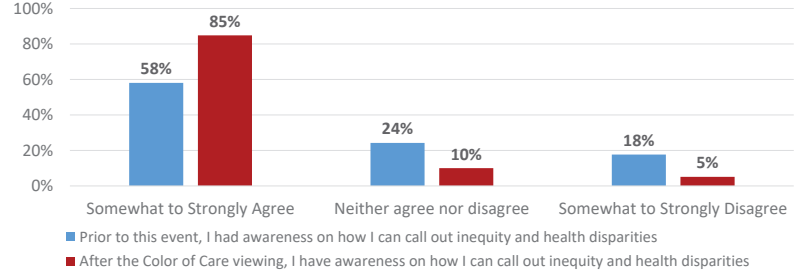
Table 3: Would you recommend this event?

- Yes - all students should participate: 72%
- Yes - make it optional for students to participate: 27%
- No: 1%
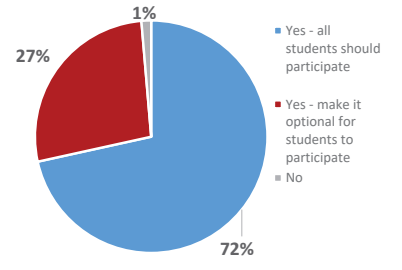
Table 4: IPE event impact on equitable care perceptions

	Somewhat to Strongly Agree	Neither agree nor disagree	Somewhat to Strongly Disagree
Prior to this event, I believed that all patients received equitable care	26%	12%	62%
After the Color of Care viewing, I believe that all patients receive equitable care	25%	8%	67%
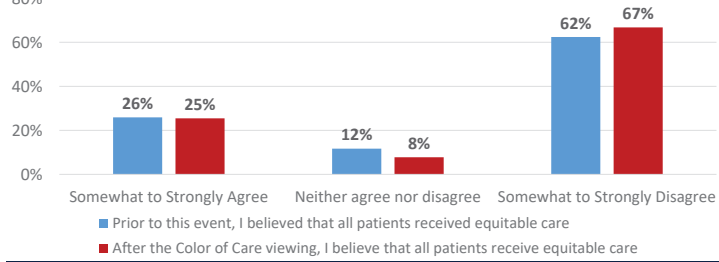
Table 5: IPE event impact to act on health care injustices

	Somewhat to Strongly Agree	Neither agree nor disagree	Somewhat to Strongly Disagree
Prior to this event, I felt empowered to take action on injustices within health care	58%	27%	15%
After the Color of Care viewing, I feel empowered to take action on injustices within health care	86%	8%	5%
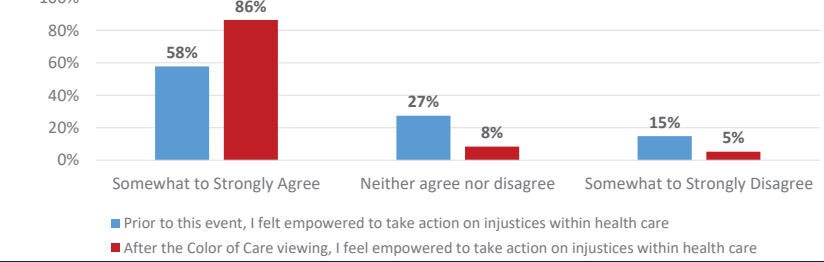
Discussion

- Over a period of 13 months, 688 students completed the post-event survey who attended the IPE event
- Most students (98.7%, n=659) recommended the event to other students, with 72% (n=478) recommending required attendance, and 27% (n=181) recommending optional attendance
- After participation, students were significantly more likely to 1) feel empowered to take action on injustices within healthcare and 2) be aware on how to call out inequity and health disparities (p<0.0001 for both)
- Students agreed this event allowed them to actively listen and encourage ideas and opinions of others and allowed them to identify ways to problem-solve and discuss strategies to improve access to healthcare, 4.42/5 and 4.32/5 on a 5-point scale, respectively

Implications/ Conclusion

- The Boston IPE Working Group within the MCPHS Center for Interprofessional Practice and Education aim to continue the offering of this event based on positive results
- This event will serve as an introductory IPE event related to health equity with intentions to 1) help students gain a foundational understanding of health disparities and 2) empower them to work in an interprofessional manner on improving access to care

Design and Implementation of an IPE Clinic for a Regional Higher Education Center

Health, Equity, Access and Learning at University of Maryland: HEAL-UM

Deborah Miller-Young, DDS   Heather Congdon, PharmD   Bridgitte Gourley, DNP, FNP-BC
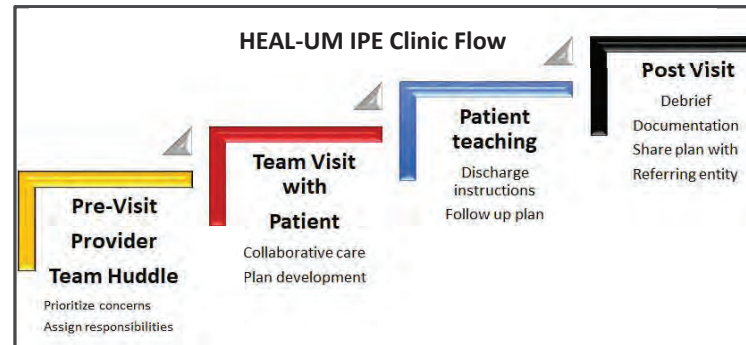
Background

- The University of Maryland, Baltimore campus has several health professions schools and a funded Center for Interprofessional Education.
- The Universities at Shady Grove Campus is a Regional Higher Education Center with University of Maryland Baltimore students from Schools of Nursing, Pharmacy, Social Work and Dentistry and a dedicated clinic space for an interprofessional clinic.
- Faculty have developed a model for the interprofessional educational clinic to serve complex patients with chronic conditions.

Goals and Objectives

- Educate health profession students to provide care through mastery of the IPEC Core Competencies.
- Pilot intentional alignment of IPE competencies from accreditation/certification bodies to develop educational models and clinical experiences.
- Partner with consortium of clinics for access to patients
- Evaluate the impact of this model on patient and student outcomes.

Model

HEAL-UM IPE Clinic Flow

Pre-Visit Provider Team Huddle
- Prioritize concerns
- Assign responsibilities

Team Visit with Patient
- Collaborative care
- Plan development

Patient teaching
- Discharge instructions
- Follow up plan

Post Visit
- Debrief
- Documentation
- Share plan with Referring entity

HEAL-UM IPE CLINIC Faculty Student teams

Population Focus

- Multiple chronic conditions, medically unhoused.
- Unaddressed social determinants of health needs.
- ER utilizers & Recent discharge from hospital.

Progress

- Formalizing partnership with Primary Care Coalition clinics and regional systems to begin pilot of model.
- Developing budget and sustainability plan
- Presentations to Deans and the Board of Regents for consensus building and approval.

Acknowledgements

Confronting Implicit Bias: CUNY Tackles Health Equity in IPE

Paul Archibald, Patricia Simino Boyce, Christopher Bowers, Victoria Fischer, Gwendolyn Lancaster, Marge Reilly, Lesley Rennis, Nicole Saint-Louis, Mara Steinberg Lowe

REFLECTING ON IMPLICIT BIASES

CARE TEAM COLLECTIVELY ADDRESS SDOH

Integrating Implicit Bias into IPE

- Students trained on Implicit Bias prior to immersive IPE experience
- IPE scenarios highlight disparities and subtle provider biases
- Structured debriefs discuss implications of biases on care delivery & patient outcomes to promote culturally competent, equitable care practices

Cultural Competence and Interprofessional Education Competencies of Values & Ethics in a Student-Run Free Clinic

Yovanna Pomarico, PhD, MBA, CMA, Meredith Baker-Rush PhD MS CCC-SLP/L, CHSE, FNAP, Catherine Gierman-Riblon DSc, RN

Purpose & Problem Statement

Cultural competence is essential for effective healthcare delivery, requiring providers to understand and respect patients' diverse backgrounds. There is a gap in the literature focal to cultural competence and the interprofessional collaborative educational competencies (IPEC) of Values & Ethics (V&E).

This study aimed to explore cultural competence and IPEC competencies of V&E among clinicians, student clinicians, and Spanish Medical Interpreters (SMIs) involved in the treatment of limited English proficient (LEP) patients in a Student-Run Free Clinic (SRFC) located in the Midwest.

A possible connection between cultural competence and IPEC competencies, specifically V&E in a SRFC setting was investigated.

Theoretical Frameworks

Bandura's Social Learning Theory (Bandura, 1977), Purnell's Model for Cultural Competence (Purnell, 2002), and Leininger's Transcultural Nursing Theory (Leininger, 1991) underpin this study's understanding of cultural competence.
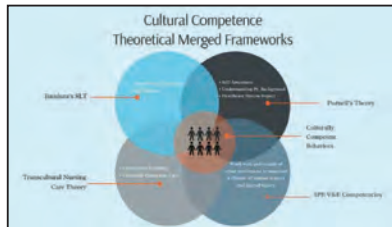
Methods

Study underwent Human Subjects Protections review and received IRB approval # 23-377.

Mixed methods, combining quantitative and qualitative data was employed with data triangulation. This approach allowed for cross-validation of results; strengthening the study's validity.

Data Collection was completed via Qualtrics from August 10, 2023 to November 14, 2023:

Due to the limited sample size, we opted for a more robust statistical approach: the Fisher-Freeman-Halton exact test. This method is well-suited for analyzing relationships between categorical variables in smaller datasets. Ultimately, using both the Chi-square test and Fisher-Freeman-Halton test they provided a more nuanced understanding of the specific relationships within the groups.

Participants

Participants were clinicians, student clinicians, and SMIs who volunteer at a SRFC.
Inclusion criteria:
- Age of 21 years or older
- A licensed clinician, student clinician, or a SMI of the SRFC
- Participated in at least one patient encounter that required an SMI
- Clinicians and students must speak English
- Medical interpreters that are bilingual in Spanish and English (proficiency in writing, reading, and speaking in Spanish and English).

Clinicians (n= 5), Student Clinicians (n= 9), Spanish Medical Interpreters (n= 4).

Results

No statistical significance was noted between groups focal to the definition of cultural competence and reported practice behaviors. However, SMIs demonstrated higher scores in knowledge of the IPEC V&E competency. All groups exhibited a nuanced understanding of cultural competence as evidenced by triangulation of their knowledge, perceived importance, and reported behaviors in serving LEP patients.

While no significant differences were found between groups in defining cultural competence, subtle variations emerged. Furthermore, assessments of foundational knowledge and perceptual data across groups indicate that cultural competence is a complex concept. Student clinicians who underwent IPE scored lowest on focal foundational knowledge, despite training.

Knowledge of Statements Aligning with V&E

True IPEC Value & Ethic Competency Statements	Accuracy			Fisher-Freeman-Halton Exact Test Results
(N = 18)	Student Clinicians n = 9	Clinicians n = 5	SMIs n = 4	Statistical Results
Manage Ethical dilemmas	50%	28%	22%	$(X^2 (4) = 3.510, p = .580, FET: p = .529)$
Demonstrate high standards	50%	28%	22%	$(X^2 (6) = 4.86, p = .837, FET: p = .835)$
Embrace the cultural diversity	89%	100%	100%	$(X^2 (2) = 1.06, p = 1.000, FET: p = 1.000)$
Act with honesty and integrity	78%	80%	100%	$(X^2 (6) = 4.77, p = .897, FET: p = .897)$
Respect the dignity and privacy	78%	80%	100%	$(X^2 (4) = 1.97, p = 1.000, FET: p = 1.000)$
Respect the unique cultures	89%	89%	100%	$(X2 (2) = 1.06, p = 1.000, FET: p = 1.000)$

There was no statistical differences among the groups

*It is important to note that the sample of students was approximately double as compared to SMIs and clinicians.

Discussion

The increasing LEP population presents significant challenges in health care. As the complexity of care provision to LEP population increases, cultural competence and effective IP collaboration is paramount. The IPEC (2016) identified key competencies, such as V&E, that are essential for healthcare professionals to deliver quality care.

This research highlighted the complex interplay between cultural competence and IPEC (2016) V&E competencies through assessing definitions, perceptions, and applications of these concepts across three groups of healthcare providers. Of the groups, one (student clinicians) received specific IPE. Despite the training, no difference was noted as it relates to cultural competency and V&E (IPEC, 2016). The findings suggests that cultural competency is more complex than knowledge, perceptions, and experiences.

It is recommended that future research delve deeper into knowledge, perception, and experiences and how these factors relate to cultural competence and V&E competencies. A second tier of exploration may include investigating the impact of these factors on patient outcomes, satisfaction, and trust, especially with LEP populations who utilize SMI's during healthcare encounters.

Lastly, while Bandura's Social Learning Theory (Bandura, 1977), Purnell's Model for Cultural Competence (Purnell, 2002), and Leininger's Transcultural Nursing Theory (Leininger, 1991) applied in this study, it is recommended that additional theories and considerations are explored due to the complexities of cultural competency and V&E. It is with hope that future research will further illuminate the complexities and nuances of achieving culturally competent care for all.

Conclusion

While no significant differences were found between groups, subtle differences emerged. Those who received IPE scored the lowest focal to foundational knowledge of cultural competency. Through foundational knowledge assessment and perceptual data analysis, it is evident that cultural competence is a more complex construct than just knowledge, perception, and experiences.

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Handout

References

Social Determinants of Health and Vulnerable Populations

Dawn Joosten-Hagye, PhD, LCSW, GC-C

Goal of USC IPE Day

To provide health profession students with an opportunity to participate in team-based experiential learning activities that acquire skills for interprofessional practice that ultimately benefits patients and their families.

Learning Objectives & IPEC COMPETENCIES for IPE Activities

Activity One Focus: Learning about others' professions; Case review; Team-based Assessment of SDOH
- Explain the clinical roles and responsibilities of other health providers [IPEC Competency RR4 – Role and Responsibilities]
- Consider the impact of the SDOH on the patient's ability to access healthcare. [IPEC Competency VE1 – Values/Ethics for Interprofessional Practice]
- Collaborate with health professionals in shared patient-centered and population-focused problem-solving through active listening and encouraging the ideas and opinions of other team members. [IPEC Competencies TT3 and CC4 - Teams and Teamwork and Interprofessional Communication]

Activity Two Focus: Problem Solving List; Protective Factors; Prioritization of Interventions
- Construct ways to foster a climate of mutual respect and shared values. [IPEC Competency VE4 – Values/Ethics for Interprofessional Practice]
- Assemble interprofessional health care delivery with the interest of the patient at the center of population health programs and policies. [IPEC Competency VE1 – Values/Ethics for Interprofessional Practice]
- Identify the unique and complementary abilities of all members of the team to optimize health and patient care [IPEC Competency RR9 – Roles and Responsibilities]
- Value the cultural diversity and individual differences that characterize patients, populations, and the health team. [IPEC Competency VE 3 and VE4, Values/Ethics for Interprofessional Practice]

METHODS and PROCEDURES

FACULTY COMMITTEE N=10 → **IPE Day Experiential Learning Activity** → **Measurement & Analysis**

- **Bi-weekly Meetings**
- Zoom Format
- Google Drive
- **Design & Development:**
  - Design case scenario
  - Student recruitment
  - **Film simulated patient**
  - procedures for Zoom rooms
  - Student materials facilitator guides
  - training for facilitators
  - faculty support Zoom room on IPE Day

IPE EXPERIENTIAL ACTIVITY IPE DAY:
- 2 hour synchronous session
- 15-17 interprofessional students per IPE Team
- 1-2 facilitators per separate Zoom room with IPE team, IPE Teams:
  - executed IPE objectives
  - collaborated on 2 activities
  - provide Qualtrics Post Survey link to students at end of session
  - End w/key takeaways

- 20-item Interprofessional Collaborative Competencies Attainment Survey (ICCAS)
- *8-item Assessing Student Competence Knowledge of Social Determinants of Health (ASCK-SDH)*

Encounter with Physician Assistant

Encounter with Social Worker

Simulated Patient Scenario:
- Latino older adult
- Unhoused
- Receives CalFresh food benefit
- Has no cash aid
- Socially isolated
- Multiple chronic health needs

RESULTS

Table 1. Participants (N = 963)

Discipline	Percentage	Number
Dentistry	18%	168
Family Nurse Practitioner	<1%	2
Medicine	18%	168
Dietetics/Nutrition	2%	21
Occupational Therapy	15%	134
Pharmacy	20%	187
Physician Assistant	6%	55
Physical Therapy	15%	135
Social Work	1%	5
Speech and Language Pathology	5%	42

Prior Participation in IPE Training (N = 906)

40% YES

number participated in (yes):
- 1 = 38%
- 2-3 = 45%
- 4-5 = 9%
- 6+ = 8%

Length of Time on Interprofessional Team (N = 866)
- **none = 49%**
- up to 3 mo = 7%
- 3 mo to 6 mo = 5%
- 6 mo to 1 yr = 11%
- 1yr to 2 yr = 16%
- 2 yrs+ = 13%

As a result of the session, I am aware of the importance of the SDOH in healthcare treatment planning (N=862):
- Strongly Disagree = 2%
- Disagree = <1%
- Undecided = 1%
- Agree = 25%
- **Strongly Agree = 71%**

Table 2. Interprofessional Collaborative Competencies Attainment Scale (ICCAS) (N = 963)

ICCAS Subscales	Mean Before*	Mean After*
Communication	6.02	6.50
Collaboration	5.88	6.53
Roles & Responsibilities	5.99	6.54
Collaborative Patient/Family-Centered Approach	5.99	6.52
Conflict Management/Resolution	6.16	6.57
Team Functioning	5.89	6.51
Full Scale	**5.98**	**6.53**

***5 = slightly agree 6 = moderately agree 7 = strongly agree**

Table 3. Assessing Student Competence Knowledge of Social Determinants of Health (ASCK-SDH) (N = 963)

Question	Mean
1. Lifestyle factors, including health behavior, diet, and exercise should be incorporated into healthcare recommendations.	3.83
2. A client's level of education and socioeconomic status are important considerations in healthcare delivery.	3.75
3. Healthcare recommendations should include areas the client finds meaningful in his/her life.	3.80
4. Cultural factors that may be impacting a client should be considered in healthcare delivery.	3.80
5. Physical and mental health should be viewed as dependent upon each other.	3.77
6. Healthcare providers should address factors such as transportation and access to health services during healthcare delivery.	3.79
7. Understanding if a client has stable housing and access to food will influence healthcare decisions.	3.81
8. Interprofessional healthcare teams are in a better position to assess social determinants of health than single professionals	3.83

* 1 = strongly disagree 2= disagree 3= agree 4 = strongly agree

POTENTIAL IMPACT/LESSONS LEARNED

- Virtual IPE training increased positive attitudes about interprofessional collaborative practice.
- Virtual IPE training is an effective and feasible pedagogical method for shaping attitudes about collaborative practice.
- *Virtual IPE increased students awareness about the importance of SDOH in healthcare treatment planning*

ACKNOWLEDGEMENTS

Evaluation of Interprofessional Education Elements in a Combined Pharmacy and PA Student Ethics Course

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[1] Instructor of Pharmacy Practice, Health Outcomes Fellow, [2] Chair and Associate Professor of Pharmacy Practice,
[3] Associate Dean, Professor of Pharmacy Practice

BACKGROUND

Values and Ethics
- Few IPE publications in health professions focus on this IPEC domain
- Typically single events vs a course

Interprofessional Ethics Course
- Curricular revision at Cedarville
- Required course
- Physician associate students
- Pharmacy students
- 3 credits, 1 semester

OBJECTIVE

The aim of this study is to assess IPE outcomes in a combined bioethics classroom of PharmD and Physician Associate (PA) students.

TOOLS

IPEC Competency Self-Assessment Tool

16-item, Likert scale, self-assessment of student self-efficacy IPEC core competencies[1]

PACT Tool Set

Modified novice observer rating tool for assessment of team structure, leadership, situation monitoring, mutual support, & communication[2]

RESEARCH DESIGN AND METHODOLOGY

Interprofessional Elements Assessed

- **TeamSTEPPS training** - Students participated in this AHRQ training program, which teaches an evidence-based framework to optimize team performance in healthcare

- **In-class mini-case discussions** - During didactic sessions, students discussed mini-cases with other students across disciplines

- **Professional ethics standards analysis** - Students met in interprofessional small groups to compare and contrast the ethical codes for pharmacists, PAs, and other healthcare professions

- **Ethics case analyses** - Students met in interprofessional small groups to create ethics consult notes for complex ethics cases

Foundations Models Frameworks

1st half of the course:
- Students completed surveys via RedCap
- The IPEC Competency Self-Assessment Tool was used as the pre-survey and is planned to be used again for the post-survey

Team-based work in multiple sessions

2nd half of the course:
- Ethical case analyses (6 analyses, 2-3 observed)
- Faculty raters used the PACT (modified version) tool
- Feedback on their team performance was given before the next analysis

PRELIMINARY RESULTS

95% 62 of 65 students enrolled in the course completed the pre-survey

50% At baseline, 50% (31) of students selected "Neither Agree nor Disagree," "Disagree," or "Strongly Disagree" on 1 or more competency

31% The most students (19/62) were least confident in their ability to "constructively manage disagreements about patient care" with other health professionals

DISCUSSION AND NEXT STEPS

Strengths:
- Novel, IPE approach to didactic ethics education
- Use of validated tools evaluating both individual and team IPE

Weaknesses:
- Potential implementation issues as the first iteration of the combined course
- Potential incomplete data collection on individual surveys

UP NEXT Qualitative assessment of student perceptions via focus groups

REFERENCES

1. Lockeman KS, Dow AW, DiazGranados D, et al. Refinement of the IPEC Competency Self-Assessment survey: Results from a multi-institutional study. *J Interprof Care*. 2016;30(6):726-731. doi:10.1080/13561820.2016.1220928
2. Chiu CJ, Brock D, Abu-Rish E, Vorvick L, Wilson S, Hammer D, Schaad D, Blondon K, and Zierler B. Performance Assessment of Communication and Teamwork (PACT) Tool Set. http://collaborate.uw.edu/educators-toolkit/tools-for-evaluation/performance-assessment-of-communication-and-teamwork-pact-too

Bridging Ethics and Practice: Applying Codes of Ethics to Patient Scenarios in Interprofessional Education

Samuel R. Bethel, PhD MSW LICSW[1], Elizabeth W. Blake, PharmD BCPS FNAP[2],
Teri Browne, PhD MSW[3], Beverly Baliko, PhD RN PMHNP-BC[4]

1. University of South Alabama, College of Arts and Sciences 2. University of South Carolina, College of Pharmacy 3. University of South Carolina, College of Social Work
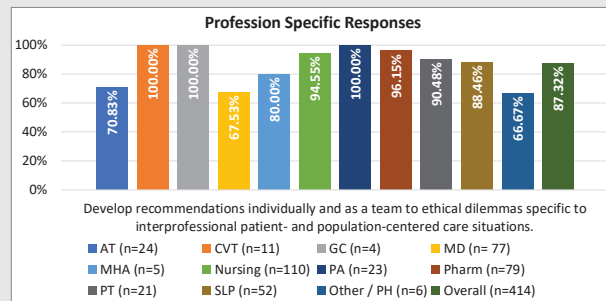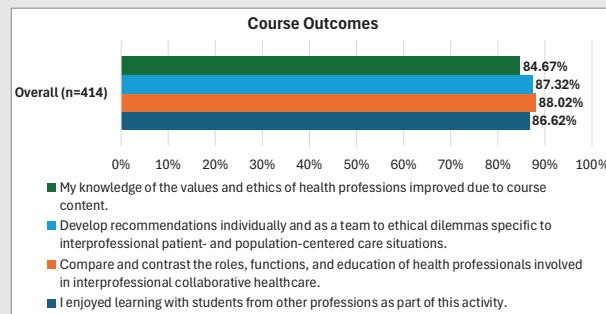4. University of South Carolina, College of Nursing

Background and Purpose

- Interprofessional educational experiences aim to integrate the IPEC Core Competencies in learning activities to enhance teamwork and collaboration skills among health professions students and socialize them to team-based care.[1]

- Disciplinary Codes of Ethics can be a crucial tool to increase understanding among each profession's values and ethical obligations.

- Original content related to Values and Ethics in an introductory interprofessional course was not rated highly by students – only 55.42% to 67.94% of students agreed or strongly agreed that their knowledge of values and ethics of health professions increased due to the course.

- Course facilitators significantly updated the Values and Ethics content to enhance application of professional Codes of Ethics to ethical dilemmas.

Session Objectives

- Explore disciplinary Codes of Ethics across 12 health professions as a course module in an introductory interprofessional course.
  - Athletic Training, Cardiovascular Technology, Genetic Counseling, Health Administration, Medicine, Nursing, Pharmacy, Physical Therapy, Physician Assistant, Social Work, and Speech Language Pathology students.

- Apply professional Codes of Ethics to real world patient scenarios.

- Collaborate with other health professional students to compare and contrast their Codes of Ethics to ethical dilemmas.

Session Evaluation

Course Outcomes

Overall (n=414): 84.67%, 87.32%, 88.02%, 86.62%

- My knowledge of the values and ethics of health professions improved due to course content.
- Develop recommendations individually and as a team to ethical dilemmas specific to interprofessional patient- and population-centered care situations.
- Compare and contrast the roles, functions, and education of health professionals involved in interprofessional collaborative healthcare.
- I enjoyed learning with students from other professions as part of this activity.

Profession Specific Responses

AT: 70.83%, CVT: 100.00%, GC: 100.00%, MD: 67.53%, MHA: 80.00%, Nursing: 94.55%, PA: 100.00%, Pharm: 96.15%, PT: 90.48%, SLP: 88.46%, Other/PH: 66.67%, Overall: 87.32%

Develop recommendations individually and as a team to ethical dilemmas specific to interprofessional patient- and population-centered care situations.

AT (n=24)   CVT (n=11)   GC (n=4)   MD (n= 77)
MHA (n=5)   Nursing (n=110)   PA (n=23)   Pharm (n=79)
PT (n=21)   SLP (n=52)   Other / PH (n=6)   Overall (n=414)

Educational Intervention

- Over 500 students from 12 health professions enrolled in a 1-credit hour introductory interprofessional course completed modules connected to the 4 domains of the IPEC Core Competencies.

- The Values and Ethics Module was adapted so that students reviewed their profession's Code of Ethics then responded to 6 ethical dilemmas as an assignment.

- Students then met with their interprofessional teams in a 1.5-hour class to compare their responses to the dilemmas and determine how an interprofessional team approach could improve ethical conduct and the quality of care in each scenario. Student teams then debriefed in a a larger group to share their approaches.

- At the end of the course, students completed a course assessment that included items related to the Values and Ethics content of the course.

Sample Student Response

"The part of the course I found the most useful and interesting was getting to work through the ethical dilemmas. Seeing how others navigated the questions versus me was helpful in learning more about my thought process…"
-Nursing Student

Conclusions

The majority of students expressed great appreciation for the course and its content as either agreeing or strongly agreeing that the course improved their knowledge of the values and ethics of health professions, met the ethics-based objective, increased appreciation of interprofessional collaboration, and provided an enjoyable learning experience with students from other professions.

1. Interprofessional Education Collaborative. (2023). IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3. Washington, DC: Interprofessional Education Collaborative. https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf .

UNIVERSITY OF South Carolina

Interprofessional Ethics Consult Simulation: Meeting Ethics Challenges in Healthcare

SPRINGFIELD COLLEGE

School of Health Sciences

Latasha Dionne, Springfield College, OT, OTD
Elizabeth R. McAnulty, OT, OTD
Whitney Osborn, PT, DPT, PhD
Kathleen Pappas, PT, DPT

Background

Preparing the Simulation

- Core faculty in the School of Health Sciences of a private college; mission to prepare students for leadership in service others.
- Occupational therapy (OT) and physical therapy (PT) programs have accreditation criteria to incorporate interprofessional educational opportunities for students. Faculty committed to expanding student experiences of interprofessional practice.
- Courses investigated to find shared healthcare system content in OT and PT graduate level classes.
- Ethics offers an opportunity to incorporate the IPEC core competencies into an ethical problem solving framework.(IPEC, 2023)

- Ethics consult offers innovative context for simulated interprofessional collaboration.
- Students role-played an interprofessional hospital-based ethics committee meeting to discuss patient cases.
- Cases and consult format based on local hospital ethics committee activity used for staff training.
- Cases included various medical and psychosocial situations that required team resolution. Social determinants of health also included for consideration.

Implementation

Preparation for Simulation

- In OT and PT classes: reviewed professional code of ethics, biomedical ethics, and ethical problem-solving based on model outlined by Doherty and Purtilo (2015).
- Students assigned roles to play, outside of their discipline, prior to meeting to explore the roles assigned to them.

Simulation Learning Objectives

- **Demonstrate steps of ethical problem-solving that can be used in practice**
- **Apply guiding practice documents as part of ethical practice**
- **Articulate ethics concerns within a simulated interprofessional context**
- **Learn about the roles and responsibilities of other team members**
- **Explore an advocacy role that could be part of your future practice**

Implementation of Simulation

- 3 case studies, 6 groups, 10-11 students per group.
- Roles included: patient/client, health care proxy, doctor, case manager, OT, PT, nurse, psychologist. Each group also included ethics committee "members," including the facilitator of the simulation.
- Following initial instructions, groups read assigned case study. Each role for cases was given a QR code that took them to the information they needed in order to complete their part of the role-play simulation.
- Each group completed their role play, using the ethical problem solving framework they had learned.
- Using ethical reasoning and collaboration, each group determined courses of action that would be ethically justifiable and provide a caring response for the patient.

Response

Following Simulation

- Debriefing in case groups and with whole group.
- Anonymous follow-up survey and reflection questions for students.

Faculty Observations

What was challenging:
- Mutual times that work for faculty to plan
- Time to get the students together required programmatic flexibility
- Debriefing and oversight with large group

What worked:
- Students fully engaged in role-play (could have benefitted from additional time).
- Targeted survey and reflection questions related to the activity and learning objectives was useful to help with debriefing and understand student learning.
- Students demonstrated learning through the role-play, debriefing, and survey.

Student Responses

What was challenging or could be better:
- ❖ OTs and PTs at differing points in their academic programs–impacted confidence levels.
- ❖ Important for all to understand it was a structured role-play and they had assigned roles to play.
- ❖ Include more disciplines!

What worked:
- ★ Majority felt it was a helpful or very helpful learning activity.
- ★ Got a sense of how each member of the team has important information to share for best patient outcomes.
- ★ Using ethics lens shifts team perspective to consider how best to provide a caring response that respects patient autonomy.
- ★ Learned a lot about other disciplines by preparing for roles and participating in the simulation.
- ★ Realized that they must collaborate as a team, rather than rely on hierarchical structures.

What's next?

Next Steps

- Prepare all students for responsibilities of role playing and collaboration with students in differing programs.
- Involve other applicable disciplines (physician assistant, psychology, social work, speech therapy majors).
- Add a validated assessment of ethics learning such as the Ethical Decision-Making Climate Questionnaire (Van den Bulcke et al., 2018).
- Further analyze data collected and determine next steps.

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Brave Space Discussions: An Interprofessional Education Initiative

Nicole Ackley, MSPAS, PA-C; Connie J. Perkins, PhD, RN, CNE; Ashlee Puglio, MS, OTR/L, CLT

Methods:

- BSDs are an opportunity for health professions students from MPH, Nursing, OT, and PA to collaborate on an ethical patient case.
- This activity aims to promote communications across disciplines in a safe and mindful environment.
- The Interprofessional Socialization Framework guides this multidisciplinary collaboration within the curriculum.

Procedures:

Case Studies in Nursing Ethics, p. 83
    Case 4-1: Is the "Ashley Treatment" beneficial?

Student questions:
- Who defines the well-being of the individual patient?
- What does patient advocacy look like for individuals in the case study?

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Brave Space Discussions with MPH, Nursing, OT, and PA students

Results:

- 91% of respondents (N=66) agreed that this activity enhanced their learning with, from, and about each others' disciplines.
- 90% of respondents agreed that this activity improved collaboration and patient care.
- Student feedback included, "I thought the BSD was a great way to review medical ethics and the interdisciplinary approach to a complex case study."

Interprofessional Socialization Framework:

6 Pillars of a Brave Space:

Developing IPE Competencies by Navigating Ethical Dilemmas as an Interprofessional Team

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Current Challenges and Needs Assessment in Developing IPEC Competencies

1. Individual IPE events that occur over a brief duration of time presents inherent challenge in providing opportunities for the development of teamwork and shared team values.
2. Pulling learners from non-cross-listed courses creates challenge in aligning the assessment.

Educational Intervention

Pharmacy
- Third-professional year (n=61)
- Enrolled in Healthcare Ethics and Team Decision Making

Physician Assistant
- Didactic year (n=40)
- Enrolled in Medical Ethics

15 Interprofessional Teams (average 7 students)

Sixty-one pharmacy and 40 physician-assistant students formed 15 interprofessional teams. Student teams were asked to self-select a controversial healthcare issue, research the background and published literature on the issue, take an ethical stand as a team, and prepare and present an educational poster on this topic over a six-week period.

Example Topics by Student Teams

- New drug under post-marketing surveillance
- Adolescent healthcare in use of oral contraceptives
- Treatment of pain in emergency department
- Semaglutide drug shortage
- Death with dignity
- Disclosure of terminal diagnosis to pediatric patient
- Eugenic abortions of fetuses with Down syndrome

Project Aim

Our project is aimed to provide students an opportunity to work longitudinally as an interprofessional team to develop teamwork and communication skills while navigating an ethical healthcare dilemma.

Assessment of IPEC Competencies (three-pronged approach)

I. Faculty-developed grading rubric: mean score = 98.3%

II. Peer Assessment: mean score=3.41

Please provide your assessment of Student Pharmacist:

1 = poor | 2 = fair | 3 = good | 4 = very good | 5 = excellent

Q1: Promoted effective communication among members of the team

Q2: Actively listened to team members' ideas and concerns

Q3: Worked effectively with team members to complete the project

Q4: Learned with, from and about me (student PA) to complete the project

Q5: Addressed team conflict in a respectful manner

III. The Interprofessional Collaborative Competency Attainment Survey (ICCAS) (MacDonald et al., 2010): mean increase = 0.66

1. "Promote effective communication among members of an interprofessional team"
2. "Actively listen to interprofessional team members' ideas and concerns"
3. "Express my ideas and concerns without being judgmental"
4. "Provide constructive feedback to interprofessional team members"
5. "Express my ideas and concerns in a clear, concise manner":
6. "Seek out interprofessional team members to address issues"
7. "Work effectively with interprofessional team members to enhance care":
8. "Learn with, from and about interprofessional team members to enhance care"
13. "Actively listen to the perspectives of interprofessional team members":
14. "Take into account the ideas of interprofessional team members":
15. "Address team conflict in a respectful manner":
16. "Negotiate responsibilities within overlapping scopes of practice":
17. Compared to the time before the learning activities, would you say your ability to collaborate interprofessionally is:

Literature cited

MacDonald, C., Archibald, D., Trumpower, D., Casimiro, L., Cragg, B., & Jelly, W. (2010). Designing and operationalizing a toolkit of bilingual interprofessional education assessment instruments. *Journal of Research in Interprofessional Practice and Education*, 1(3).

Conclusion

A longitudinal IPE activity in ethics with shared responsibility builds shared team values and communication necessary for future clinical practice. With a focus on real-world difficult issues in healthcare, students saw the importance of sustained collaboration.

Future Modifications to Learning Activity

Greater interaction and in-person collaboration during the six-week period would strengthen the experience. Peer assessment should be mandatory for all participants.

Ethical Impact: Health Profession Student Perceptions of Professional Codes' Impact on Collaborative Patient Care

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BACKGROUND

- Studies addressing perceptions surrounding interprofessional education (IPE) are primarily focused on the education process (Andersson et al., 2022; Guraya & Barr, 2018).
- Limited research to guide educators and support healthcare managers in the development of IPE experiences and programming (Snowdon et al., 2022).
- It is important to identify key components of IPE to maximize outcomes and effectively utilize resources in educational and healthcare organization settings (Becker et al., 2017).
- The primary aim of this qualitative analysis was to identify themes in student perceptions of the impact of health professional codes and values on the ethical care of patients following participation in an interprofessional activity to guide future training of healthcare professionals within their programs and interprofessionally.

METHODS

- Healthcare professional students at Wingate University participated in an IPE event on Values and Ethics.
- Pre-event reflections focused on reasons for ethical codes and their impact on healthcare teams.
- Event activities included application of ethical codes through discussion of simulated patient cases and ethical scenarios
- Post-event reflections included learning related to knowledge, skills, attitudes, and insights for future organizational change.

RESULTS

- Select student responses were coded by three researchers across three rounds, individually and collectively, to determine emerging themes.

Table 1

Thematic Student Perceptions of the Impact of Ethical Collaborative Care

Pre-experience themes	Post-experience themes
Ethical guide for professional practice, behaviors, and decision-making	Team cohesiveness and effective care through respectful interprofessional interactions
Professional roles and responsibilities defined	Empathetic communication
Professional standards and personal accountability for all aspects of practice	Compassionate and nonjudgmental patient/client-centered care
Relationship building through shared values, goals, and professional competence	Professional responsibility for advocacy
Patient-centered care prioritized across lifespan emphasizing honor, respect, and autonomy	Guidelines/standards for decision-making to support providers
	Accountability for professional growth and development

Note. Programs (number of students) included in the analysis: occupational therapy (10), pharmacy (10), physician assistant (10), public health (3).

"Having a Code of Ethics guides practitioners toward selecting the course of action that will resolve the dilemma, benefit the client, and lead to the best clinical outcomes." - Occupational Therapy Student (pre-experience)

"This event will lead me to go above and beyond for my patients and approach situations with compassion. Everyone should attempt to take an extra step with their patients…" - Pharmacy Student (post-experience)

DISCUSSION

- Pre-experience themes centered on ethical patient-centered care within professions, with cursory awareness of the interprofessional team context.
- Post-experience themes centered on deeper reflection of the execution of professional duties in an ethical manner, with recognition of context, shared responsibility and inclusivity.
- **Limitations/Strengths**: Potential socioeconomic naivete in the responses. Most students were in their first didactic year with little clinical exposure to professional roles and may not have had prior exposure to ethics content.
- **Implications:** Educators may gain greater understanding of the impact of IPE events centered on professional ethics, which may advise IPE curricular design and preparatory methods as young professionals enter the workforce. Findings may inform values, ethics, and team-based continuing education/training for professionals practicing in interprofessional teams.

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Training Senior Learners in IPE Facilitation:
Preparing the Next Generation of IPE Leaders

S. Alicia Williams & L. Brian Cross

East Tennessee State University

Introduction and Background

- WHO (2010) called for preparation of facuty to facilitate IPE effectively.
- Faculty feel ill-prepared to facilitate IPE events (Ratka, et al. , 2017).
  - Clinicians not trained as educators
  - Even fewer trained to facilitate IPE
- IPE program serving five academic health science colleges recruited advanced learners to train for IPE facilitation.
- Assigned IPE faculty facilitators or mentors as facilitation partners.
- Faculty and advanced learners completed evaluation following each module.

Facilitation Preparation

- Two-hour Faculty Development training prior to each module (R&R, V&E, Communication, and T&T)
- 1-hour monthly cohort trainings

Facilitation Models

- On-ground: Med, Pharm, PT, Audiology
  - Four modules
  - Learners paired with senior faculty as co-facilitators
  - Complete one year
- Online: DrPH
  - Four Modules
  - Learners assigned to PH IPE mentor
  - Two years – serve as independent facilitators in year two and mentors for new cohort of learners
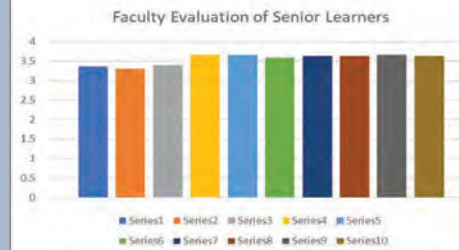
Evaluation

- Framed around AIR Model of Co-facilitation
- Completed as evaluation and as self-assessment
- 10-item 4-point Likert scale
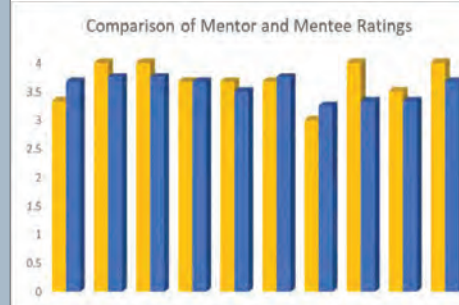- Two qualitative
  - Two Strengths
  - Two Opportunities

Onground Pilot Year 2023-2024

Faculty Evaluation of Senior Learners Fall 2024

Onground Fall 2024 Module 1

Faculty Evaluation of Senior Learners

Online Fall 2024 Module 1

Comparison of Mentor and Mentee Ratings

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Training Interprofessional Educators: A Hybrid Certificate Program for Upper-Level Health Profession Trainees

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Center for Interprofessional Practice and Education
at Washington University Medical Campus

Goldfarb School of Nursing at Barnes-Jewish College
University of Health Sciences and Pharmacy in St. Louis
Washington University School of Medicine

Curriculum Overview

Need assessment
- The Center for Interprofessional Practice and Education delivers interprofessional education (IPE).
- Lack of facilitators with IPE and pedagogy expertise.
- The Student/Resident Teaching Certificate (SRTC) covers pedagogy and IPE best practices.
- The SRTC was initially conducted fully in person, with limited engagement and scheduling challenges.

Projects goals
- Evaluate if a hybrid SRTC can enhance participant engagement and improve scheduling logistics while preserving impact on learners.

Educational strategies
- Two in-person IPE workshops, an online module on pedagogy, a virtual debrief, and co-facilitation of an IPE experience.

Evaluation strategies
- Post-program survey (satisfaction questions, SPICE-R2†, and skills inventory list by the EPIC initiative).
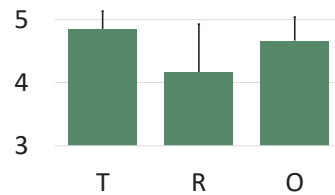
Engagement
- 7 participants for in-person version (2021), 20 participants for hybrid version (2022, 2023).

Next Steps
- Collection of pre- and post-intervention data for future iterations.
- Analysis of data from 2024 cohort.
- Qualitative analysis of written comments.

Results

Mean SPICE-R2 Scores

Likert scale data 1-5. 1 = Strongly Disagree. 5 = Strongly Agree.
T = Interprofessional Teamwork and Teams-based Practice Subscale
R = Roles/responsibilities for Collaborative Practice Subscale
O = Patient Outcomes from Collaborative Practice Subscale
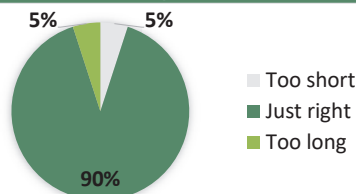
Sample quotes

What went well?
- "Online was convenient"
- "I enjoyed the organization of the course"
- "...the different formats of learning "
- "the program allowed for enough flexibility"

What could be improved?
- "...more information on the training that each profession goes through"
- "...very heavy on MD students"
- "It could be ... condensed."

Timing was...

5% Too short
90% Just right
5% Too long

Affiliations, Survey Details, & References

Perceived Readiness Hybrid vs In-Person*

	Hybrid	In-Person	p-value
R1	4.5±0.8	3.9±0.7	**0.041**
R2	4.6±0.6	4.3±0.8	0.279
R3	4.7±0.6	4.4±0.8	0.351
R4	4.8±0.4	4.1±0.9	0.066
R5	4.9±0.4	4.4±0.8	0.108
R6	4.7±0.5	4.1±0.9	0.104
R7	4.7±0.7	4.4±0.8	0.369
R8	4.6±0.5	4.0±0.8	0.089
R9	4.9±0.4	4.1±0.7	**0.004**
R10	4.9±0.4	4.6±0.8	0.368

Likert scale 1-5. 1 = Highly Unready. 5 = Highly Ready.

Session Satisfaction Hybrid vs In-Person**

	Hybrid	In-Person	p-value
S1	4.6±0.5	4.0±0.8	0.062
S2	4.7±0.6	4.0±0.8	**0.024**
S3	4.9±0.3	4.0±0.6	**<0.001**
S4	4.4±1.0	3.7±1.0	0.67
S5	4.8±0.4	3.7±0.8	**<0.001**
S6	4.7±0.6	3.9±0.7	**0.005**

Likert scale 1-5. 1 = Strongly Disagree. 5 = Strongly Agree.

Limitations
- Lack of pre-intervention data.
- Possible selection bias.
- Uneven interprofessional representation.

Key Takeaways
- Hosting the SRTC in a hybrid format enhances engagement and improves scheduling while achieving equal or greater impact on learners.

BARNES-JEWISH College Goldfarb School of Nursing BJC HealthCare

Washington University in St.Louis SCHOOL OF MEDICINE

UNIVERSITY OF HEALTH SCIENCES & PHARMACY in St. Louis

Perspectives on Interprofessional Education (IPE): Attitudes and Confidence for College Change – A Qualitative Analysis

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Project Overview & History
- In 2020, the College of Education, Health, and Human Studies (CEHHS) established an IPE committee to facilitate and encourage collaboration among all college disciplines.
- In 2021, the IPE committee created an inclusive conceptual framework for healthcare and non-healthcare academic programs based on IPEC Competencies and 4C's of Future Ready Learning.
- 2022-present, the IPE committee has published, presented, and disseminated the framework inside and outside the CEHHS to facilitate IPE cooperation.

Project Needs Assessment
- Current and new CEHHS faculty can be interested in IPE initiatives, but unsure how to begin collaborating outside their specialty area.
- Including the non-healthcare professional preparation programs and emphasizing collaboration is paramount.
- Comprehensively evaluate IPE Committee efforts from a cross-section of the CEHHS faculty.
- Qualitative interviewing techniques can identify CEHHS "faculty voices" regarding IPE.

Project Goals
- Explore CEHHS faculty IPE confidence and self-efficacy.
- Conduct internal audit of CEHHS faculty IPE perspectives.
- Identify and prioritize faculty needs related to IPE.
- Use results to guide future IPE Committee activities.
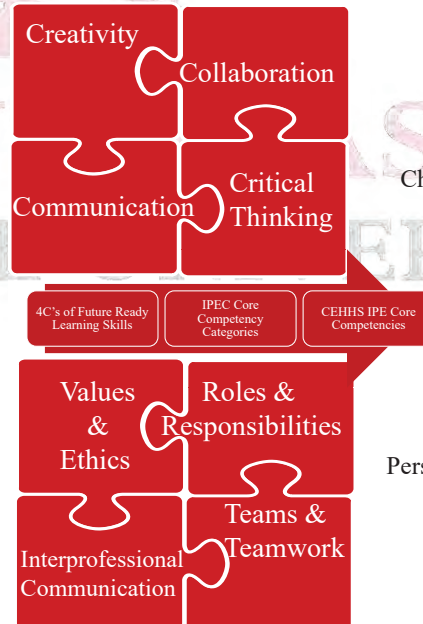
References & Resources

https://bit.ly/SEMOIPEC24

Project Education Strategies/Intervention
- Established 3 general qualitative research questions: Benefits of IPE, Challenges of IPE, and Perspectives on IPE.
- Developed a 13-item semi-structured qualitative interview protocol and sampled participants from the CEHHS faculty – approved by university IRB.
- Performed 20-30 minute individual virtual or in-person interviews among 8 CEHHS faculty until saturation was identified.
- Individual interviews were recorded and transcribed before being member-checked by the participants.
- Transcripts were then de-identified and analyzed for themes via the open-coding approach.
- A researcher not involved in performing the qualitative interviews or initial coding served as a theme cross-checker.

CEHHS IPE Conceptual Framework

Creativity | Collaboration
Communication | Critical Thinking

4C's of Future Ready Learning Skills | IPEC Core Competency Categories | CEHHS IPE Core Competencies

Values & Ethics | Roles & Responsibilities
Interprofessional Communication | Teams & Teamwork

Qualitative Analysis Thematic Summary of Findings

Benefits of IPE
- Enhances student collaboration.
- Strengthens roles & responsibilities.
- Improves teamwork.

Challenges of IPE
- Lack of time & commitment.
- Communication barriers.
- Incongruent values and ethics.
- IPE uncertainty.

Perspectives on IPE
- Trial by error vs. mentorship & onboarding.
- Recognizing overlapping connections to serve the region vs. not recognizing connections.
- Implementing IPE for publication & prestige vs. program learning outcomes.
- Using technology to facilitate & enhance IPE vs. doubling usefulness of technology for facilitating IPE.

Project Evaluation & Qualitative Results
- Mixed faculty attitudes regarding IPE usage and collaboration capability.
- Faculty desire to understand their student impact (learning) instead of focusing on IPE compliance, attendance, and publications.
- Faculty are connected within their department and profession, but fewer are connected throughout the CEHHS and outside their expertise area.
- Various working definitions of IPE exist.
- Many faculty consider themselves IPE novices.

Lessons Learned
- Online hub and project templates desired by faculty.
- CEHHS operational definition of IPE should be developed.
- IPE-specific onboarding of faculty is needed.
- Increased need for CEHHS faculty confidence with IPE experiences.
- Students report to faculty that they benefit from and desire IPE experiential learning.
- Focus on student learning and faculty gaining experience from IPE opportunities – less on publications & research.

Keys to Sustainability and Future Needs
- Create and promote CEHHS examples of IPE collaboration and integration.
- Improve IPE planning and integration of CEHHS IPE framework into courses.
- Purposefully include new faculty in cross-disciplinary IPE efforts and initiatives.
- Recommend that IPE efforts be included in CEHHS tenure and promotion criteria.
- Promote continual on-campus and off-campus collaboration between faculty and students across multiple academic programs.

Next Steps
- Survey CEHHS IPE activities from a "built-in" perspective.
- Expand current and new CEHHS faculty IPE onboarding and collaboration efforts.
- Expand internal IPE grants, symposiums, awards, and research opportunities.
- Recommend a university-level IPE committee or partnerships with regional entities.
- Obtain CEHHS student voices and perspectives on IPE.

Designing an Innovative Interprofessional Series on Servant Leadership In Healthcare with Digital Badging

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NEEDS ASSESSMENT

- Challenges facing the healthcare industry include the recent global pandemic with burnout and turnover, changes in the perception of work and the multiple generations in the workforce, increased demands and access to quality care[1]
- Most healthcare professionals joined their profession due to a desire to help people, which is a guiding principle of servant leadership[2]
- Our healthcare workforce needs the help of servant leaders to encourage, guide and inspire others to positively change the status of healthcare and elevate person-centered care
- In his essay, The Servant as a Leader, Robert Greenleaf states:

  *"The servant-leader is **servant first**... It begins with the **natural feeling that one wants to serve, to serve first**. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first, perhaps because of the need to assuage an unusual power drive or to acquire material possessions... The difference manifests itself in the **care taken by the servant-first to make sure that other people's highest priority needs are being served**"* [3]

- Through an innovative interprofessional workshop series leading to a digital badge, a cohort of health professional students in pharmacy, nursing, and physician associate medicine, will learn and apply the tenets of servant leadership as it relates to collaborative practice

OBJECTIVES

- To develop our interprofessional students as servant leaders by focusing on its characteristics and applying them to healthcare practices

METHODS

Design	Cross-sectional, prospective, pre-post observational study
Location	Online utilizing electronic survey and guided discussion boards
Inclusion Criteria	Individuals ≥ 18 years old Individuals who currently attend one of the health professional schools at Palm Beach Atlantic University
Methods	Students will volunteer to participate in the series and must complete the series to receive a digital badge. Pre-post survey on servant leadership a program evaluation will be administered. The series include 4 workshops with part didactic (15-20 mins) and active learning (30 mins), followed by a guided discussion post.
Overall Project Timeframe	2024-2025 academic year: planning phase (designing the workshops, and guided posts, creating survey etc...) 2025-2026 academic year: recruit student participants, and implement and evaluate the workshops
Analysis	Descriptive Statistics

RESULTS TO BE COLLECTED
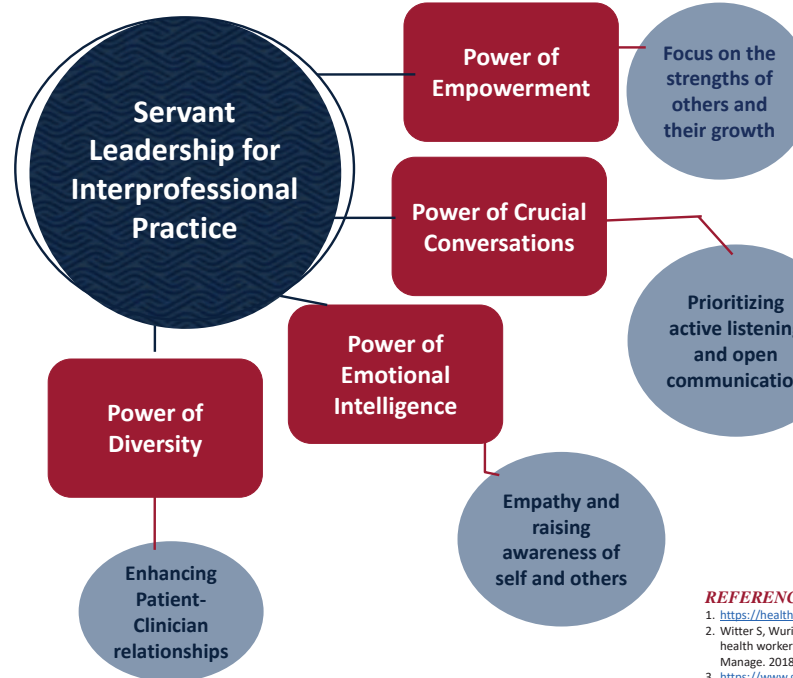
SURVEY CONTENT

1. Participant demographics	• Establish inclusion of participants and baseline knowledge
2. Participant self assessment of servant leadership	• Assessing participant on servant leadership
3. Participant confidence	• Assessing gaps in knowledge
4. Program evaluation	• Evaluate the program and continuous quality improvement

NEXT STEPS

- Develop each workshop in the series: 15-20 mins didactic, 30 mins of active learning using real-life scenarios, and post session reflective discussion post
- Develop the survey for the participants
- Send an email to all students enrolled with Palm Beach Atlantic University School of Pharmacy, School of Nursing, and School of Health Professions to recruit participants
- Assess responses to the survey, interpret results and potential findings
- Improve workshops for future iteration

WORKSHOP SERIES

Servant Leadership for Interprofessional Practice

- Power of Empowerment — Focus on the strengths of others and their growth
- Power of Crucial Conversations — Prioritizing active listening and open communication
- Power of Emotional Intelligence — Empathy and raising awareness of self and others
- Power of Diversity — Enhancing Patient-Clinician relationships

PRELIMINARY DISCUSSION

- Anticipated challenges: digital badging software costs, student participation and workload, scheduling of workshops and logistics
- Through our workshop series, we hope to develop interprofessional students from pharmacy, nursing, and physician associate programs in the tenets of servant leadership and further equip them as agents of change for future healthcare practice
- Servant leaderships prioritizes the well-being of others, and fosters trust and collaboration which are vital for person-centered care
- Healthcare, when practiced interprofessionally through the lens of servant leadership, can make a meaningful difference in the lives of others and improve outcomes of care

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On Becoming an Interprofessional Competent Clinician; An Interim Report

Dunia M. Garcia, LMSW, DSW; Steven L. Baumann, RN, PhD, GNP, PMHNP; William Ellery Samuels, PhD; & Gerald Mallon, LCSW, DSW

Hunter College, New York, NY

Background

Interprofessional competence is essential for effective healthcare and social service practice with persons with complex needs and challenging circumstances. While all graduate level social work and advanced practice nursing programs need to integrate interprofessional education in their curriculum, many of these programs have competing content to cover. The addition of an elective interprofessional fellowship program provides an alternative model. However, it is unclear how connected the students become in such a program and what is the impact on their professional and personal life.

Program Summary

The Cabrini-Hunter Fellowships for Social Work and Nursing Students at Silberman School of Social Work, Hunter College prepares and trains future healthcare professionals in interprofessional team-based practices.

Framework

The 'humanbecoming' framework (Parse, 2021) is based on tenets of existentialism and posits three themes of human becoming; meaning, shifting patterns of relating and ever changing view of the future. The study also assumes that peer effects highly influence teaching and learning experiences (Ali & Chin, 2023).

Method and Design

This study of the experience of students in an interprofessional educational program seeks to explore the meaning of the program for the students, their shifting relating to others, and their changing view of the future. It also seeks to get their view of their sense of agency as a social worker or psychiatric nurse practitioner, as well as their ability to collaborate with professionals in other disciplines.

A mixed method approach is to be used which will include a qualitative study of the experiences of the graduates of an interprofessional program and a quantitative analysis of their responses to surveys that were done as part of the program start point, at mid-point, and at the end of the program.

The qualitative arm is an exploratory descriptive design, and the survey data collected for three cohorts of graduates will study changes in their sense of agency as an individual clinicians, their view of themselves as members of an interprofessional team, and their confidence in their ability to collaborate as a team player.

Method and Design

This study is ongoing, with only 10 of the 15 planned interviews completed, and only two of the three cohorts interprofessional competence self-assessments analyzed. The initial qualitative data reveals that the benefits of the program go beyond the financial assistance, but include the value of fellowship, in that all felt moderately or significantly connected to the other students. They all appreciate that they better understand what other professional bring to the table, and they feel their overall understanding and worldview was broadened, and their career options.

Next Steps

The remaining 5 interviews need to be completed, along with the analysis of all 3 cohorts of interprofessional competence self-assessments, and interpreted by an interdisciplinary research team.

Reference

Ali, S., & Chin, M. M. (2023). The peer effect: How your peers shape who you are and who you will become. New York University Press.

Parse, R. R. (2021). The humanbecoming paradigm: An everchanging horizon. Discovery International Publications.

Cabrini-Hunter Fellowships

Silberman School of Social Work   HUNTER The City University of New York   **Hunter-Bellevue School of Nursing**

Interprofessional Escape Room Exposes High School Students to Health Professional Roles and Responsibilities

Briyana L. M. Morrell, MSN, RN, CCRN-K
School of Nursing

UNIVERSITY *of* **INDIANAPOLIS**

Project Needs/Background

University of Indianapolis' Summer Success Camp with these characteristics:
- Week-long, overnight camp in its 2nd year
- 82 local Freshman-Juniors from groups underrepresented on college campuses
- Funded by Lilly Endowment Inc. grant to encourage college participation
- Morning events: active campus learning strategies, highlighting various college programs
- Afternoon events: industry partner field trips
- Campus events must be active and engaging
- New escape room with more variety than year prior
- Groups of about 8 with 2 counselors, divided into 2 groups for the escape room
- Escape room occurred throughout the Health Pavilion in 7 spaces

Project Goals

- To introduce high school students to various health professions as well as to the various tools these professionals use (Roles & Responsibilities)
- To highlight how various healthcare professions may be involved in the holistic care of a patient
- To demonstrate the quality educational environment available to college students in the multiple learning spaces
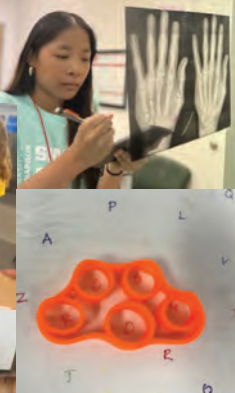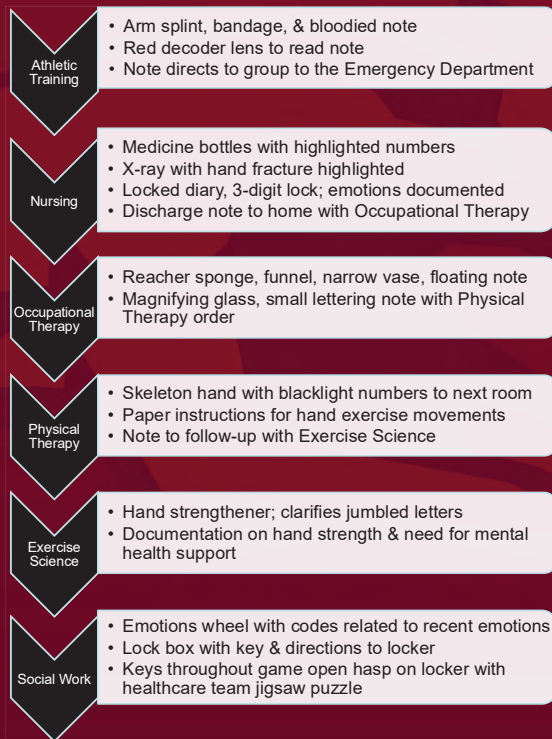- To experience active, fun university learning

Game Story

"Heath Weatherall is a University of Indianapolis Sophomore, having just completed his Freshman year as a student-athlete. Heath plays 3rd base, and baseball is his whole world. He's played since the age of 3, and playing in college was always his dream. He loves the D2 [Division 2 Sports] environment. When going down to snatch a ball during the national finals this month, the opponent's batter ran hard, stomping on Heath's right hand with his cleat. This massive force instantly cracked Heath's hand; he collapsed in pain. His hand swelled up, clearly deformed. A trainer ran to his aid. With such a severe injury, will Heath be able to return to play for next season?..."

Outcomes

- Evaluation of this educational strategy is ongoing as this was a pilot program.
- During debriefing, students discussed the care of a patient and how multiple professions may be necessary to help patients return to optimal health. They also discussed the importance of mental health care in patients who have meaningful challenges in their lives.
- Future evaluation will include an assessment of students' understanding of various health professions before and after the escape room event as well as their interest in learning more about health professions careers.
- The camp leaders are tracking the students' college interest upon graduation.

Game Design

Athletic Training
- Arm splint, bandage, & bloodied note
- Red decoder lens to read note
- Note directs to group to the Emergency Department

Nursing
- Medicine bottles with highlighted numbers
- X-ray with hand fracture highlighted
- Locked diary, 3-digit lock; emotions documented
- Discharge note to home with Occupational Therapy

Occupational Therapy
- Reacher sponge, funnel, narrow vase, floating note
- Magnifying glass, small lettering note with Physical Therapy order

Physical Therapy
- Skeleton hand with blacklight numbers to next room
- Paper instructions for hand exercise movements
- Note to follow-up with Exercise Science

Exercise Science
- Hand strengthener; clarifies jumbled letters
- Documentation on hand strength & need for mental health support

Social Work
- Emotions wheel with codes related to recent emotions
- Lock box with key & directions to locker
- Keys throughout game open hasp on locker with healthcare team jigsaw puzzle

Interprofessional Public Service Announcement: Successes from a Creative IPE Team Assignment

Jasmine Yumori, OD, FAAO, Dipl AAO, FNAP
Jillian Rivard, PhD
Phillip Mitchell, EdD
Tracy Mendolia, PhD

BACKGROUND

The interprofessional Public Service Announcement (PSA) project aimed to increase asynchronous small team engagement, provide an alternative to a high-stakes final exam, and provide an opportunity for students to synthesize the knowledge and skills they gained in IPE into a creative and useful public health product.

METHODS

1. N = 786 students from Dental Medicine, Optometry, Osteopathic Medicine, Pharmacy, Physical Therapy, Podiatric Medicine, and Veterinary Medicine in small teams
2. Selected a health issue that aligned with an IPEC core competency, the Quintuple aim, Health Systems Science, and/or One Health
3. Independently gathered current facts and statistics from the perspective of their respective profession.
4. Combined their collective research and tailored PSA to intended audience.

Creating an **Interprofessional Public Service Announcement** successfully underscores the interconnectedness of diverse professions.

Western University OF HEALTH SCIENCES

Interprofessional Practice and Education

RESULTS

The PSA Project was named as one of the most valuable aspects of the course and the highest ranked team assignment.

19% of students noted that it highlighted interprofessional collaboration and sharing of diverse perspectives.

18% of students felt the focus on community health underscored the interconnectedness of professions.

EXAMPLE STUDENT QUOTE

"Working as an interprofessional team to create a PSA allowed us to find common ground between all of our specialties in promoting a common goal for the well-being of our communities. I appreciated that we were all able to put aside differences and focus on what we shared in creating our message!"

Fostering Interprofessional Collaboration Through a Replicable, Interdisciplinary, Theatre in the Round Healthcare Education Simulation

Nursing
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Simulation Center
Michelle Rieder, CHSE
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Social Work
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Theater
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Joann Basist, M Ed
Sofia Barbour

Needs Assessment and IPE Objectives: Cultivating Collaborative Practice Skills

Our interdisciplinary simulation aimed to address the critical gap in interprofessional education (IPE) within our curriculums existing poverty simulation, which lacked a healthcare and collaborative focus. By creating a realistic scenario focused on real-world patient care and interprofessional interactions, we sought to foster collaboration, understanding, and communication among nursing, OT, nutrition, and social work students. Students practiced critical communication skills, practiced shared decision-making, and clarified their roles and responsibilities within a collaborative healthcare team. This innovative approach aligned with the Quadruple Aim, strengthening IPE competencies and preparing students to effectively collaborate and deliver high-quality patient care.

Objectives:

- Communicate one's own healthcare roles and responsibilities clearly
- Demonstrate respect for the perspectives and experiences of other professions
- Identify and describe the work of interprofessional teams and the roles of others with whom the healthcare professional collaborates
- Collaborate with interprofessional team members to establish mutual healthcare goals for individuals, communities, or populations
- Elicit the perspectives of team members to inform person-centered care decision making
- Integrate the roles and responsibilities of healthcare professionals through interprofessional collaborative practice
- Demonstrate awareness of personal biases and an understanding of cultural differences as they contribute to diversity, equity and inclusion
- Describe contributing factors to health inequity including structural bias, social inequities, health disparities and discrimination

Replicating Success: Developing a Collaborative Theater-in-the-Round Scenario

Standardized Case Presentation: A written case study was provided to all students to ensure a consistent starting point for discussion.

Collaborative Scenario Development: A Replicable Process
The centerpiece of this simulation was a scripted scenario performed in a theater-in-the-round setting. This approach ensured a uniform experience for all students and created a realistic portrayal of patient concerns.

Gathering Input from Each Discipline: Each participating discipline identified their **top three** concerns regarding the patient case. These concerns might involve specific symptoms, potential challenges with daily living activities, or social/emotional factors.

Creating Patient/Family Statements: Following the identification of concerns, each discipline contributed potential statements that the patient or a family member might express related to their identified concerns. This helped create a realistic and relatable portrayal of the patient's perspective.

Scripting the Scenario: With input from all disciplines, a script was developed for the scenario. This script incorporated the patient/family member statements into a conversation between two family members. The script was developed through the practice of the SP's and with their input under a facilitator's guidance.

Interdisciplinary script development

Nutrition	Nursing	OTD	Social Work
Problem: pt safety and living situation	Problem: home environment	Problem: Initial discharge concerns	
"What are our options if Mom can't manage on her own at home? We need to make sure she's safe and well cared for."	"She had problems getting upstairs before the stroke. Now what?"	"What are our options if Mom can't manage on her own at home? We need to make sure she's safe and well cared for."	
We both work full-time, what options do we have?	"How am I going to shower if I can't get to my upstairs bathroom."	"How can we afford the in-home services and equipment that Mom may need?"	
			"I just want to go home."
Problem: Modified texture dietary restrictions- risk of aspiration pneumonia.	Problem: Medication management	Right Upper Extremity and Lower Extremity Hemiparesis	
What is this diet, mom is on? I don't understand it.	"I'm a bit confused about when to take all these pills. There seem to be so many of them."	"Why does my arm feel so heavy and tingly?"	
Problem: Malnutrition. Stop progression of weight loss.	Problem:- Smoking cessation	Problem: Impaired standing tolerance and decreased (unknown) functional ambulation	
"You mean something like Ensure? "Did you see the price of Ensure? It is so expensive. We cannot afford it.	"I've been feeling so stressed lately, and smoking used to help me relax."	"I'm afraid to stand or try to walk. What if I fall?"	

Sample Questions for Simulated Discharge Planning Meeting

How can we integrate our roles and responsibilities to provide seamless care for the patient during their transition from hospital to home?

What are the care plans/treatments we want for the patient and family?

How was the patient's or caregiver's perspective integrated into the care plan and education?

What surprised you (or what did you learn) about the role of a team member from another profession?

Have you observed any instances of role blurring or overlap? If so, what are your thoughts on this topic as it relates to the interprofessional team and the patient-care process?

How do structural bias, social inequities, health disparities, and discrimination impact healthcare delivery in your community?

How do you usually interact with other professionals on this team? How has this activity compared?

How do you contribute to effective decision-making on this team?

How do you ensure that all team members' perspectives are valued and considered during collaborative decision-making?

What is your take-home message to apply again in future interprofessional collaborations?

Interprofessional Collaboration in Action: The Simulation Experience

Simulated Multi-Step Discharge Planning Meeting

Discussion of Problems: The group analyzed the case scenario within their individual disciplines and then as a group, presenting their roles and perspective to the team. The team collaborated to identify significant findings, additional assessments, potential patient problems, interventions, needed resources and patient/caregiver education needs. The group discussed how to integrate their roles for seamless patient care, the patient's perspective, and the impact of social inequities on healthcare delivery.

Reactions to Other Team Members: Students shared their thoughts on the roles of other team members, role blurring, and the impact of interprofessional collaboration on patient care.

Evaluation of Teamwork: Students reflected on their interactions with other professionals, decision-making processes, and strategies for ensuring effective collaboration

Break and Snack Time: A break was provided for students to rest and socialize within the interdisciplinary team.

Measuring Success: Pre and Post-Simulation Results

Pre-and post-test results using the Interprofessional Collaborative Competencies Attainment Survey showed a statistically significant increase in all six areas of communication, collaboration, roles and responsibilities, collaborative patient/family centered approach, conflict management/resolution, and team functioning (pre-test average 5.5, post-test average 6.5 on a 7-point Likert scale).

Escaping Error: Simulation Approaches for Teaching QI and Patient Safety to Interprofessional Student Teams

Shelley Richards MA Ed · *Education Admin VCU IPE Center*
Genevieve Beaird, PhD, RNC-OB, CNE · Anne M. Masich, PharmD, BCPS · Kelly Lockeman, PhD · Megan Donohue, MD, MPH · Robert DeGrazia Jr, MD, MHS, FACP

IPEC 502: QI and Patient Safety

428 Nursing, Pharmacy and Medicine students in 88 teams

The clinical scenario was a patient diagnosed with meningitis being transferred from the ICU to a general medical floor. The transfer was riddled with errors and patient safety risks.

Problem

Pre-clinical learners want engaging simulation experiences, but live simulation is resource-intensive. Can we engage students effectively with technology instead?

The Reseach Approach

Mixed methods. Measuring reaction, attitudes, knowledge + using qualitative feedback to fully understand student perspectives.

"What I enjoyed most about the video was its realness. It felt like we were right there, in the thick of it, evaluating stuff as it happened."

VCU
Center for Interprofessional Education and Collaborative Care

Static Module

- ☑ Easy to Develop
- ☑ Low Cost
- ☐ High Engagement
- ☑ Improved Attitudes

Interactive Video

thinglink

- ☑ Easy to Develop
- ☑ Low Cost
- ☑ High Engagement
- ☑ Improved Attitudes

Live Simulation

- ☐ Easy to Develop
- ☐ Low Cost
- ☑ High Engagement
- ☑ Improved Attitudes

Outcomes

Across all interventions, students showed increased learning and positive attitudes in both QI and Patient Safety knowledge and IP collaboration.
Evaluation comments showed that students found the **live simulation and the interactive video the most engaging.**

Soaring Ahead: The Evolution of Interprofessional Education (IPE) Between Aviation and Health Sciences

Vitente, A., Baker, E., Sherry, D., Guernon, A., Sweet, R., Cozzi, R., Bozec, E., Eads, M., Szymanski, C.

LEWIS UNIVERSITY — *College of* Nursing and Health Sciences

LEWIS UNIVERSITY — *College of* Aviation, Science and Technology

Purpose Statement

- There is a **notable absence** of literature on the direct integration of healthcare services into aviation education programs as an IPE model.
- The **goal is to establish IPE programs** that can serve as models for other aviation programs to promote the health and well-being of people including aviation professionals.

Design and Timeline

- **Mixed-Methods** Study Design
- Fall and Spring Terms, A.Y. 2024-2025

Methodology

- Faculty from the following Departments participated in a series of **round table discussions** to identify Key IPE programs:
  a. Aviation
  b. Nursing
  c. Health Sciences
  d. Rehabilitation Sciences

Key IPE Programs Identified

1. "Ready to Fly" Simulation
2. Ergonomics and Injury Prevention in Aviation Mechanics
3. Health and Wellness in Aviation

Scan QR Code for References and Citations

Objectives

- **Evaluate** participant satisfaction with their experience in the program.
- **Gather** participant feedback to identify strengths and areas for improvement, supporting ongoing quality enhancement.
- **Capture** participant reflections to gain insights into their understanding of the value of interprofessional education and collaboration.

Assessment Tools

- Post-activity assessments:
  a. **Quantitative**: Modified Net Promoter Score (Kara & Zeren, 2023)
  b. **Qualitative**: Plus-Delta Assessment (Cheng et al., 2021) and Reflection (Phenwan, 2024)

Unlocking Potential: Visual Thinking Strategies for Interprofessional Learning and Development
Ann Curtis DNP, RN Director of IPE, Maine College of Health Professions

Assessment

1. Students crave certainty, struggle with ambiguity

2. Healthcare professionals must reflect on biases, deal with variables/ nuance

3. Visual Thinking Strategies (VTS) promotes observation, communication, tolerance for ambiguity, openness to conflicting perspectives, and critical thinking.

Goals

Interprofessional VTS session

C5 Practice active listening that encourages ideas and opinions of other team members.

TT3 Practice Team reasoning, problem-solving, and decision-making.

References

Contact Information

Artist D. Shcherba CC BY-SA 4.0

Intervention

Students: nursing, radiologic technology, diagnostic medical sonography

2.5-hour VTS session

Local art museum

Led by Art Museum Education Curator

Evaluation

Retrospective pre-/post-self-assessment

Budner's Tolerance for Ambiguity Scale

Wilcoxon Signed Rank Test – *n=16*

Findings not statistically significant

Student feedback highly positive: "thought-provoking, stimulating, inspiring"

Empowering Future Healthcare Leaders: A Student-Led Grand Rounds Initiative to Enhance Interprofessional Collaboration

Kim Adcock, PharmD, CCRC[1], Ryan M. Babl, PT, DPT, PhD[2], Robyn MacSorley, PhD, RN, CHSE[3]

[1]The University of Mississippi Medical Center, Office of Interprofessional Education, [2]Auburn University, School of Kinesiology, Physical Therapy Program,
[3]The University of Mississippi Medical Center, School of Nursing.

NEEDS ASSESSMENT

- Internal reviews at UMMC identified a lack of opportunities for healthcare students to engage, communicate, and learn alongside peers from other disciplines.

  - The UMMC Office of Interprofessional Education was established to promote increased collaboration among healthcare students.

  - Initial actions included the formation of an IPE Student Liaison Advisory Council, or SLAC.

PROJECT AIM

- SLAC's tasks include developing a student-led grand rounds (SGR), in the tradition of medical grand rounds, creating opportunities for students from diverse disciplines to engage in interprofessional learning.

- Designed by students for students, SGR's aims include: 1) promotion of collaborative learning, 2) critical thinking development, 3) student leadership opportunities, and 4) development of professional presentation skills.

- Participants engage in interactive discussions and case presentations, focusing on interprofessional collaboration and patient-centered care.

EDUCATIONAL STRATEGY

- SGR's chair solicits speakers from all disciplines through social media and GroupMe announcements.

- In-person SGR are held mid-day every third Thursday of the month with lunch provided.

- Marketing for student presenters and attendees occurs via school email accounts and social media.

- Demographic information and exit survey feedback are gathered via a secure Microsoft Form affiliated with school email accounts.

- Exit surveys were assessed on a 0-10 Likert scale with 10 signifying very satisfied with the IPE programming.
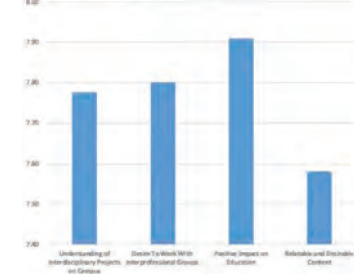
- An average of 82-97 students attend each SGR session.

- Exit surveys demonstrate overall satisfaction with the SGR experience.

IMPACT

- Preliminary data suggests SGR is an effective method of delivering IPE, with ongoing adjustments occurring for the 2024-2025 academic year.

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Western University of Health Sciences | Interprofessional Practice and Education

Jillian Rivard, PhD
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Phillip Mitchell, EdD

Background

The diversity of professionals represented in WesternU's IPE program presents a unique challenge when designing clinically relevant IPE activities that are inclusive to all professions. When designing learning activities and making curricular improvements, the IPE department recently requested students' feedback on the perceived value and relevance of the IPEC core competencies.

Methods

N=206 out of 786
2nd Year Learners in final requisite IPE course.

Professions
Dental Medicine
Nursing
Optometry
Osteopathic
    Medicine
Pharmacy
Physical Therapy
Podiatric
    Medicine
Veterinary
    Medicine

Ranking Question
Anonymous course feedback survey included the question:
"Please rank the following competencies based on how valuable and relevant you believe they will be to your clinical training."

Results

Approximately 46% ranked values and ethics as the most valuable and relevant competency. This top ranking was true across all professions except Podiatric Medicine, who ranked Teams and Teamwork first. These findings highlight the significant emphasis students place on values and ethics and the potential benefit of this competency in creating a shared goal, particularly when the curricula involve a rage of professions who do not typically cross paths in clinical practice (e.g., Dental Medicine and Optometry).
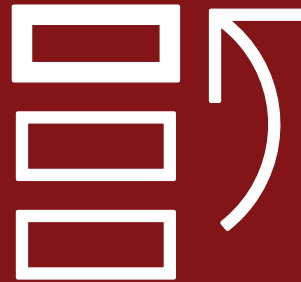
Students ranked Values and Ethics as the most valuable and relevant IPEC Core Competency.
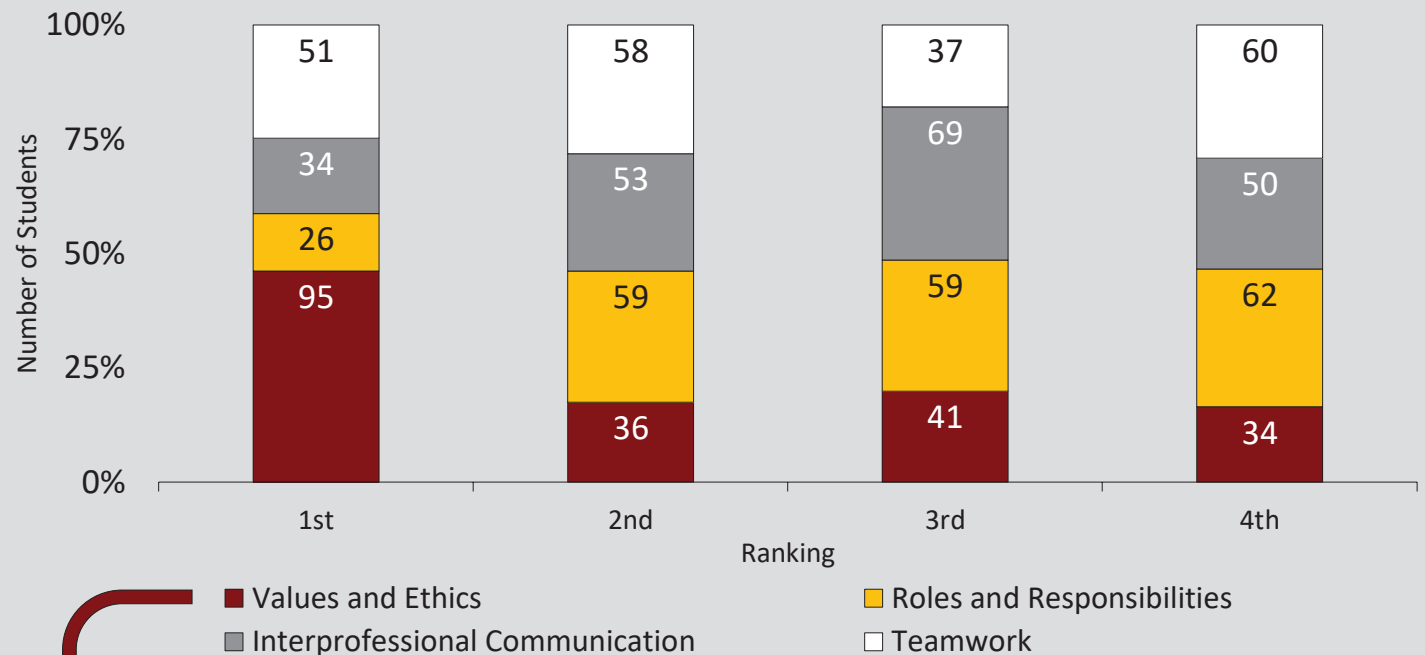
Stacked bar chart — Number of Students (Y axis, 0%–100%) vs Ranking (X axis: 1st, 2nd, 3rd, 4th):

Ranking	Values and Ethics	Roles and Responsibilities	Interprofessional Communication	Teamwork
1st	95	26	34	51
2nd	36	59	53	58
3rd	41	59	69	37
4th	34	62	50	60

Legend:
- Values and Ethics
- Roles and Responsibilities
- Interprofessional Communication
- Teamwork

Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect.

Interprofessional Education and Collaboration Activities with High School Students Interested in Health Science Professions

Katie E. Zander, MSN & Rebecca A. Davis, DNP – College of Nursing

Creighton UNIVERSITY

INTRODUCTION & BACKGROUND

- Need to improve interprofessional collaboration (IPC) in healthcare is urgent

- Student perceptions of their own health profession affects the effectiveness of interprofessional educational activities (IPE)

- Early Pre-professional interactions and socialization improves attitude and interprofessional dynamics

- Students' start developing their professional identity prior to professional school making early introduction of IPE and the need for IPC important

PURPOSE

Develop and evaluate interprofessional education programing for high school students interested in health professions

METHODS

Scan for access to Logic Model

METHODS

Pre-Implementation

- Letter of support from HOSA: Future Health Professionals of America
- Created additional IPE materials
- Lesson plan development for high school student session
- HS MACA Health Science Day

Implementation

- HOSA State Leadership Conference
- 9 sessions, 60 minutes
- Convenience Sample
- Pre-Post Survey correlations
- TOCK-IP
- W(e) Learn Interprofessional (IP) Program Assessment for teachers/advisors

Post-Implementation

- Data analysis and Summary Report to HOSA

RESULTS

Demographics

- 86 students and 5 advisors/teachers participated

- 42 students participated in pre/post survey that could be correlated

- > 50% of participants identify as female

- Majority of participants: 16-18 years

- Majority of students in junior and senior year, however there were also middle schoolers in attendance

- Many ethnicities in attendance with the majority self identifying as White, Hispanic, or Asian

- Over 80% interested in careers in health science professions

RESULTS

Descriptive Statistics:

- To assess changes in attitudes between the pre- and post-surveys, McNamar's tests for dichotomous (Yes/No) responses and paired Wilcoxon Rank Sum tests for Likert Scale responses

- Significant increase in students reporting that they had heard of IPC and IPE (McNemar's χ^2 = 30.031, df=1, n = 52, p = 4.251e-8) (McNemar's χ^2 = 27.273, df=1, n = 52, p = 1.767e-7)

- Significant Increase on importance of IPE on IPC in the future (V = 0, n= 42, p = 1.577e-6)

How Important is Interprofessional Education on Collaboration in your Future Career

- No significant increase in importance of positive or negative attitudes on successful team collaboration (V = 42.5, n= 42, p = .07798).

#1 Choice Health Profession
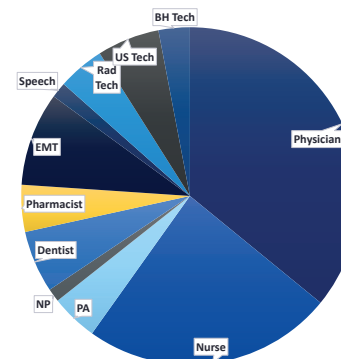
DISCUSSION

- Subjective oral and written feedback received was positive

- Student responses reflect > 89% found the session promoted problem solving, was engaging, enjoyable, and provided a deeper appreciation of collaborative practice

- Positive impact on attitudes and knowledge

- Increase in confidence in chosen career path

- Advisors/teachers:
  - report the program to be enjoyable, well organized, clear, and related to IPE
  - interest in the program in health science academy

Strengths: Creighton faculty, HOSA Board of Directors, Conference at Creighton in Spring 2024, IPE activities,

Limitations: Time, access to students, student age, conference dates/time, room location, concurrent sessions

Next Steps: Continued discussion and projects focusing on professional identity development and the importance of early introduction of IPE, early in the educational process and before a career path is chosen.

ACKNOWLEDGEMENTS & REFERENCES

- Dr. Jenny Jessen
- Dr. Andrea Thinnes
- Jack Taylor
- Biostatistical Core at Creighton University
- The HOSA Team

Scan QR code for link to complete Reference list

Enhancing Clinical Outcomes: OT & SLP Student Collaboration at Preschool Language Camp

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Kelly Litton, MS, CCC-SLP
Tiffany Sears Leach, MS, CCC-SLP

TEXAS WOMAN'S UNIVERSITY

INTRO

Preschool Language Camp (PLC) provided services for children with language disorders. Children attended daily for 2 weeks, 4 hours per day. Students collaboratively planned activities focused on language and motor development. Under the supervision of licensed program faculty, students led 8 children through individualized activities. Debriefing included reflection questions with a focus on highs, lows, and action steps for the next day. Student reflections were gathered at the end of PLC.

BACKGROUND

Feedback from prior speech therapy camps suggested a need for more comprehensive programming. OT students were added to this year's PLC to better meet the needs of the 8 participating children. PLC addressed multiple areas of need: language, motor, socialization, and engagement.

Accrediting bodies include standards for IPE:

OT: effective communication, discharge planning, evaluation, working with a team (ACOTE B.3.5; B.3.10; B.3.22; B.4.6)

SLP: care management, intervention (CAA 3.1.1B; 3.1.6B)
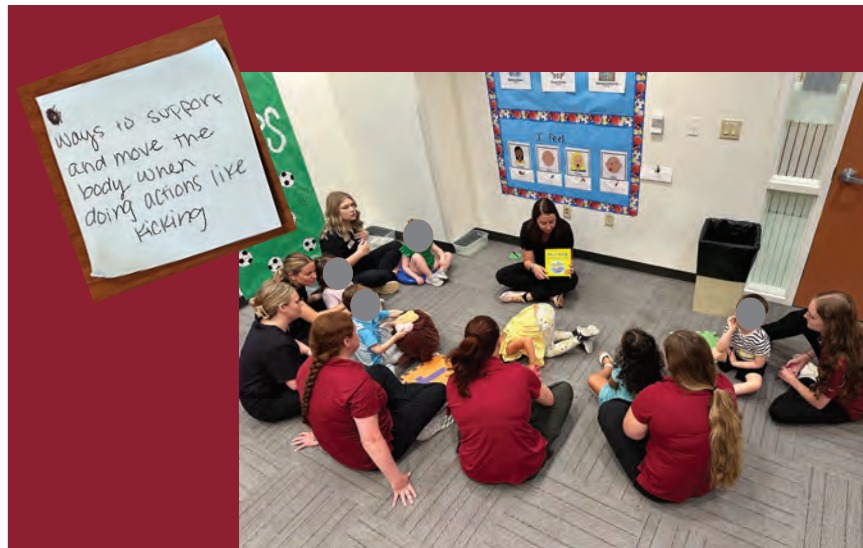
PROJECT GOALS

- Compare the unique role of each discipline as it relates to each child's needs (VE5, C3)
- Execute developmentally appropriate activities to support child's PLC goals (RR1, C4)
- Use debriefing techniques to reflect on student individual and team performance, including strengths and weaknesses (C5, C6, TT6)

DEBRIEF/FEEDBACK

Program faculty facilitated a planning session for the students. Each group of students planned daily PLC activities around action concepts (ie. jump, dance). Additionally, students collaborated on ways to meet individual child needs.

For debrief, faculty facilitated a conversation with all students standing in a huddle. Students reflected on individual performance, as well as the performance of the team. Based on those reflections, the group created action steps to be implemented the next day.

Assessment of Mortality Priming on Perceptions of Cooperation and Value in Medical Interprofessional Patient Care

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Alabama College of Osteopathic Medicine Division of Clinical Sciences

Southeast HEALTH

ALABAMA COLLEGE OF OSTEOPATHIC MEDICINE

BACKGROUND

Reminders of mortality have been shown to result in subconscious behavioral strategies that help us cope with the emotional discomfort of our own mortality (Rosenblatt et.al., 1989). These behavioral changes predominantly involve an individual increasing adherence to their own world views while rejecting alternative views (Schimel et. al., 1999; Greenberg et.al., 1994). In a medical setting where mortality reminders are common, this effect could lead to ineffectual team dynamics and could negatively affect patient care. In the spring of 2024, we conducted our first mortality cue experiment involving approximately 300 medical students and partnering nursing students during an Interprofessional Education (IPE) event, and our findings indicated mortality reminders influenced participant perceptions about the event and about their interprofessional cohorts. To meet project goals, through this first experiment we have determined two goals that will help us to better understand how mortality cues in a healthcare setting may influence medical team dynamics and determine appropriate curricular changes to help mitigate the mortality effect.

METHODS

Participants for this experiment involved approximately 300 second-year, pre-clinical osteopathic medical students and nursing students with variable background and experience within a single nursing program participating in a one-hour interprofessional training event.

As shown in the design in Figure 1, on the day of the interprofessional event, in the 20 minutes prior to the event, all participants took a Qualtrics survey where they were randomized to either rate their level of agreement/disagreement with statements on mortality (cued) or dental pain (un-cued). The students then participated in the IPE event. Immediately following the event, all students were given a Qualtrics survey where they rated their agreement/disagreement with statements regarding their interprofessional colleagues and perceptions of interprofessional teamwork (Table 1).

Data were analyzed as average statement rating with 1 = strongly agree to 4= strongly disagree. Statistical significance was determined using t-test analysis with significance value of p<0.05.

GOALS

Prior research regarding mortality salience has demonstrated that a key aspect in mitigating nonconscious behavioral effects that mortality cues have is due to increasing individual awareness of mortality as well as increasing conscious interaction and introspection with these topics (Greenburg, 1994). The results of our initial experiment have led us to expand our work on mortality priming by pursuing two distinct goals:
Goal One
Expand our data set and interpretation through collaborations with additional interprofessional programs and medical curricula, including allopathic medical students of a wider range of educational experience and nursing professionals with documentation of educational and work experience.
Goal Two
Implement IPE and curricular changes that can better prepare our students for the influence of workplace mortality cues on team dynamics. The data collected in this experiment will help us determine what curricular and IPE changes are necessary (i.e., educational strategies and interventions) and provide quantitative justification for proposed changes.

* Denotes both first authors
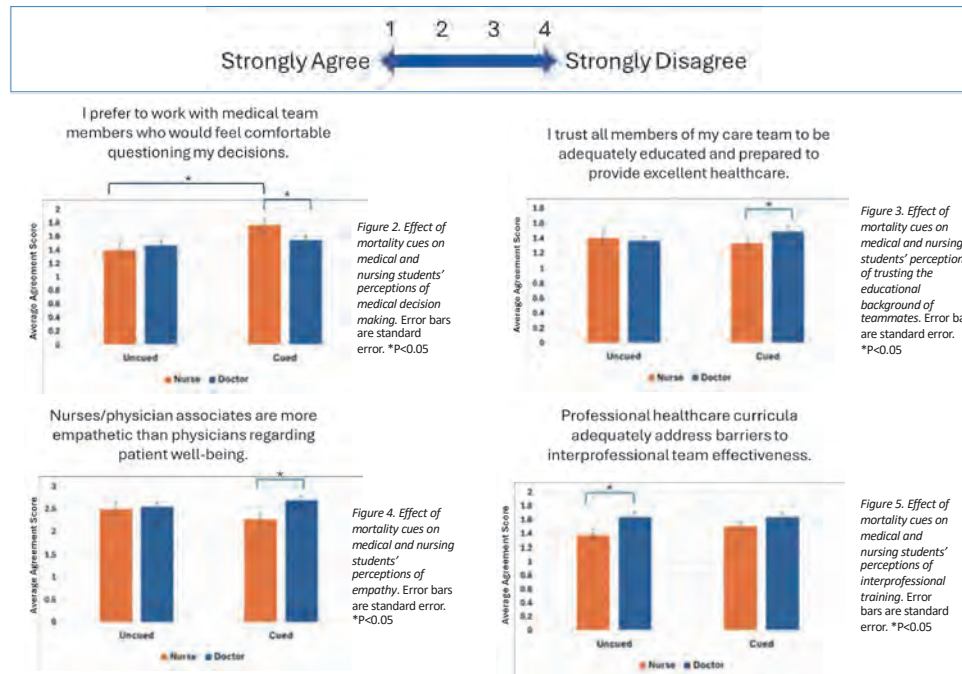
RESULTS FROM SPRING 2024 EXPERIMENT

Figure 1. Interprofessional event timeline for pre-event priming and post-event perception survey

Post-Event IPE Perceptions Statements

- My knowledge and expertise were respected by the members of my interprofessional team.
- My team members from other medical disciplines were open to my suggestions.
- There are medical scenarios in which members of my medical discipline would be more qualified than those from other disciplines to make patient care decisions.
- I prefer to work with medical team members who would feel comfortable questioning my decisions.
- Interprofessional care teams are always more effective than unilateral decision-making.
- I trust all members of my care team to be adequately educated and prepared to provide excellent healthcare.
- Professional healthcare curricula adequately address barriers to interprofessional team effectiveness.
- I felt intimidated working in a group with medical professionals from other disciplines.
- Nurses/physician associates are more empathetic than physicians regarding patient well-being.
- Physicians are the most knowledgeable members of an interprofessional healthcare team.
- It is unprofessional to display emotion while working with patients.

Table 1. Post-event survey. Participants rated how strongly they agreed or disagreed with the statements.

1 2 3 4
Strongly Agree ←→ Strongly Disagree

Figure 2. Effect of mortality cues on medical and nursing students' perceptions of medical decision making. Error bars are standard error. *P<0.05

Figure 3. Effect of mortality cues on medical and nursing students' perceptions of trusting the educational background of teammates. Error bars are standard error. *P<0.05

Figure 4. Effect of mortality cues on medical and nursing students' perceptions of empathy. Error bars are standard error. *P<0.05

Figure 5. Effect of mortality cues on medical and nursing students' perceptions of interprofessional training. Error bars are standard error. *P<0.05

CONCLUSIONS

- Un-cued medical and nursing students were mostly statistically indistinguishable in their responses to the interprofessional teamwork perception statements.

- Mortality cues prior to the IPE event influenced responses to several IPE and interprofessional teamwork question genre which included communication, preparedness, empathy, and curricular effectiveness. These differences were seen within cued vs un-cued cohort and cued cohort vs cohort.

- The experiment was seamlessly added into the scheduled events to ensure completion, which could be used by other programs in their own assessments.

Future Implications

We are currently analyzing data to understand similarities and differences between medical and nursing students in their general perceptions of mortality from the pre-event survey. We are also analyzing data to include from a third cohort – social services professionals – who participated in the event in which early analysis indicates some distinct and significant differences. Future research should focus on how these changes affect the dynamics amongst teams in medical settings. In our future research, we plan to include students from additional medical school years, increase our sample size for nursing students and additional medical team members and improve our cue survey to better align with published mortality salience research. Based on our results, we suggest that medical professional schools implement trainings in how mortality can subconsciously affect behavior and medical team dynamics.

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From Crosstown Rivals to Collaborators: A Multi-institutional Solution to Early-Learner Interprofessional Education and Team-based Care

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University of Southern California (USC) Alfred E. Mann School of Pharmacy and Pharmaceutical Sciences,[1]
University of California, Los Angeles (UCLA) David Geffen School of Medicine,[2] UCLA Health[3]

BACKGROUND

- First-, second-, and third-year USC Mann student pharmacists are required to complete Introductory Pharmacy Practice Experience (IPPE) clinical clerkships as part of their training
- UCLA DGSOM medical students participate in Early Authentic Clinical Experiences (EACE) in their first years
- UCLA Health offers an Extensivist Medicine program, targeting medically complex patients with high risk for hospital readmissions and need for interprofessional care coordination
- USC Mann, UCLA DGSOM, and UCLA Health collaborated to offer a shared, student clerkship experience *"Hotspotters"* within the UCLA Extensivists during 2020-2024

PROGRAM OBJECTIVES

1. Perform comprehensive assessments of social determinants of health
2. Create interprofessional care plans, recognizing the roles and responsibilities of each team member
3. Learn and demonstrate clinical knowledge of chronic diseases
4. Demonstrate effective communication strategies for team building, task distribution, conflict management

"We did a home visit for our longitudinal patient which involved collecting the patient's history, performing a physical exam, and counseling the patient on the proper use of her inhaler.
- MS1 Medical Student

METHODS

STUDY DEMOGRAPHICS
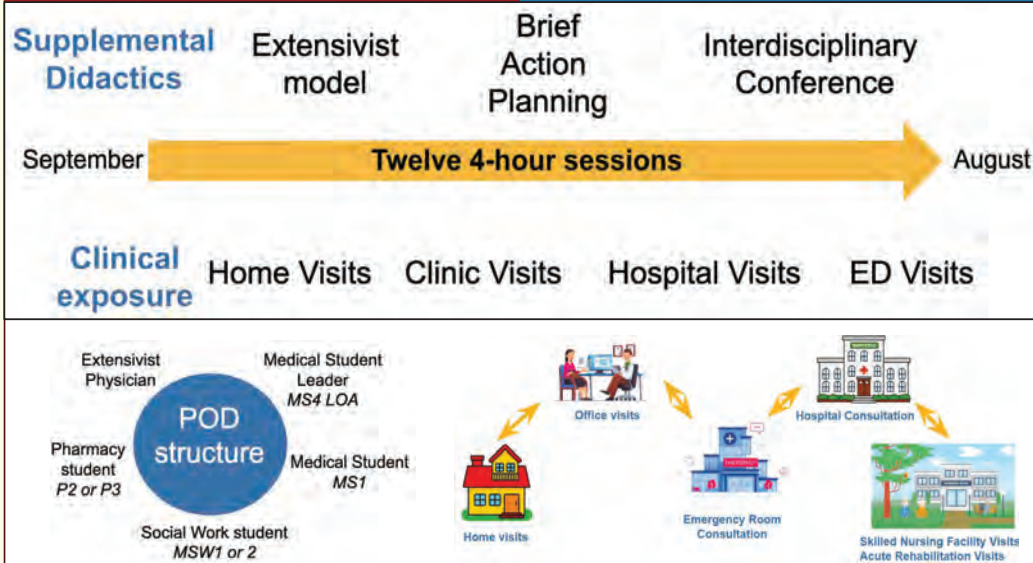
Table 1: Participant Characteristics

	Hotspotting Students (n=15)	Non-Hotspotting Students (n=48)	p-value
Gender:			0.88
Male	46.70%	37.50%	
Female	53.30%	52.10%	
Other / Prefer not to answer	0%	10.40%	
Age			0.81
22-24	46.70%	41.70%	
25-30	46.70%	37.50%	
31+	67%	16.70%	
Prefer not to answer	0%	4.20%	

Medical School Year			< 0.01
1st year	26.70%	29.20%	
2nd year	33.30%	16.70%	
3rd year	0%	20.80%	
4th year	6.70%	39.20%	
Leave of absence	33.30%	4.20%	
Mean # clinical experience (SD)	2.60 (1.30)	1.77 (1.19)	0.02

"This rotation is extremely valuable and special, and one of the most rewarding experiences that I have had in the two years of pharmacy school. This rotation is a combination of didactics and clinical hours. The didactics, also known as pharmacy lecture series, are designed in way to get you prepared for most common disease states that you would be exposed to during clinic." – P2 Student Pharmacist

RESULTS

Table 2: Student Perceptions and Self-Rated Abilities

	Other Students Baseline (n=48)	Hotspotting Students Baseline (n=15)	p-value	Hotspotting students	
				Pre-post difference	p-value
I have a good understanding of the roles of physicians, nurses, pharmacists, dentists, public health students, and social workers within the interprofessional team.	3.44 (0.90)	3.00 (1.07)	0.14	1.60	< 0.01
I am confident in my ability to include patient input and contextual environment in making a care plan.	3.65 (0.96)	3.00 (1.31)	0.08	1.80	< 0.01
I am confident in my ability to work with nursing, pharmacy, medical, dental, public health, and social work in the care of patients with chronic illnesses.	3.27 (1.05)	2.87 (1.30)	0.27	1.73	< 0.01
Home visits (will help/helped) me learn skills important for working as part of an interprofessional team.	3.85 (1.07)	3.80 (0.77)	0.67	1.00	< 0.01
I am confident in my ability to provide effective patient education about their health problems.	3.73 (0.96)	3.40 (1.24)	0.47	1.20	< 0.01
Home visits will help/helped me appreciate the impact of a patient's social determinants of health on their everyday life.	4.15 (0.87)	4.13 (0.99)	0.95	0.77	0.03
I am confident in my ability to discuss goals of therapy with a patient.	3.69 (1.19)	3.13 (1.30)	0.13	0.97	0.05
I am confident in my ability to counsel a patient in the appropriate use of their medications and potential side effects.	3.19 (1.20)	3.07 (1.16)	0.68	0.83	0.06
I am confident in my ability to view a patient's medical record and identify potential diagnoses and medication-related problems.	3.25 (1.33)	3.07 (1.33)	0.63	0.93	0.08
Physicians should work together with other disciplines including nursing, pharmacy, dentistry, public health, and social work as a team to care for patients.	4.73 (0.57)	4.60 (0.51)	0.20	0.20	0.30

IMPLICATIONS

Interprofessional, team-based care utilizing early-learner medical and pharmacy students can improve trainee confidence in providing patient education, contextualization of patient environment in care plan development, and inter-professional collaboration.

Building Communities: The Tri-College Interprofessional Education Experience

Clarke University: Colleen Mahoney, PhD, LMSW; Mindy Oxenford, PT, DPT; Lisa Rettenmeier, EdD, MSN, RN, CNE
Loras College: Sharon Feld, EdD, LAT, ATC; Molly Figgins, PhD, LAT, ATC; Steffanie Schilder, PhD, LMHC, LPC
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Tri-College IPE

Working & Learning Together

NEEDS ASSESSMENT

As a tri-college community, there was a noticeable lack of collaboration between programs and campuses. Exceptional healthcare requires quality collaboration and interprofessional care to provide the best patient care and health outcomes. Educators and accrediting bodies are recognizing the need to develop healthcare providers who are aware of the need for collaborative practice. The Tri-College IPE Experience allows students to learn about and practice interprofessional collaboration.

PROJECT GOALS

Students will:
1. Articulate their profession to their peers, including the depth and breadth of the profession that those outside the profession may not consider.
2. Collaborate with a minimum of three other healthcare professions to value each of the professions in a clinical setting.
3. Execute a case study model of interprofessional education, including developing goals, a treatment plan, and recommendations for additional referrals.

KEYWORDS

- Collaboration
- Healthcare professionals
- Applied health education
- Simulated case studies
- Interprofessional practice

EDUCATIONAL STRATEGIES

Students met and worked together in small groups comprised of three to five different disciplines to complete two progressive case studies. The students were assigned various roles as the case required and through role-playing, all students worked together to problem solve. Ultimately, each group was tasked with developing an approach that provided the best possible outcome for the patient.

IPEC CORE COMPETENCIES

All IPEC Core Competencies took center stage at this event.
- Values and Ethics
- Roles and Responsibilities
- Communication
- Teams and Teamwork

YEAR ONE RESULTS

After the first year, qualitative feedback from student and faculty participants indicated a unique, positive, and appreciated experience. The Tri-College IPE Team has since obtained IRB approval to gather more specific feedback, analyze outcomes, and impact future events through research and continued area collaboration.

MORE INFO

This poster describes a multi-school IPE event that occurred in the Fall of 2024 after more than a year of planning. Bringing together students and faculty from local physical therapy, social work, athletic training, mental health counseling, and physician assistant programs, the event utilized role-playing and progressive case studies to showcase areas of expertise, the practice of teamwork, and the need for collaboration in the delivery of healthcare. The event was so well received that it has been turned into an annual event, hosted by a different school each year.

PROJECT EVOLUTION

After over a year of planning, the first Tri-College IPE event took place in Fall 2023 and involved students from three schools and five different healthcare disciplines. The various disciplines included physical therapy, social work, athletic training, mental health counseling, and physician assistant. The event was well received by faculty and students and has been turned into an annual event.

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Project Needs Assessment

Estimated global cost of medication errors: $42 billion[1]

50% of medication errors occur at the prescribing stage[2]

Prescribing and/or interpreting prescriptions are required competencies among osteopathic medicine, physician assistant, and pharmacy schools[3-5]

Opportunity to learn about prescribing from peers was lacking

Project Goals
(linked to IPEC Core Competencies[6])

1 Respectfully exchange critiques of written prescriptions to identify errors. (C6, RR1)

2 Collaborate on prescription-writing best practices to improve communication, ensure clear and accurate transmission of medication information between health care professionals, and minimize the risk of errors. (C2, RR2)

3 Analyze the unique challenges and responsibilities associated with prescription writing in the context of interprofessional collaborative teams. (RR4)

4 Recognize the value of working across disciplines for patient-centered care.(VE5)

5 Discuss the different training backgrounds, roles, and challenges experienced by pharmacy, physician assistants, and osteopathic professionals. (C1, RR4)

Project Educational Strategies/Intervention

3 activities over 60 minutes on Zoom

Students provided with instructions prior to the event and asked to prepare two written prescriptions based on patient cases.

Second-year osteopathic medicine students, second-year physician assistant students, and third-year pharmacy students were divided into breakout rooms. Each room contained at least one student from each program. A facilitator (physician, physician assistant, or pharmacist) was in each group.

Prepared prescription review → **Group discussion on roles and education** → **Group review of 3 additional prescriptions**

At the conclusion of part 3, all students returned to the main room to do a large group debrief

Part 1: Prepared prescription review. Students shared their individual prescriptions they prepared prior to the event and received feedback from the group

Part 2: Eight questions were provided to generate group discussion on the roles and education of osteopathic physicians, physician assistants, and pharmacy students

Part 3: Three written prescriptions were shared with each breakout room. Students evaluated each prescription for ambiguity and errors.

Visit our article for more information and resources:

Project Evaluation

All students surveyed at the end of the activity
90% response rate
"Please Rate Your Ability for Each of the Following Statements Prior to and After Today's Event"

Increase (p <0001) across all 20 statements in the Interprofessional Collaborative Competencies Attainment Survey, which measures team functioning, communication, collaboration, roles and responsibilities, collaborative patient/family-centered approach, and conflict management

"Favorite IPE event so far!"

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A Disaster Preparedness Simulation to Improve Interprofessional Competency in Students Across Multiple Healthcare Programs

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UNIVERSITY OF CHARLESTON

BACKGROUND

- As healthcare continues to shift to a team-based approach, interprofessional education standards continue to encourage collaboration with various healthcare disciplines.
- While interprofessional collaboration is discussed broadly in the literature, there is a lack of interprofessional collaboration events discussed in the setting of disaster simulations that include multiple disciplines.
- Additionally, literature on disaster simulations primarily focuses on the role of nursing in interprofessional teams and often excludes disciplines like pharmacy.[1-6]

METHODS

Preplanning phase
- Biweekly meetings with IPE committee for disaster simulation planning

Meet and Greet with Team Members
- One hour team dynamics meeting with simulation student groups
- Administration of pre-survey completed

Disaster Simulation Event
- Each group of students (Pharmacy, Nursing, PA, DO) were given 25 minutes to complete the IPE simulation
- Twenty groups of students rotated through the simulation in total over two hours
- Debrief session for all students and faculty immediately followed the simulation
  - Inclusion of recorded IPE simulation of exercise science and radiology students
- Faculty panel discussing simulation and guided reflection of interprofessional collaboration
- Administration of post-survey completed

Post-planning phase
- IPE committee meeting focused on improvements and adjustments to be made in the future for this event

PURPOSE

This effort evaluated the impact of a disaster preparedness simulation on student outcomes in diverse health science programs. Through the administration of pre/post surveys, the purpose of this study was to allow students from various healthcare programs to self-assess themselves and their skills related to IPEC's core competencies in a high-stress environment. Secondarily, this event allowed students from various programs (PharmD, BSN, PA, DO) to have the opportunity to be exposed to others' respective professions with a designed team discussion on training, post-graduate requirements, and available career pathways.

DISCUSSION

Strengths:
- Inclusion of more than two healthcare programs
- Validated assessment tool
- Pre/Post intervention evaluation
- Required didactic experience for healthcare students

Limitations:
- Lack of open comment section in post-survey
- Inconsistent changes in disaster simulation case planning
- Changes in participating programs
- Inability to survey some participating programs
- Evaluation of active vs passive IPE simulation on IPEC competencies

Future Implications
- Due to issues of time constraints and lack of task clarify as discussed by students during post-simulation panel discussion, increased preplanning and coordination of schedule will be critical for having a more effective simulation
- Relationships between the college of pharmacy, college of health sciences, and school of medicine were strengthened after this encounter, which has led to mutual interest in increasing the amount of interprofessional collaboration events embedded in each programs' curricula

Opportunities
- Increase the diversity of clinical setting to assess if results change
- More warranted research to assess interprofessional collaboration and its impact on patient care

RESULTS

The IPEC Competency Self-Assessment Tool (Version 3) was administered before the event and after the event to determine changes from baseline regarding each student's beliefs in one's own skills. Average scores among all students improved across all four competency areas established by IPEC in 2023 after final evaluation of the sixteen-question survey. Further evaluation of each discipline and each program year has been further stratified.

Scan for
Results & References

CONCLUSIONS

- The perception of students from each healthcare discipline regarding the IPEC core competencies showed improvement from prior to the disaster simulation compared to the completion of the disaster simulation.
- Dedication of IPE planning committee comprised of faculty champions from each healthcare discipline may lead to more impactful interprofessional events.
- Implementation of disaster simulations with a multidisciplinary team may increase perception of improved interprofessional competencies among students in pharmacy, nursing, physician assistant, and physician programs.

CONTACT INFORMATION

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Needs Assessment of Infection Prevention and Control Training for Emergency Responders

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University of South Florida – College of Public Health
Infection Control for Emergency Responders (ICER) Collaborative and Training Hub

Introduction

The need for effective and representative infection prevention and control (IPC) materials specifically designed for fire service and emergency medical services (FF/EMS) is dire. Typically, IPC materials within FF/EMS are borrowed from general healthcare settings, adapted into EMS settings, and do not address the unique exposure risks FF/EMS personnel encounter. The ICER project aims to address this gap in IPC by creating materials tailored to the needs of FF/EMS field personnel. The ICER project engages directly with EMS agencies across the United States through a multidisciplinary team of students from the University of South Florida (USF) across various academic levels and backgrounds.

Current efforts focus on:

- Evaluating the effectiveness of CDC's Project First Line (PFL) resources within EMS settings.
- Assessing factors contributing to vaccine hesitancy among EMS personnel.
- Survey perceived susceptibility, severity, and threat of infectious disease transmission to EMS personnel.

Figure 2. BS, MPH, CPH, PHD student, Jessica Monaghan, sits in the back of USF MRU to better understand high contact areas in emergency response units. (2024; Image credit: Cassidy Delamarter, USF).

Student Integration

The ICER project houses a dedicated team of USF students who play key roles in advancing daily operations and tasks. The student workforce dynamically operates in various roles to support the development, outreach and scientific integrity of the project.

Recruitment and Outreach:

- Identify fire and EMS agencies as potential recruitment pathways
- Promote field personnel buy-in for IPC initiatives
- Engage agencies nationwide for survey participation
- Invite agencies to become beta-test sites for IPC materials and pathogen isolation

Literature Review and Research:

- Review COVID-19 vaccine hesitancy and policies
- Analyze and comparing EMS certifications, continued education unit (CEU) requirements, and vaccine requirements for state EMS employment

Pathogen Isolation:

- Swabbing high-traffic contact areas in EMS units
- Performing qualitative PCR to identify infectious agents known to cause health concerns, such as C. diff, E. coli, E. faecalis, K. pneumoniae, MRSA, and P. aeruginosa
- Producing findings to inform IPC materials for first responders

Project Coordination and Quality Assurance:

- Organizing faculty project planning and team collaboration
- Ensuring quality assurance and workflow consistency
- Providing key avenues of communication within the ICER project

Figure 1. The ICER Student team is preparing to swab the USF Medical Response Unit (MRU) at USF COPH (2024; Image credit: Cassidy Delamarter, USF).
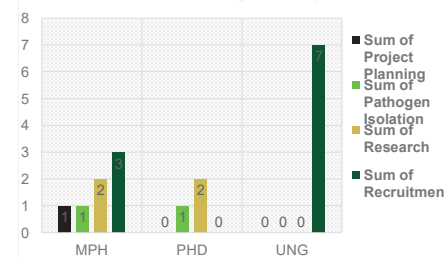

Table 1. The ICER project currently employs fourteen USF students at various academic levels, who play vital roles in different aspects of the project's ongoing operations.

Team Composition

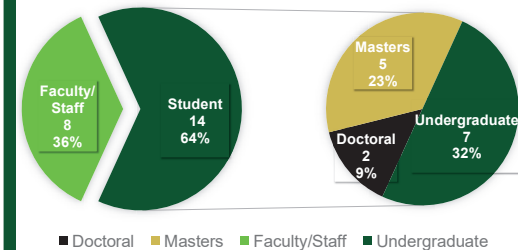**ICER Team Composition by Student Academic Level**

Figure 3. Distribution of faculty and student population by current academic level.

Student Growth & Opportunities

- Faculty-student connections foster professional mentorship
- Pathways into Graduate Academic Programs
- Publication and presentation experience
- Professional conference attendance
- Involvement in formative research & program development

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Project Team Members [Graduate Students]: Coralyn Bamper [MPH - Epidemiology], Lorelei Herman [MSPH – Epidemiology], Santiago Hernandez Bojorge [PhD – Global Communicable Disease], Jessica Monaghan [PhD – Global Communicable Disease], Logan Sharp [MPH – Epidemiology, Global Communicable Disease], Leomar White [MPH – Epidemiology] **Project Staff:** Arabel Severe [MPH alumni – Global Health Practice], Nicole Sutton [MPH Alumni – Public Health Education]
Project Team Members [Undergraduate Students]: Kelvin Asare, Melanie Colombo, Parker Guevarra, Minh Lam, Husena Rajkotwala, Angelica Rios, Ashley Varela
Faculty: S. Burke [Adult Education, Student Success], C. Burns [Nursing, Occupational Health], A. Joyce [Workforce Development], C. Parvanta [Social Marketing], C. McGuire-Wolfe [Global Communicable Disease], K. Miley [Laboratory Supervision]

Opioid Use Disorder (OUD): An Interprofessional Approach to Educating Future Pharmacists about this Public Health Challenge

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BACKGROUND/OBJECTIVE
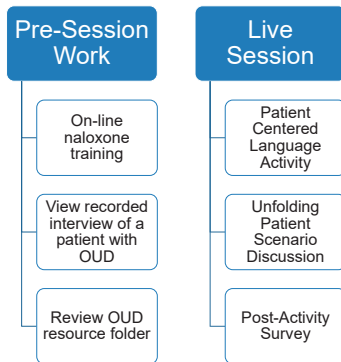
BACKGROUND

- Since 1999, national overdose deaths involving any opioid continues to be a public health concern.[1] Over 38% more drug overdose deaths related to synthetic opioids occurred during this period compared to the previous 12 months. [2]
- Pharmacists are uniquely suited to contribute to mitigating the opioid epidemic in both preventative and treatment roles.
- An effective response to OUD requires a multiprofessional and interdisciplinary approach, lending itself to an interprofessional education (IPE) learning activity.
- Based on review of the available literature, many Schools of Pharmacy have implemented OUD IPE activities, however there is limited information on sustained annual events of this magnitude.

OBJECTIVE

- Describe an IPE activity designed to train Doctor of Pharmacy students about the pharmacists' role in caring for patients with opioid use disorder (OUD) as part of the healthcare team.

METHODS

- Participating programs: acupuncture, diagnostic medical sonography, nursing, occupational therapy, optometry, pharmacy, physical therapy, physician assistant studies
- Activity was divided into 2 parts.
- During the live, in-person, interdisciplinary session, students were placed in small groups with students from other programs.
- They were presented with 4 different patient-case scenarios and given an opportunity to discuss course of treatment from their disciplines point of view.

Pre-Session Work
- On-line naloxone training
- View recorded interview of a patient with OUD
- Review OUD resource folder

Live Session
- Patient Centered Language Activity
- Unfolding Patient Scenario Discussion
- Post-Activity Survey

Conflict of Interest:
The authors have no conflicts of interest

RESULTS

Percentage of students that agreed with each survey statement.

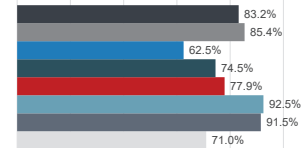*I was able to express my knowledge and opinions to the other professions in my group.*
- 92.0%
- 89.6%
- 80.2%
- 92.0%
- 87.2%
- 89.9%
- 95.5%
- 58.0%

This activity allowed me to learn with the other health professions students in my group.
- 87.5%
- 90.2%
- 73.0%
- 84.0%
- 83.1%
- 88.8%
- 93.4%
- 57.0%
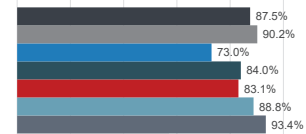
The information from this activity will help me be more effective in my profession.
- 84.5%
- 84.5%
- 66.8%
- 81.6%
- 79.6%
- 87.0%
- 91.4%
- 74.0%
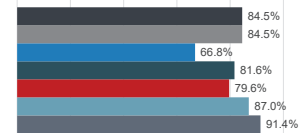
This activity should be offered for future students.
- 83.2%
- 85.4%
- 62.5%
- 74.5%
- 77.9%
- 92.5%
- 91.5%
- 71.0%

■ 2024 (n=444, RR: 88.5%)   ■ 2023 (n=459, RR: 68.8%)
■ 2022* (n=853, RR: 45.6%)   ■ 2021* (n=905, RR 58.1%)
■ 2020* (N=795, RR: 72.8%)   ■ 2019 (n=709, RR: 93%)
■ 2018 (n=732, RR: 95.6%)   ■ 2017 (n=816, RR: 26%)

RR: Survey response rate; *virtual offering

DISCUSSION

- Survey responses show that students and faculty found this event to be beneficial and should be offered to future students
- Longitudinal data indicates students seemed to prefer in-person interactions.
- Limitations:
  - Clinical schedules prevented some programs' inclusion in live activities
  - Course schedules necessitated this being a lunch time activity
- Survey responses from students and faculty have helped to identify areas for improvement in the future.
  - Provide in person instruction on naloxone device use
  - Provide more discussion on costs of pharmacologic v. non pharmacologic intervention

CONCLUSION

- Given the complex nature of OUD, it is a high priority for health professionals to work collaboratively to provide optimal patient care to those affected by this challenging public health problem.
- Activities like this are important components of pharmacy education to help build a foundation for students' future practices involving the treatment of patients with OUD.
- Empowering pharmacy students to assist patients with OUD while being a contributing member of interprofessional teams is of paramount importance and attained by this activity.
- This large-scale sustainable IPE activity can be delivered in person or virtually and is transferable to numerous healthcare practice areas and professional experience levels

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Interprofessional Suicidal Ideation Telehealth Simulation: Equipping the Future Workforce

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Introduction

- To develop an innovative collaborative training technique to allow trainees an opportunity to practice evaluating patients with suicidal ideation and work with an interprofessional team to develop a treatment plan using telehealth.
- To provide trainees with the chance to engage with a client experiencing suicidal ideation in a simulated environment allowing them to practice their skills in a safe space, where mistakes will not result in negative outcomes.

Purpose

The Health Resources and Services Administration (HRSA) funded Behavioral Health Workforce Education and Training (BHWET) Program is a 12-month program designed to train a diverse group of master's level social work (MSW) students, graduate-level psychiatric-mental health nurse practitioner (PMHNP) students, and psychiatry medical residents (MD) to collaborate interprofessionally and be prepared to meet the mental health needs of rural and underserved populations.

Methodology

- An interprofessional team of BHWET faculty developed a telehealth simulation scenario using a standardized client who presents to a primary care provider for chronic disease management while experiencing suicidal ideation.
- The MSW student entered the Zoom room to interview the patient, who was filling out the Columbia screening tool. After initial interview, the MSW student escalated care to the PMHNP or Psychiatry resident. The PMHNP or Psychiatry resident then conducted an interview with the patient, returned to collaborate with MSW student, and together created a care plan.
- Following participation in the scenario trainees:
  - Participated in a faculty-led debriefing session to discuss communication, the use of telehealth, and development of a plan of care.
  - Completed an anonymous survey featuring nine Likert scale questions and three open-ended questions for qualitative input.

Interprofessional Model
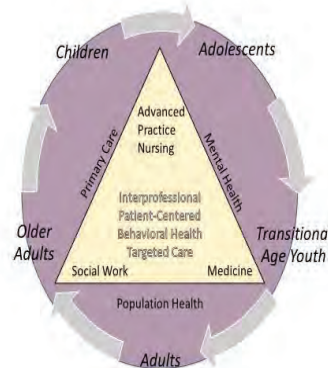
Keywords: Interprofessional, Telehealth, Simulation, Suicidal Ideation, Behavioral Health

Acknowledgements

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Results

10 learners completed post-simulation surveys.

Quantitative survey results
- 72.7% of the learners "strongly agreed" or "agreed" that they "feel better prepared to perform in my role after the simulation experience".
- 100% of the learners "strongly agreed" or "agreed" that "the simulation experience provided opportunities to utilize my clinical skills/knowledge effectively".

Qualitative feedback on what the trainees learned
- "Having an interprofessional team allows the patient to receive more well-rounded care"
- "How collaboration can help resolve ambiguity concerning treatment plans"
- "How telehealth care improve access to care in a rural patient population"
- "Always use environmental scanning and observe the client's behavior and responses"

Conclusions

- Learner feedback indicates that simulation can be a valuable tool in providing initial exposure to real-world clinical challenges in a safe environment.
- Simulation can be effectively used to prepare students to participate in interprofessional teams, to communicate and coordinate care for a client with high-risk behavioral needs, and to assure client safety in a telehealth setting.
- Faculty across professions can collaborate to design a tailored interprofessional simulation to meet the learning needs of their team.

Recommendations:
- It is feasible to use telehealth simulation to train interprofessional learners and improve communication among the healthcare team.
- Interprofessional telehealth simulation can improve healthcare provider confidence in addressing crisis topics such as suicidal ideation.

UAB COLLEGE OF ARTS AND SCIENCES
Department of Social Work

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Planetary Health:
An Interdisciplinary Collaborative Analysis of Historical, Social, and Policy Dimensions of Environmental Events for Health Promotion

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1. University of North Carolina Greensboro School of Nursing, Greensboro, NC
2. High Point University Fred Wilson School of Pharmacy, High Point, NC

Activity Description:

- Synchronous remote learning activity using Microsoft Teams and Padlet
- Small interprofessional teams of NP and PharmD students chose an environmental health topic
- Students researched historical examples, current state, implications for social justice, related health conditions, and mitigation/prevention strategies
- Students were assigned to develop a health education and/or policy recommendations

Objectives:

1. Enhance interprofessional communication, strengthen shared problem-solving abilities and develop leadership skills on a healthcare team.
2. Foster a deeper understanding of the complex relationships between environmental health, historical context, social dynamics, and policy frameworks.

Student Instructions:

Figure 1: Padlet Map

Outcome: This activity enhanced critical thinking, communication, and collaboration skills among participants. It is an effective and flexible method for interprofessional education that can be easily adapted to other health professional programs.

Implementation:

- Required pre-work activity to familiarize students with resources and databases they would be using (e.g. CDS and DHHS)
- Teams met in breakout rooms with one facilitator check-in
- Used Padlet to report findings based on geographic location of issue (previous and current state)
- Upon completion, 2 teams + 1 facilitator met to share findings and discuss
- IPEC self-assessment survey (v3) was administered electronically before and after the activity

Table 1: Select IPEC Self-Assessment Survey Results

Question	Pre-Survey Mean	Post-Survey Mean	Change
1. I am able to choose communication tools and techniques that facilitate effective team interactions.	4.06	4.34	+ 0.29
3. I am able to engage other health professionals in shared problem-solving appropriate to the specific care situation.	4.04	4.38	+ 0.34
7. I am able to apply leadership practices that support effective collaborative practice.	4.04	4.46	+ 0.42
11. I am able to use strategies that improve the effectiveness of interprofessional teamwork and team-based care.	4.02	4.38	+ 0.36

Scoring: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree

Clinical Cadavers: Procedural Simulation in the Anatomy Lab

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1) Emory University SOM Pediatric Residency Program 2) The University of Texas Health Science Center at San Antonio Long School of Medicine

UT Health San Antonio **EMORY**

Objective

To develop a co-curricular Interprofessional (IP) education (IPE) activity in which medical students (MSs), physicians' assistant students (PASs), and nursing students (NSs) work in peer-led small groups to assess, identify, and treat skin and soft tissue infections (SSTIs) utilizing body donors.

Introduction

The shift in health education towards active learning modalities such as simulation training is supported by broad, evidence-based research (Mourad et al., 2016). Standardized patients are utilized in 94% of medical and pharmacy schools (Vyas et al., 2013). Preclinical healthcare students have unique, expansive access to the anatomy lab, but rarely are allowed to utilize this to learn practical clinical skills. Often, students are first asked to perform therapeutic procedures on acutely suffering patients.

Bringing students together from multiple disciplines at an early stage in their training helps to optimize the learning environment. While more empirical evidence still needs to be collected, growing scholarship demonstrates the effectiveness of IPE in improving illness prevention, screening services, referrals between agencies, and safety practices (Slater et al., 2012).

Meta-analyses have found that IPE tends to elicit positive reactions from undergraduate students, positively impact perceptions and attitudes towards other professionals, and increase the knowledge and skillset of participants (Reeves et al., 2016). In the context of simulation training, interprofessional teams better approximate the clinical environment.

Materials/Methods

- Following IRB exemption (20220626EX) **40 1st-year MSs, 20 5th-semester NSs,** and **20 1st-year PASs** were recruited to participate in the simulations
- Senior clinical students and faculty with ultrasound experience were recruited to serve as peer facilitators
- Simulation of SSTIs (Cellulitis, Abscess (**Fig 2**), Necrotizing Fasciitis, and Bacterial Lymphadenitis) were developed using body donors, lubrication jelly, flexible containers, and clinical vignettes.
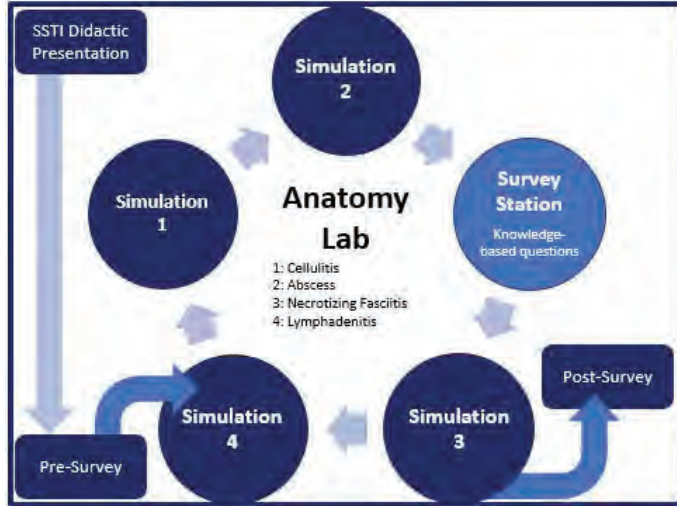

Fig 1: *Example Simulation Event Flow*
students were randomly assigned to IP teams of 2 MSs, 1PAS, and 1NS prior to receiving a didactic lecture on SSTI, followed by a PRE-survey, followed by a rotation of 4 simulations and 1 INTRA-survey, followed by a POST-survey.
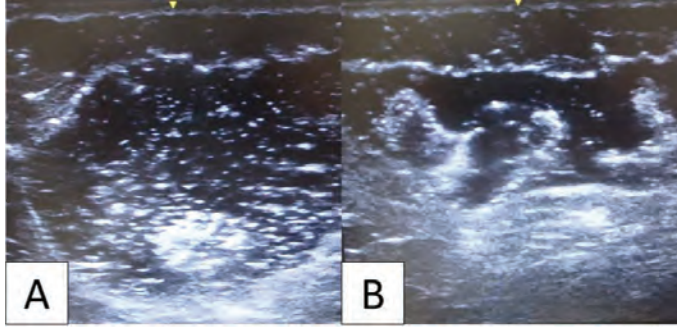

Fig2A: *Simulated abscess before drainage*
Fig2B: *Simulated abscess after student aspiration*
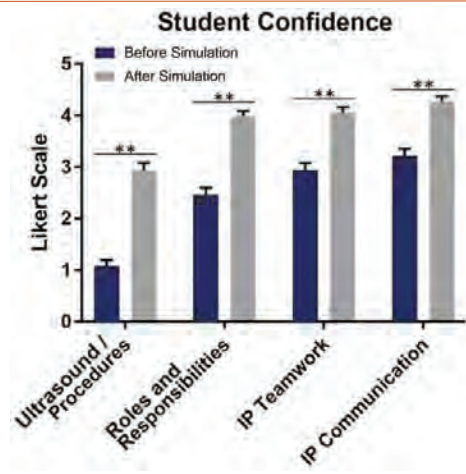
Results

Fig 3: *Student Confidence before vs after simulation event. Error bars represent the standard error for each mean response. **All comparisons were statistically significant with p-values <0.01 by a two-tailed, paired t-test.*
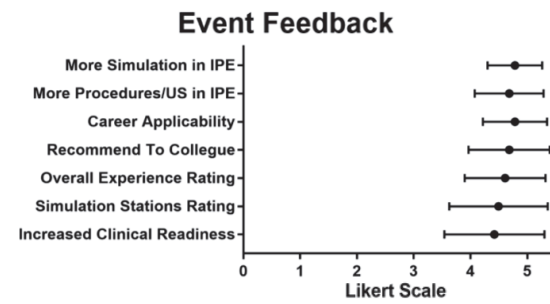

Fig 4: *Event feedback Student favorability impressions following the simulation event. *Error bars denote standard error. All respondents expressed a neutral or positive sentiment on each reported metric with mean responses between (4) "agree" and (5) "strongly agree"*

Discussion

Student confidence demonstrated a robust and statistically significant increase after participating the body-donor simulation exercises across all academic backgrounds. While ultrasound and procedural confidence demonstrated the largest increase, students felt significantly more confident about understanding others' IP roles, working with colleagues in those roles, and communicating in an interprofessional team setting.

Students responded very positively to the simulation activity. Figure 4 demonstrates strong consensus in students' perceptions that the body-donor simulation event was a highly rated experience across all measured metrics. Students supported further incorporation of simulations procedural practice into IPE experiences in their home institution. This sentiment is likely generalizable to students in multiple disciplines.

Conclusions

Simulated encounters in the anatomy lab using body donors is a promising and currently underutilized method of teaching preclinical students to be prepared for procedural encounters in the clinical environment.

Across medical, physician assistant, and nursing disciplines, preclinical students' confidence in procedural practice and interprofessional roles, teamwork, and communication significantly increased.

This study demonstrated that simulations utilizing body donors when added to traditional lecture-based curricula deliver a high degree of student satisfaction, engagement, comprehension, and perceptions of applicability to their future careers.

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Physical Therapist Assistant and Occupational Therapy Assistant Student Interprofessional Collaboration and Educational Simulation Event

Sandra Ribeiro, PT, DPT, MSEd and Hendryx Silva, MOT, OTR/L, OTA/L

Background

This poster describes an interprofessional event developed for Occupational Therapy Assistant (OTA) and Physical Therapist Assistant (PTA) students to simulate live co-treatment and emergency response of a shared case-based patient in acute rehabilitation.

This multi-phase, one day event, was piloted in May 2024 at CUNY-LaGuardia Community College. 17 OTA and 8 PTA students were grouped into 4 interprofessional teams and were tasked to collaboratively develop and implement an intervention session under the supervision of 2 faculty members (1 Occupational Therapist and 1 Physical Therapist). The event ends with practice in documenting the occurrence and personal reflection.

The *individual Teamwork Observation and Feedback Tool* (iTOFT; Thistlethwaite et al., 2015) and the *Students Perceptions of Interprofessional Clinical Education Revised* (SPICE-R; Dominguez, Fike, MacLaughlin, & Zorek, 2015) instruments were utilized for data collection.
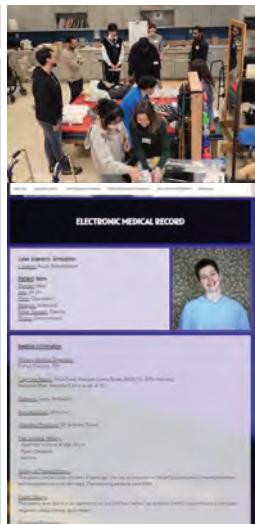
Purpose

The purpose of this project is to highlight the benefits of utilizing IPEC core competencies in a simulation-based interprofessional event to prepare PTA and OTA students to work collaboratively within complex healthcare environments and to emphasize safety and best practices when promoting patient outcomes.

Identified Opportunities to Enhance Associate-Level PTA & OTA Curriculums:
- Develop interprofessional collaboration and effective communication skills between OTAs and PTAs in preparation for fieldwork
- Increase educational experiences and practice in acute rehabilitation
- Improve medical record review and documentation skills of complex cases
- Provide direct practice in emergency preparedness and response for safety
- Cultivate professionalism with core values of leadership and respect
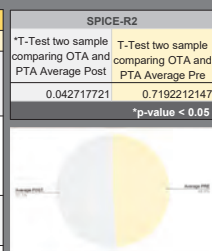
Associated IPEC Core Competencies :
- Use the knowledge of one's own role and team members' expertise to address individual and population health outcomes. (Roles and Responsibilities)
- Apply values and principles of the science of teamwork to adapt one's own role in a variety of team settings. (Teams and Teamwork)

Outcomes

The SPICE-R2 Instrument was taken pre and post experience to identify changes in student perceptions of interprofessional teamwork and team-based practice, roles and responsibilities for collaborative practice, and patient outcomes from collaborative practice. The iTOFT Advanced Version is completed by a neutral observer to score the group's teamwork.

iTOFT ADVANCED Version			
Theme	Average	Variance	Supporting Comments
Shared Decision Making	5.5	0.5714285	OTA- "thorough discussion among all members" PTA- "did not ask client what thinks about the idea or intervention"
Working in a team	6	0	OTA- "- "Need to improve communication and interpersonal skills and change my attitude to teamwork" PTA- "everyone involved in performing intervention"
Leadership	3.375	1.9821428	OTA-"Active listening practiced by all members" PTA-"collective leadership role"
Patient Safety	3.5	0.8571428	OTA-"clearly explain safety concern to client before therapy" PTA-"the group checked patient status routinely"

SPICE-R2	
*T-Test two sample comparing OTA and PTA Average Post	T-Test two sample comparing OTA and PTA Average Pre
0.042717721	0.7192212147
	*p-value < 0.05

ANOVA				
Source of Variation	SS	df	MS	F	P-value*
Between Groups	43.84375	3	14.6145	17.13961606	0.0000016272356

Results of the iToFT revealed a significance among the identified themes above (shared decision making, working on a team, leadership, safety). Outcomes indicate an increase in scores using the iTOFT and SPICE-R2. Positive experiences were also noted in student anecdotal statements and feedback from independent faculty who observed the event.

Methods and Description

Pre-Simulation Modules

Part 1

PTA and OTA students asynchronously utilize a shared Digital Communication Platform (ePortfolio). This online platform was designed to model an electronic medical record for students to annotate notes and begin collaborating on treatment planning. Students also complete Pre-simulation modules and review resources on select topics prior to the event.

Electronic Medical Record (EMR)
- Patient Medical Information
  - Case Study: 25 y/o admitted to Acute-Rehabilitation with a diagnosis of Femur Fracture and Traumatic Brain Injury (TBI)
- OT/PT Evaluations and Care Plan

Pre-Simulation Modules
- Interprofessional Collaboration in Healthcare
- Medical Conditions & Emergency Preparedness
- Professional Communication/Teamwork Strategies

Supplemental Resources & Readings
- OT/PT Roles and Responsibilities
- Healthcare Policies

On Campus Simulation Event

Part 2

Phase 1 - Pre-Briefing & Treatment Planning
- Students complete the SPICE-R2 as a pre-survey
- 4 interprofessional teams of OTA/PTA students are assigned to review the case study and develop a 30-minute collaborative treatment session inclusive of their discipline specific roles and scope of practice.
- The interprofessional teams set-up their treatment environment and select equipment within a simulated acute rehabilitation facility.

Phase 2 - Treatment Implementation
- Each interprofessional team initiates co-treatment and implements their planned intervention on a live model patient.
- Teams respond to a simulated medical emergency that is introduced during the intervention session and is based on information provided in the patient's medical history.
- Teams demonstrate safety and post-emergency care

Phase 3 – Clinical Documentation
- Students simulate entering documentation of their intervention into the EMR within ePortfolio

Post Simulation Debrief

Part 3

Individual Reflection & Group Discussion
- Students reflect, gain insight, and share their experiences in a post simulation group discussion.
- Debrief prompts facilitate student discussions on the different strategies implemented and how they problem solved through challenges to promote effective communication, teamwork, co-treatment, and safety/emergency response preparedness.
- Students reflect on how to transfer the skills learned for their clinical fieldwork
- Students complete the SPICE-R2 as a post survey

Conclusions & Future Directions

Interprofessional collaboration is common among health education programs, however, there are limited studies that include associate-level OTA and PTA students (Gentry, 2022). This project was developed to uniquely engage PTA and OTA students in the collaborative treatment of a complex case study in acute rehabilitation and to provide them with direct practice in emergency response training. This project also expands on the use of ePortfolio as an educational tool that was previously found effective in facilitating interprofessional collaboration in healthcare planning (Karsten et al., 2015).

This project plans to evolve with the on-going development of additional simulated trainings and data collection on the interprofessional experience. Student feedback on the experience included recommendations for additional strategies in delineating roles and responsibilities within each discipline during treatment planning, improving communication when responding to an emergency, and engaging in additional opportunities to collaborate on simulated treatment sessions within the context of other practice settings.

This project is now part of the OTA and PTA curriculum at LaGuardia Community College and aligns with the Accreditation Council for Occupational Therapy Education (ACOTE) and American Council of Academic Physical Therapy (ACAPT) academic and professional standards for entry-level practice. This event will be piloted again in Fall 2024.

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References

Implementation of an Interprofessional Super Simulation Day with Optometry, Physician Assistant, and Pharmacy Students

Marshall B. KETCHUM UNIVERSITY

Ashley Deemer, OD, FAAO   Katie Tan, MPAS, PA-C   Diana X. Cao, PharmD, BCPS, BCCP, FCSHP

Marshall B. Ketchum University implemented its first interprofessional education super simulation exercise (Super Sim) in 2018. Students from the optometry, physician assistant, and pharmacy programs are divided into small groups and are given 90 minutes to conduct a thorough evaluation of a standardized patient (SP) and develop a comprehensive management plan.

Project Goals:
The purpose of the Super Sim is to allow students to apply the interprofessional skills gained during their education, and to formally evaluate their acquisition of the four main IPE core competencies; values/ethics, roles/responsibilities, interprofessional communication, and teams and teamwork. Ultimately, we aim to prepare students to enter an IPE clinical assignment in their externship rotations and be able to work collaboratively with other health professionals in their future practices as clinicians.

Project Educational Strategies:
Two faculty facilitators (of different disciplines) are assigned to each student group to serve as evaluators. During the simulation, the facilitators act as the SP family member to provide additional case information when necessary and are not to serve as an instructor guiding the activity. At the end of the student-lead simulation exam, there is a 30 minute debrief to elicit student and SP feedback on their performance in the activity as well as to provide feedback from both faculty, each of whom have different clinical perspectives to share. Ideally, faculty input from all 3 disciplines would address students' expressed value on gaining discipline-specific clinical pearls from the case, however there are limits in the number of faculty available to volunteer.

The simulation sessions and/or group activities promoted effective teamwork between students from different professional programs.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Course Evaluation Survey (n=65)

Project Progress:
Since its initial inception, the event has grown support from students and faculty across all programs. Improvements have been made to provide more meaningful feedback to students in the evaluation process and include additional patient-centric feedback in the debrief exercise. Modifications have been made to include an additional faculty facilitator from a different program background so that multiple faculty are serving as facilitators for the simulation. While the primary goal is to assess interprofessional communication and collaboration, students and faculty alike have expressed appreciation in having content experts also be present to validate and clarify discipline specific diagnostic and management concepts. Additionally, during the debrief exercise, the SPs are asked to provide feedback from the patient perspective. This has been valuable to emphasize incorporation of patient-centric care throughout the IPE experience.

Project Evaluation:
The students are graded by a rubric assessing each of the 4 IPEC Competencies: Values/Ethics, Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork.

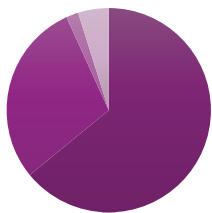*2024 Team Evaluation Rubric results (n=159)*

Project Needs Assessment:
Improvements have been made since its inception to provide meaningful feedback to students in the evaluation process and include patient-centric feedback in the debrief exercise. To complete the activity, a large scheduling and volunteer effort is required on behalf of all 3 graduate programs, which can be a challenging effort without the support from the administration and individual faculty members in each program.

Additionally, we recognize that the Super Sim experience is more valuable with smaller student groups to foster greater engagement and accountability among students during the exercise. Group sizes however are limited by the class size in each program. Due to the varying class sizes across programs, one solution to keep IPE group sizes small is for the discipline with the smallest class to act as "consultants" for the team, contributing only when consulted. This approach allows one student from the smaller discipline to engage with multiple groups at the same time.
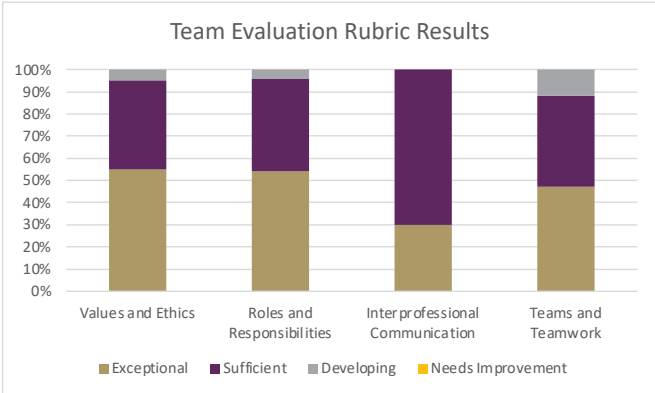
SPs also play a key role in the event. Prospective PA students are recruited as SPs on a volunteering basis, providing an opportunity to learn more about our program and highlight the impact of IPE education. They are briefed about the case prior to the event which offered a unique look into understanding medicine from the lens of a multidisciplinary team. This process not only further facilitates their interest in the PA profession but also in medicine as a whole. It also gives a unique window of perspective for the PA faculty who interacted with the SPs on who they are as perspective applicants and their potential compatibility with the program.

IPEC Core Competencies Evaluated	
VE5.	Value the expertise of health professionals and its impact on team functions and health outcomes.
VE6.	Collaborate with honesty and integrity while striving for health equity and improvement in health outcomes.
VE9.	Maintain competence in one's own profession in order to contribute to interprofessional care.
RR1.	Include the full scope of knowledge , skills, and attitudes of team members to provide care that is person-centered, safe, cost-effective, timely, efficient, effective, and equitable.
RR2.	Collaborate with others within and outside of the health system to improve health outcomes.
RR4.	Differentiate each team member's role, scope of practice, and responsibility in promoting health outcomes.
C5.	Practice active listening that encourages ideas and opinions of other team members.
TT2.	Appreciate team members' diverse experiences, expertise, cultures, positions, power, and roles towards improving team function.
TT3.	Practice team reasoning, problem-solving and decision-making.
TT8.	Facilitate team coordination to achieve safe, effective care and health outcomes.

INTERPROFESSIONAL MEDICATION MANAGEMENT SIMULATIONS TO IMPACT STUDENT ATTITUDES TOWARD TEAMWORK

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INTRODUCTION

Background & Significance

- Preventable medical errors annually account for ~400,000 patient deaths and are the third leading cause of death in the U.S. behind heart disease and cancer (James, 2013)
- Of the five leading categories of medical errors, poor communication produces at least 30% of the errors (Alder, 2023)
- Interprofessional training has a positive impact on teamwork attitudes and aptitudes needed to reduce such errors (Gannon et al, 2018)

Purpose

- Enhance teamwork skills of pharmacy, nursing and medical students/physician assistant students
- Promote a positive attitude toward interprofessonal teamwork using simulated scenarios based on medication administration events

Specific Aims

To measure the impact of exposing interprofessional student teams to common error-based medication management scenarios on attitudes toward team-based communication strategies, including:

- Team structure skills
- Team-based leadership skills
- Team-based situation monitoring
- Team-based mutual support
- Team-based communication skills

SUBJECTS

Setting

- CSESaR Center Simulation lab at UF Health in Jacksonville, Florida and Gainesville, Florida(2023)
- Annual implementation Spring 2017-2024

Sample

- 522 students
  - 307 Nursing
  - 102 Pharmacy
  - 113 Medicine/PA

METHODS

Design

- Pretest/ Posttest assessment of Teamwork Attitudes

Procedures

- 4-5 half day sessions of the following:
  - Administered T-TAQ
  - 45-minute TeamSTEPPS® Essentials course followed by team building activity
  - Four interprofessional teams rotated through four medication management scenarios over two hours
    - 15-minute recorded scenarios, 10 minute debriefs, 5 minutes to move between scenarios
  - Re-administered T-TAQ followed by whole group debriefing

RESULTS 2017-2024

TEAMWORK ATTITUDES QUESTIONNAIRE (T-TAQ)

5 POINT LIKERT SCALE (1 STRONGLY DISAGREE, 2 DISAGREE, 3 NEUTRAL, 4 AGREE, 5 STRONGLY AGREE)
30 ITEMS WITH 5 SUBCONSTRUCTS
Analysis conducted using matched sample t-test N=493

T-TAQ ITEMS	SUBCONSTRUCT	PRE-TEST MEAN	POST-TEST MEAN	P
1-6	Team Structure	4.51	4.72	$P<.003$
7-12	Leadership	4.67	4.82	$P<.003$
13-18	Situation Monitoring	4.54	4.78	$P<.004$
19-24	Mutual Support	4.16	4.33	$P<.004$
25-30	Communication	4.36	4.51	$P<.000$

DISCUSSION

Conclusions

Qualitative:
- Consistently saw reduced proportion of patient harm and care delays from round 1 to round 4
- Team-based behaviors improved with each round

Quantitative:
- Team-based attitudes significantly improved across all 5 subconstructs of T-TAQ

Limitations

- Physician assistant students substituted when medical students not available
- 37 questionnaires disqualified for missing data

Enhancing Emotional Safety through Interprofessional Simulation: Evaluating Nursing and Child Life Students in Family-Centered Care Scenarios

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Background and Significance

- Limited placement opportunities for Child Life practicum and internship curtails the number of students who can obtain real-life experiences working directly with patients and other medical team members such as nursing (Sisk 2021).
- Nurses skilled in collaboration play an essential role in facilitating interactions between providers and in ensuring that the patients needs remain paramount (Rosen, 2018)
- This study seeks to fill this gap by integrating prelicensure nursing and child life specialist students in simulations that mirror real-life scenarios.
- This research will provide valuable insights into the effectiveness of interprofessional educational (IPE) approaches and contribute to developing best practices in preparing pre-professional students to address pediatric emotional safety.

Purpose

This intervention seeks to enhance nursing and child life specialist students' competencies in managing emotional safety in pediatric care through an innovative interprofessional simulation training.

Objectives and Specific Aims

Evaluate the Effectiveness of Interprofessional Simulation Education.

- Measure changes in students' knowledge, attitudes, and skills regarding emotional safety through pre- and post-simulation surveys. This evaluation will assess the impact of interprofessional simulation training on students' preparedness and competencies in real-world scenarios.

Methods

Participants

- Convenience sample of 40 nursing and 40 child life specialist students
  - Participants will be introduced to the Emotional Safety Framework, and each will be provided with an Emotional Safety Badge Buddy.
  - Participants will complete an educational module covering the basics of interprofessional roles, communication, and teamwork, and the Emotional Safety Framework (Gordon 2021).

Intervention

- Two simulations will be developed with input from pediatric content experts from nursing and child life disciplines, reflecting realistic emotional safety challenges.
- Scenario 1: Inpatient pediatric care involving a hospitalized child.
  - Standardized adult parent and high-fidelity child
- Scenario 2: Pediatric patient with a critically ill parent in the hospital.
  - Standardized child and high-fidelity adult.
- Teams will complete two simulations via synchronous distance simulation delivery with a faculty facilitator.
- Participants will be debriefed after completing the simulation activities and a structured reflection activity.
  - Feedback will be provided regarding the team's performance

Evaluation

Measurement Tools

- Student Perceptions of Interprofessional Clinical Education-Revised (SPICE-R2)
  - 10-item self-report survey measuring health professions students' perceptions of IPE and collaborative practice
  - Completed by students before pre-briefing and following the simulation on the day of the activity
- Creighton Interprofessional Collaborative Evaluation (C-ICE)
  - Assesses team performance in IPEC interprofessional competencies
  - Completed by faculty observers during the simulation
- Emotional Safety Assessment Rubric (ESAR)
  - Assesses individual performance using communication aligned with the Emotional Safety Framework during the simulation
  - Completed by faculty observers during the simulation

Weight Bias and Stigma in Healthcare: Description of An Innovative Interprofessional Education Workshop

Jessica Beaudoin[1], Jahnavi Yalamanchili[2], Nurit Fischer-Shemer[1], Amandip Chauhan[2], Hang Le[2], Erich Phan[2], Aleena Duong[2], Judy Pham[2], Katherine Lam[2], Asma Ahmed[1], Nhi Dinh[2], Jasmine Heinemann[2], Abigayle Ramboyong[2], Deepti Vyas[2]

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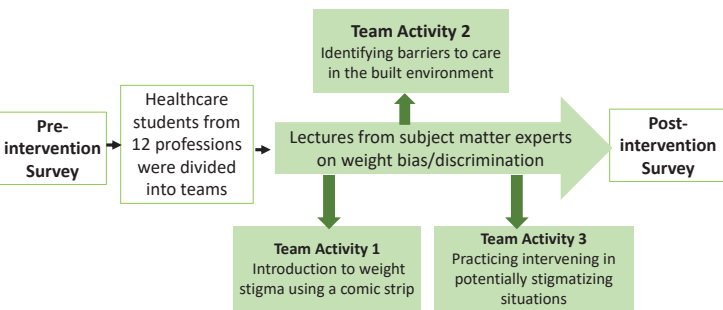
INTRODUCTION

❖ Bias/discrimination based on weight can discourage healthcare-seeking behaviors.
❖ To promote equity, health professionals should acknowledge their biases, advocate for weight-inclusive spaces/equipment, and establish policies ensuring high-quality patient care regardless of weight.
❖ Exploring this topic in interprofessional education (IPE) can encourage multidisciplinary dialogue on providing weight-inclusive care.

OBJECTIVE

❖ To assess the impact of an IPE workshop on student knowledge and attitudes regarding weight bias and stigma.
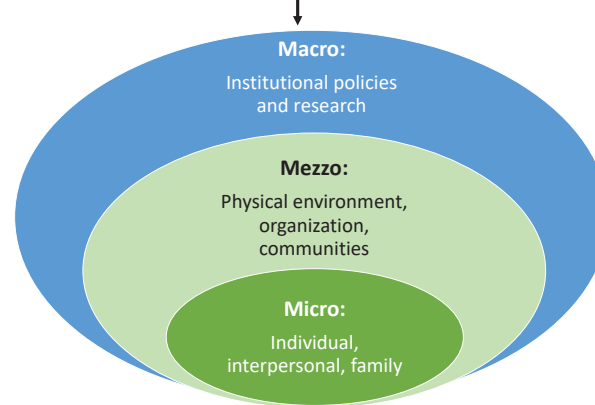
METHODS

❖ **Participants:** 647 students from 12 healthcare professions at the University of the Pacific
❖ **Design:**
  ❖ 4-hour zoom-based IPE workshop featuring lectures and team-based activities with cartoons, pictures of patient care settings, chart notes, and clinical vignettes.
  ❖ Pre/post Knowledge and Beliefs About Weight Stigma (KABAWS) scale; a validated 24-item, 5-point Likert-based survey.

Team Activity 2
Identifying barriers to care in the built environment

Lectures from subject matter experts on weight bias/discrimination

Pre-intervention Survey

Healthcare students from 12 professions were divided into teams

Post-intervention Survey

Team Activity 1
Introduction to weight stigma using a comic strip

Team Activity 3
Practicing intervening in potentially stigmatizing situations

Weight-related stigma is a key source of health inequities.

This study focusing on multi-level strategies for reducing weight-related disparities successfully shifted student attitudes regarding weight bias

Multi-Level Interventions for Reducing Weight Bias:

Macro: Institutional policies and research

Mezzo: Physical environment, organization, communities

Micro: Individual, interpersonal, family

RESULTS (N=529, RR 81.76%)

Survey Question (n=529)	Pre	Post
Not going to healthcare appointment after experiencing weight stigma is overreacting	2.28	2.12*
Need to lose weight even when hungry	2.52	2.26*
Lose weight to not experience weight stigma anymore	2.59	2.46*
Health professionals must counsel weight loss strategies to fat patients, even when there is less appointment time	3.25	2.61*
Need to buy two plane tickets	2.79	2.77
It is destigmatizing to consider obesity as a disease	3.06	3.01
I should help fat people by offering diet and exercise tips	3.28	3.04*
Fat people will have lower risk for hypertension if there is no weight stigma	2.50	3.07*
Public health messages about the health consequences of obesity are stigmatizing	2.71	3.23*
The cost of clothes should not change with size	3.33	3.30
Weight-loss to get life-improving surgeries like knee replacement is not acceptable	2.80	3.31*
Fat people should not leave a healthcare appointment feeling bad about their weight	3.05	3.42*
Workplace wellness programs that reward weight loss stigmatize fat people	3.12	3.51*
News headlines that call obesity an "epidemic" stigmatize fat people	3.08	3.58*
Weight stigma contributes to illnesses that are usually attributed to being fat	3.46	3.59*
Culturally inclusive weight loss interventions reduce weight stigma	3.63	3.60
Healthcare providers should buy equipment and furniture that fits fat people	3.43	3.67*
It is possible to tell someone they weigh too much without stigmatizing them	3.61	3.69
The constant expectation to lose weight is detrimental to fat people's health	3.43	3.83*
Providing wide, high weight capacity seating would reduce weight stigma	3.40	3.86*
Educating the public about the genetic causes of obesity reduces weight stigma	4.02	3.88*
All spaces should be designed to include very fat people	3.71	3.99*
It is important to address weight stigma as part of diversity, equity, and inclusion initiatives	4.01	4.14*
Oppression due to weight stigma	3.85	4.18*

* P<0.05, Wilcoxon Signed Rank Test

CONCLUSION

❖ Addressing health inequities from multiple levels including at the policy, organization, and individual level can be powerful for health professions students.
❖ Educational interventions targeting bias awareness are essential for fostering weight-inclusive patient care.

References
1. Strong, J., Coast, E., & Nandagiri, R. (2023). Abortion, stigma, and intersectionality. In Handbook of social sciences and global public health (pp. 1579-1600). Cham: Springer International Publishing.

Best Practices and Lessons Learned over Longitudinal Violence Across the Lifespan Interprofessional Courses

Kimberley Begley, PharmD, FNAP; Chelsea Sandidge, BSW, BSHAP; Ann Ryan Haddad, PharmD
Creighton University

Introduction

- Human trafficking and related forms of personal violence are critical global health issues, leaving survivors with complex health and psychological needs. Many healthcare professionals lack adequate training to identify and respond to these challenges, leading to gaps in survivor care. Equipping healthcare students with skills to recognize and address signs of violence is essential to creating a workforce that can support and advocate effectively for survivors in both clinical and community settings.

Objective

- To prepare health professions students to identify, assess, and respond to various forms of violence (e.g., human trafficking, child maltreatment, intimate partner violence) through interprofessional collaboration and trauma-informed care.

Methods

An interprofessional group of faculty developed trauma-informed content for short courses on human trafficking, child maltreatment, and interpersonal violence.

Course materials included expert guest lectures, survivor stories, interactive experiences (e.g., Slavery Footprint, ACE Scores), and real-life case discussions.

Participants submitted an initial discussion board post discussing how trafficking or maltreatment impacts their profession and their role in addressing it, followed by responses to two peers from different health disciplines.

Student knowledge and confidence were measured through pre- and post-course surveys, testing, thematic analysis of reflections, and evaluations.
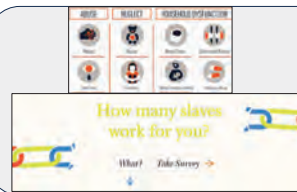
Results

LECTURES

Over 1,300 students from nine health professions engaged in the course

DISCUSSION BOARD

More than 4000 discussion board posts were submitted

All students engaged in interactive experiences and submitted reflections

Student reflections revealed that healthcare professionals are vital in recognizing and reporting trafficking

Pre-/Post Knowledge

- Pre- and post-knowledge were tested and students demonstrated significant improvements in identifying at-risk individuals, recognizing abuse signs, asking screening questions, and detecting abuse (p<0.001). Student confidence in applying knowledge, communicating effectively, and assessing situations increased (p<0.001).

Thematic Analysis

Interprofessional Collaboration in Addressing Trafficking and Maltreatment	Identification and Reporting of Trafficking and Maltreatment	Personal Responsibility, Advocacy, and Education Impact
A prominent theme among participants was the critical need for interprofessional collaboration to effectively address human trafficking and maltreatment. Participants recognized that working as a team across healthcare disciplines enables a more comprehensive understanding of the issues and allows each professional's expertise to contribute to survivor care. This collaborative approach is seen as essential not only for accurately identifying subtle indicators of abuse but also for delivering holistic support that meets the complex medical, psychological, and social needs of survivors	A central theme was the critical role healthcare professionals play in recognizing and reporting signs of trafficking, abuse, and neglect. Participants expressed a heightened awareness of subtle indicators and the importance of acting upon suspicions. This shift underscores the responsibility of healthcare providers to remain vigilant and proactive in identifying and addressing maltreatment.	A major theme was a strong sense of responsibility to advocate for victims, viewing this as a core ethical duty. Educational activities significantly shifted perspectives on trafficking and maltreatment, equipping participants with skills to recognize signs of abuse and a commitment to share their knowledge within the healthcare community. Many also reflected on personal experiences, deepening their understanding of the complexities survivors face.

Conclusion

The Violence across the Lifespan's intervention and support strategies will further prepare students for real-world scenarios, contributing to a healthcare workforce that provides empathetic, comprehensive care for survivors.
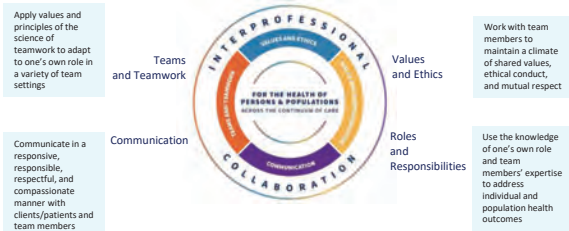
Supporting and Empowering Neurodiverse Children Everyday (SENCE): An Interprofessional Educational Opportunity for Speech and Language Pathology and Occupational Therapy Students

MGH INSTITUTE OF HEALTH PROFESSIONS

Mary Beth Kadlec, OT, ScD, OTR, Sarah Friel, MS, CCC-SLP, Kelly Moran, OT, OTD, OTR, Jane Lam, OT, OTD, OTR, Kate Stafford, MS, CF-SLP

Interprofessional Clinical Educational Pilot Project

❖ Entry-level occupational therapy doctoral (EL-OTD) and masters level speech-language pathology (SLP) students are given a hands-on opportunity to co-treat, observe, be coached by expert faculty, and learn from neurodiverse children and their caregivers.

❖ Students are encouraged to use strategies to support emotional regulation and communication between the caregiver and their neurodiverse child in the service of increasing participation in intrinsically motivating activities that could be replicated in the home context.

❖ Students are provided with the knowledge and skills required for effective co-treatment and collaboration with families and community providers.

Our Goals

❖ Integrate curricular content and experiential learning opportunities to ensure the knowledge, skills, and abilities (KSA) necessary to support neurodiverse children and their families.

❖ Strengthen the understanding of the shared contributions of speech-language pathologists (SLP) and occupational therapy practitioners (OTP) to the care of neurodiverse children and their families.

❖ Empower and amplify the importance of family-centered care.

ICCAS Self-Rating of Interprofessional Competency Pre- and Post Clinical Experience: SLP + ELOTD Students

Interprofessional Collaborative Competency Attainment Survey (ICCAS)
1= Poor, 2= Fair, 3= Good, 4= Very Good, 5= Excellent

The Interprofessional Education Collaborative (IPEC) Competencies

Apply values and principles of the science of teamwork to adapt to one's own role in a variety of team settings

Teams and Teamwork

Values and Ethics

Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect

Communicate in a responsive, responsible, respectful, and compassionate manner with clients/patients and team members

Communication

Roles and Responsibilities

Use the knowledge of one's own role and team members' expertise to address individual and population health outcomes

Integrated Supports from SLP & OT

Encouraging multi-modal communication: gestures, verbal, pictures, visuals
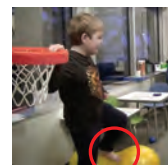
Frequent use of objects to stabilize himself due to low muscle tone and motor control
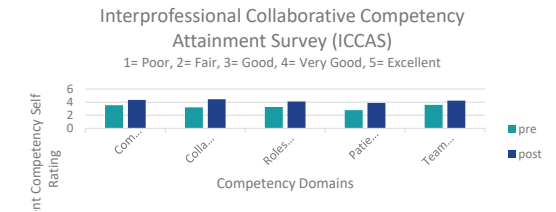
Use of adapted seating for postural support to more effectively use arms and hands for manipulation

Qualitative Student Outcomes of the Interprofessional Experience

Values and Ethics	Roles and Responsibilities	Interprofessional Communication	Team Work
I learned that there is so much **power in interdisciplinary collaboration** to provide more well-rounded services that support neurodiverse children and their families. Without this, we could be **missing pieces of the puzzle** that could drastically enhance the success of interventions and trust established with our clients.	I gained a better understanding of what might be helpful from my field for others to know and learn about… and what I might be able to emphasize to **encourage carryover and consistency across treatment.**	I learned a lot about what it is like to **collaborate inter-professionally**, as well as concrete clinical knowledge that will be applicable to my future practice.	It was so helpful to practice collaborating with other healthcare disciplines in terms of teamwork and active listening skills. **I will advocate for more inter-professional practice or collaboration** if that is not emphasized in my work setting

Family 1

❖ **Family- Collaboration and Education**
  – Active participation with SENCE sessions
  – Review and suggestions for Home
  – Meeting with community interprofessional team

❖ **SLP**
  – Consider language demands and adaptions and supports
  – Offer lots of language models
  – Avoid *test* questions

❖ **OT**
  – Person-Environment-Occupation Model (PEO)
  – Consider emotional regulation and mental well being
  – Consider adaptations for postural support

Family 2

❖ **Family- Collaboration and Education**
  • Liaise with parents and nurse to support activities around medical needs
  • Connect family with community supports
  • Connect family with educational advocate

❖ **SLP**
  • Map language demands to cognitive and developmental level
  • Suggest games to support communication
  • Connect family with AAC supports

❖ **OT**
  • Person-Environment-Occupation Model (PEO)
  • Consider emotional regulation and mental well-being

Integrated Supports from SLP & OT

Modeling gestures to supplement verbal message

Positioning face-to-face to support social engagement

Using sensory preferences to sustain activity involvement

References are available upon request.

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