



COLLABORATING ACROSS BORDERS V

The Interprofessional Journey: Advancing Integration and Impact

SEPTEMBER 29 – OCTOBER 2, 2015

The Hotel Roanoke & Conference Center
Roanoke, Virginia, USA

www.cabvroanoke.org

Program and Abstracts

TABLE OF CONTENTS

Welcome	1
Conference App	2
Registration Services	3
General Information	4
Conference Information	5
Special Events	6
Keynote Presentations	8
Plenary Speaker Biographies	9
Pre-conference Workshops	15
Breakout Sessions	
Concurrent Breakout Sessions A	17
Concurrent Breakout Sessions B	34
Concurrent Breakout Sessions C	53
Concurrent Breakout Sessions D	70
Concurrent Breakout Sessions E	84
Concurrent Breakout Sessions F	100
Concurrent Breakout Sessions G	113
Concurrent Breakout Sessions H	129
Concurrent Breakout Sessions I	145
Committees	226
Sponsors	(Inside Back Cover)



WELCOME



Welcome to Collaborating Across Borders V (CAB V) from the governing boards of the American Interprofessional Health Collaborative (AIHC) and the Canadian Interprofessional Health Collaborative (CIHC) as well as our host, Virginia Tech. A truly global audience, with more than 700 individuals from six countries, is coming together to explore the theme of the conference, The Interprofessional Journey: Advancing Integration and Impact. This conference recognizes not only how far we have traveled along the interprofessional journey but also how far we still have to go.

CAB V is the premier North American conference on interprofessional education (IPE) and Interprofessional collaborative practice (IPCP) in health and social care. CAB V was built upon the traditions and successes of previous CAB conferences and is accelerating the journey by engaging the expanding community of individuals, professions and organizations committed to collaboration as the best way of providing quality care and better health outcomes.

We hope you will advance your own journey by participating in the many learning and networking opportunities offered at the conference. In addition to our stimulating and provocative keynote speakers, our expansive program includes more than 360 panel presentations, workshops, oral presentations, interactive posters and discussion groups. Enhancing student participation is also an important aspect of the conference. A number of sessions are being presented by students, and there will be a judged "Health Care Team Challenge". Opportunities to meet old and new colleagues and explore beautiful Roanoke include the Welcome to Roanoke reception and special interest dinners at several downtown restaurants.

Special thanks are due to the many people who have helped to shape this conference: the Executive Committee, the Program Committee, the many abstract reviewers, the Continuing and Professional Education team from Virginia Tech, and the Roanoke planning committee. So many dedicated individuals from both sides of the border have worked diligently and collaboratively to bring you the very best in this conference.

Please enjoy the journey, as it promises to be informative, thought-provoking, and fun!



Sheree Aston, OD, PhD
Vice Provost, Office of Academic Affairs
Professor, College of Optometry
Western University of Health Sciences
Pomona, California
CABV USA Co-Chair



Anne Godden-Webster, MSc
Interprofessional Experience Coordinator
Faculty of Health Professions
Dalhousie University
Halifax, Nova Scotia
CABV Canada Co-Chair

Download the CAB V 2015 MOBILE APP!

Navigate the event like a pro with the 2015 CAB V mobile app, powered by core-apps.com

With the 2015 CAB V mobile app, you can:

- Stay organized with up-to-the-minute Exhibitor, Speaker, and Event information
- Receive important real-time communications from the staff
- Build a personalized schedule and bookmark exhibitors
- Check the locations of sessions and exhibitors under the maps icon
- Stay in-the-know and join in on social media
- Find attendees and connect with your colleagues through Friends
- And much, much more!



Downloading the App is Easy!

SEARCH: The App Store or Google Play for “CABV”



For All Other Device Types (including BlackBerry, Windows, and all other web browser-enabled devices): While on your smartphone, point your mobile browser to m.core-apps.com/cabv2015 to be directed to the proper download version for your phone.

Should you have any questions, please contact support@core-apps.com

Wireless Network:

hhonors

Conference Code:

CABV2015

Twitter:

#CABV2015

REGISTRATION SERVICES

The registration area is located in the North Entry Foyer at the bottom of the hotel's grand staircase. Alternative registration locations are noted below (based on the location of events). The registration desk is open during the following hours:

Tuesday, September 29:

7:30 – 9:00 AM

12:30 – 2:00 PM (Also available at Virginia Tech Carilion School of Medicine)

5:00 – 7:00 PM

Wednesday, September 30:

7:15 AM – 4:00 PM

5:00 – 7:00 PM (Historic Market Square, Downtown Roanoke)

Thursday, October 1:

7:15 AM – 4:00 PM

Friday, October 2:

7:30 AM – 12:00 PM

Name Badges

Badges should be worn at all times during the conference. Day-only participants will have different colored name badges. Badges will be monitored, and only those with the appropriate badge will be allowed into the sessions. Participants not wearing their badge will not be admitted to the Welcome to Roanoke reception on Wednesday, September 30. Registered reception guests may checkin at the gate for their name badge.

GENERAL INFORMATION

Exhibitors

Be sure to visit our exhibitors in the Crystal Ballroom during the breaks and lunch on Wednesday.

Exhibitors may store booth items in Tinker Mountain, located on the main level of the conference center.

Social Networking

For Twitter updates use #CABV2015

Like our Facebook page: www.facebook.com/CABV2015

Media Room

A media room has been provided by the hosts of this year's conference as a place for local media outlets to gather and conduct interviews. The media room is located in the Blue Ridge Board Room on the main level of the hotel.

Business Center

The Hotel Roanoke & Conference Center is equipped with a 24 hour, self-service Business Center located on the main floor of the conference center. Hotel guests will be able to check email, fax, print, and make copies.

CONFERENCE INFORMATION

Conference Goals/Objectives

- Provide a foundation of knowledge and skills for individuals in the early stages of interprofessional education program development
- Share best practices and lessons learned for people with advanced levels of interprofessional education and practice endeavors
- Enhance the body of knowledge that informs interprofessional education and interprofessional practice
- Advance interprofessional collaboration to fully transform health professions education and care delivery systems and to ultimately improve health outcomes

Themes

The following themes have been established for CAB V, representing a broad spectrum of interprofessional activities across education, practice and research contexts.

- New approaches to collaborative learning and practice
- Learner, patient/ client, caregiver and community voices
- Interprofessional collaboration across the continuum of care
- Integrating theory, frameworks, models and evidence into IPE and IPCP
- The impact of organizational context
- Unintended outcomes and unconventional partnerships

Types of Presentations Include:

Symposia/Panel Presentations - Each symposium/panel presentation will be 90 minutes and will be a collection of various works on a particular subject by a number of contributors.

Oral Presentations - Each oral paper will be 15 minutes in length and will have a 5-minute Q&A at the end of the presentation.

Hands-on/Interactive Workshops - Each workshop will be 90 minutes and will provide a highly interactive portion (at least 60 minutes of the workshop will be interactive).

Discussion Groups - New this year, discussion groups are facilitated 45-minute sessions that provide opportunities for participants to discuss a topic of common interest. Facilitators will initiate the discussion and facilitate interactive group conversations. There will not be a formal presentation.

Interactive Posters – Poster presentations will occur at designated times on Wednesday and Thursday. Presenters are asked to be near their posters during the designed times. There will be dedicated time for viewing throughout the conference. Poster presentations have been grouped according to themes for viewing throughout the conference.

Key for Themes

 New approaches to collaborative learning and practice

 Learner, patient/ client, caregiver and community voices

 Interprofessional collaboration across the continuum of care

 Integrating theory, frameworks, models and evidence into IPE and IPCP

 The impact of organizational context

 Unintended outcomes and unconventional partnerships

SPECIAL EVENTS

Pre-Conference Workshops

Tuesday, September 29, 2015 • 8:30 AM – 12:00 PM and 1:30 – 5:00 PM

The Hotel Roanoke & Conference Center OR Virginia Tech Carilion School of Medicine (VTCSOM)

Refer to the schedule for specific workshop information.

This is the first time CAB has offered pre-conference workshops, and we're pleased to share that more than 265 people are participating. These workshops are designed to offer a variety of academic intensive sessions providing extended opportunities for collaborative/hands-on experiences on a topic of interest to conference attendees or an opportunity for interaction around an emerging issue related to interprofessionalism. Workshops are a half-day in length, either in the morning or afternoon.

Fun Run

Wednesday, September 30, 2015 • 6:30 AM

Meet outside behind Hotel Roanoke on Wells Avenue (near the CAB V registration area)

Hit the pavement with the 5k Fleet Feet Sports Fun Run! Fleet Feet Sports Roanoke is locally owned and committed to enhancing and growing our local running and walking communities. This run is an easy to moderate level, showing off some local landmarks and Roanoke's Greenway system. Fleet Feet encourages conference goers to jump start the day with this early morning Fun Run. Runners of all experience levels are welcome!

Welcome to Roanoke Reception

Wednesday, September 30, 2015 • 5:30 PM

The Blue Ridge Mountains welcome you with open arms!

Join us for the Welcome to Roanoke reception on Wednesday evening in downtown market square. The Historic Roanoke City Market is the oldest continuously operating open-air market in Virginia and has been recognized as a "Great American Public Place" by the Lyndhurst Foundation, along with other winners like the Vietnam Memorial in Washington, DC and Central Park in New York City.

This reception will showcase regional music, beverages from local craft breweries and wineries, and a sampling of signature dishes from Roanoke's diverse downtown restaurants.

Admission, two drink tickets, and heavy hors d'oeuvres are included for all registered participants. A cash bar will also be available. Guest tickets are available for purchase through registration (\$20 presale or \$40 at the door).

Name badges are required.

Special IPE Reports Lunch (\$10 ticket purchase required)

Thursday, October 1, 2015 • 12:00 PM

Join us for an informative lunch in the Roanoke Ballroom for the following presentations:

- A Report of the Recommendations from the April 2015 Conference on Enhancing Health Professions Education through Technology convened by The Josiah Macy Jr. Foundation
- Recommendations from the Institute of Medicine Committee on Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes

“Scarred for Life” - an art exhibition with Ted Meyer

Thursday, October 1, 2015 • 5:00 – 8:00 PM

Location: Virginia Tech Carilion School of Medicine, 2 Riverside Circle, Roanoke

Join the Virginia Tech Carilion School of Medicine in welcoming CAB V Keynote Speaker, Ted Meyer, for the opening night of “Scarred for Life,” an exhibit of Meyer’s work. After years of doing work about his own rare illness and becoming bored by his personal situation, Meyer changed focus and began visually telling the stories of other people who have been through major traumas. For over 15 years Meyer has been creating a graphic yet beautiful depiction of people’s suddenly altered bodies and the resulting scars in an ever-enlarging collection of artworks entitled, “Scarred for Life.” Each image – accompanied by a photographic portrait taken by Ted and a written story by his subject - tells a unique and intriguing story of medical crisis, resilience and healing.” Admission and reception are free of charge.

Special Interest Dinners - Meet in The Hotel Roanoke lobby

Thursday, October 1, 2015 • 6:00 PM

Conference attendees will have the opportunity to connect with new friends and colleagues through these Thursday night Special Interest Dinners. Sign up at registration to spend an evening discussing hot topics in Interprofessional Education and Collaboration. Participants will meet in the Hotel Roanoke lobby at 6:00pm, where table hosts will escort the group to one of Roanoke’s downtown restaurants. Dinner expenses are the participant’s responsibility.

Arts Integration Tour and Lunch Combo

Friday, October 2, 2015 • 12:30 – 1:30 PM

\$15/participant (25 tickets available)

Join a museum educator at the Taubman Museum of Art for an Arts Integration Tour! This engaging and interactive tour seeks to prove that the observation and study of art can help to hone communication skills, increase team building and strengthen critical thinking skills. A 30-minute tour will be followed by a delicious meal in the on-site Café, Norah’s.

Please call (540) 204-4100 to register or email Izzie Fuqua, Adult Education Manager at the Taubman, with questions ifuqua@taubmanmuseum.org

Art by Night at the Taubman

Friday, October 2, 2015 • 5:30 – 9:00 PM

The Taubman Museum of Art is open until 9pm on Friday. Come enjoy the galleries and live music for free! Live music by Front Porch Swing from 5:30-8:30pm and a cash bar available in Norah’s Café.

KEYNOTE PRESENTATIONS

Wednesday, September 30, 2015

Patient and Family Voices on Collaborative Care

Illustrating the Patient Experience

Ted Meyer, Artist

As a small child with a serious illness, Ted Meyer was told to be patient. Be patient for treatment, be patient for new joints, be patient to see how it would all turn out, and to see how long he would live. He was a patient patient. His life as a sick child and young adult could be boring and frustrating, so Ted started making art. He painted his struggle, and then in his 30s, with a little help from western medicine, he got better. So he started making art about the health of others, telling their stories of survival.

In an illustrated talk, Ted explains his personal paintings, his “Scarred for Life Project” highlighting other people’s experiences, and his curation at UCLA’s Geffen School of Medicine, where he curates exhibitions by artists who do work about their illnesses.

The Power of Sharing Stories

Sue Robins, Family Advisor for Sunny Hill Health Centre for Children

Compassion comes from understanding each other’s stories and connecting with the heart. Using humor and a wee bit of cheekiness, writer and mom Sue Robins will demonstrate how patients and families can share their stories to inspire change in the health care world.

Robins will deconstruct how to craft a powerful health care story, detail tips to coach storytellers, and explain how to meaningfully engage patients and families to share their lived experiences in your own organization.

Friday, October 2, 2015

Through the eyes of the patient: Does teamwork matter?

Chris Power, CEO of the Canadian Patient Safety

Patients and their families expect and deserve to have a health care team that works together to deliver safe, effective care. Yet why is this so often the exception rather than the rule? Using a patient safety lens, actual patient stories and capitalizing on her many years of leadership experience, Chris will speak to how health system transformation can happen through improved collaboration, communication and teamwork.

KEYNOTE/PLENARY SPEAKER BIOGRAPHIES

Wednesday, September 30, 2015



Sue Robins

Writer, Speaker, Mom

Sue Robins is a writer, speaker and the Family Advisor at the Sunny Hill Health Centre for Children in Vancouver. She is also the mom of three children - her youngest son Aaron is 12 years old and has Down syndrome. Sue has written essays about motherhood and life with a child with a disability that have been published in the New York Times, Huffington Post and the Globe and Mail.

One of her favorite audiences to share stories with is students. Sue has had the good fortune to have been a volunteer patient mentor the past years, facilitating discussion with the health faculty students at the Interprofessional Practice program with the Health Sciences Education and Research Commons at the University of Alberta.



Ted Meyer

Artist & Health Enthusiast

Ever since he was a small child with a serious illness, Ted Meyer has mixed art and medical images as a way to understand his, and others' experiences. Through his art he highlights the emotional impact of pain and healing on everyday people—patients, families, and medical personnel.

When medical treatments improved his own situation as an adult, Ted's work shifted from self-focus to documenting the physical and emotional condition of other survivors of traumatic health issues.

"Scarred for Life" is a multi-faceted project that includes printing monoprints directly from his scar subject's body, interviewing the participant about her experiences, and photographing the process. The resulting, ever-expanding, presentation of monoprints, narratives, photographs, and videos combines to a beautiful and emotional documentation of the strength and fragility of the human condition.

Most of Ted's "Scarred for Life" images are taken from a local Los Angeles population, although the project has been noticed around the world. Participants even arrange vacation visits around an LA printing session. Ted regularly opens his email to find stories of scars and photos of people's wounds from around the world.

"Scarred for Life" has received press coverage from the New York Times, USA Today, the Chicago Tribune, NPR, CBS and PBS.

"Scarred for Life," has been exhibited nationally, including at the National Museum of Health and Medicine in Washington, D.C., New York University School of Medicine, Bravard Museum of Art in Melbourne, Florida, the Museum of Art and Culture in New Rochelle, New York, and at Sierra College in Rocklin, California and Biola University in La Mirada, California. Ted has lectured on art and health at Yale University, NYU, and UCLA.

Plenary Panel – Thursday, October 1, 2015

The Role of the National Center: Rethinking IPE through New Models of Care

Barbara Brandt, *Director, National Center for Interprofessional Practice and Education, University of Minnesota*

Maryjoan Ladden, *Senior Program Officer, Human Capital Portfolio, Robert Wood Johnson Foundation*

Becky Spitzgo, *Associate Administrator for Health Workforce, Health Resources and Services Administration, U.S. Department of Health and Human Services*

George Thibault, *President, Josiah Macy Jr. Foundation*



Barbara F. Brandt, PhD

Director, National Center for Interprofessional Practice and Education and Associate Vice President for Education, University of Minnesota Academic Health Center

Renowned for her work in health professional education, and specifically, interprofessional education and continuing education, Dr. Barbara Brandt serves as the associate vice president for education within the University of Minnesota's Academic Health Center, and she is responsible for the University's 1Health initiative to build the interprofessional practice skills of students and faculty in a broad range of health professions. Dr. Brandt is also the director of the National Center for Interprofessional Practice and Education, a public-private partnership and cooperative agreement with the Health Resources and Services Administration, established in 2012.

In her leadership roles, Dr. Brandt has served as a consultant, advisor and speaker for a wide variety of organizations such as the Institute of Medicine, the National Quality Forum, the Academy of Healthcare Improvement, the Josiah Macy Jr. Foundation, the Association of Schools of Allied Health Professions, the American Speech-Language-Hearing Association and the American Medical Association.

Dr. Brandt holds a bachelor of arts in the teaching of history from the University of Illinois at Chicago and a master of education and doctor of philosophy degrees in continuing education (specializing in continuing professional education for the health professions) from the University of Illinois at Urbana-Champaign. In 2013 she was recognized as a University of Illinois Distinguished Alumna. She completed W.K. Kellogg Foundation-sponsored post-doctoral fellowship for faculty in adult and continuing education at the University of Wisconsin-Madison.



Maryjoan D. Ladden, PhD, RN, FAAN

Senior Program Officer, Human Capital Portfolio, Robert Wood Johnson Foundation

Dr. Ladden is senior program officer at the Robert Wood Johnson Foundation. Her work at the foundation focuses on building a diverse and well trained leadership and workforce in health and healthcare. Dr. Ladden manages most of the foundation's nursing initiatives. She leads the foundation's efforts in primary care and interprofessional collaboration.

Prior to joining the foundation, she served as chief program officer of the American Nurses Association (ANA), providing strategic direction, integration and coordination for all of ANA's programs. Dr. Ladden also spent more than 20 years in Boston as a nurse practitioner, case manager, researcher and director of continuing professional education at Harvard Pilgrim Health Care and as assistant professor at Harvard Medical School. Her work has focused on improving health care quality, safety and health professional collaboration.

Dr. Ladden was elected as a fellow in the American Academy Nursing in 2007. She received her bachelor of science in nursing from the University of Connecticut, master of science as a nurse practitioner from the University of Rochester and her doctorate from Boston College School of Nursing. She is also an alumna of the Robert Wood Johnson Foundation Executive Nurse Fellows program (2004 to 2007).



Becky Spitzgo

Associate Administrator for Health Workforce

Health Resources and Services Administration, U.S. Department of Health and Human Services

Rebecca (Becky) H. Spitzgo was appointed associate administrator for health workforce in the Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services (HHS).

Working in partnership with states and numerous national and local organizations, HRSA uses its \$10.3 billion annual budget to strengthen the health care workforce, build healthy communities, increase health equity, and provide health care and support services to people who are geographically isolated, economically or medically vulnerable, or live in a health professional shortage area.

The Bureau of Health Workforce (BHW) was established in May 2014 to integrate HRSA's key workforce programs previously housed in two bureaus: Health Professions and Clinician Recruitment and Service. Spitzgo was named associate administrator of BHW, which aims to better meet the need for a well-trained, well-distributed 21st century workforce through realignment and built in connectivity. With an annual appropriation of more than \$1 billion, the Bureau supports over 40 workforce programs and a staff of more than 450 people.

BHW improves access to quality health care by developing, distributing, and retaining a diverse and culturally competent health workforce. The Bureau supports the health care workforce across the entire training continuum – from academic training of nurses, physicians, and other clinicians to clinicians currently providing health care in underserved and rural communities across the United States.

BHW's largest program is the National Health Service Corps (NHSC), with a budget of approximately \$287.4 million in FY15 and field strength of more than 9,200 clinicians nationwide. The Bureau is also responsible for administering multiple health professions grants, the National Center for Health Workforce Analysis, the National Practitioner Databank, and the Teaching Health Center Graduate Medical Education Program.

Spitzgo previously served as associate administrator for the Bureaus of Health Professions and Clinician Recruitment and Service. Spitzgo was also associate administrator for both the Office of Federal Assistance Management and the Office of Performance Review.

Spitzgo has more than 30 years of Federal experience in grants management, system development and project management at HHS and the U.S. Department of Education. She joined the government-wide Grants.gov Presidential management initiative in 2002 while on detail from the Department of Education, and in 2004 she became the HHS program manager for the initiative. Spitzgo earned a Bachelor of Science degree in information technology from the University of Phoenix.



George Thibault, MD

President, Josiah Macy Jr. Foundation

Dr. George E. Thibault became the seventh president of the Josiah Macy Jr. Foundation in 2008.

Immediately prior to that, he served as vice president of clinical affairs at Partners Healthcare System in Boston and director of the academy at Harvard Medical School (HMS).

He was the first Daniel D. Federman Professor of Medicine and Medical Education at HMS and is now the Federman Professor, Emeritus. Dr. Thibault previously served as chief medical officer at Brigham and Women's Hospital and chief of medicine at the Harvard-affiliated Brockton/West Roxbury VA Hospital. He was associate chief of medicine and director of the Internal Medical Residency Program at the Massachusetts General Hospital (MGH). At the MGH he also served as director of the Medical ICU and the founding director of the Medical Practice Evaluation Unit.

For nearly four decades at HMS, Dr. Thibault played leadership roles in many aspects of undergraduate and graduate medical education. He played a central role in the New Pathway Curriculum reform and was a leader in the new integrated curriculum reform at HMS. He was founding director of the Academy at HMS, which was created to recognize outstanding teachers and to promote innovations in medical education. Throughout his career he has been recognized for his roles in teaching and mentoring medical students, residents, fellows and junior faculty. In addition to his teaching, his research has focused on the evaluation of practices and outcomes of medical intensive care and variations in the use of cardiac technologies.

Dr. Thibault is chairman of the board of the MGH Institute of Health Professions, and he serves on the board of the New York Academy of Sciences, Institute on Medicine as a Profession and the Lebanese American University. He serves on the President's

White House Fellows Commission and for 12 years he chaired the Special Medical Advisory Group for the Department of Veteran's Affairs. He is past president of the Harvard Medical Alumni Association and past chair of alumni relations at HMS. He is a member of the Institute of Medicine of the National Academy of Sciences.

Dr. Thibault graduated summa cum laude from Georgetown University in 1965 and magna cum laude from Harvard Medical School in 1969. He completed his internship and residency in medicine and fellowship in cardiology at Massachusetts General Hospital (MGH). He also trained in cardiology at the National Heart and Lung Institute in Bethesda and at Guys Hospital in London and served as chief resident in Medicine at MGH.

Dr. Thibault has been the recipient of numerous awards and honors from Georgetown (Ryan Prize in Philosophy, Alumni Prize, and Cohongaroton Speaker) and Harvard (Alpha Omega Alpha, Henry Asbury Christian Award and Society of Fellows). He has been a visiting scholar both at the Institute of Medicine and Harvard's Kennedy School of Government and a visiting professor of medicine at numerous medical schools in the U.S. and abroad.

Special IPE Reports Lunch – Thursday, October 1, 2015

Report of the Recommendations from the April 2015 Conference on Enhancing Health Professions Education through Technology convened by the Josiah Macy Jr. Foundation

George E. Thibault, *President, Josiah Macy Jr. Foundation* (see bio on page 11)

Stephen C. Schoenbaum, *Special Advisor to the President, Josiah Macy Jr. Foundation*



Stephen C. Schoenbaum, MD, MPH

Special Advisor to the President, Josiah Macy Jr. Foundation

Dr. Schoenbaum has been serving as Special Advisor to the President of the Josiah Macy Jr. Foundation since 2011. Prior to his role with the Macy Foundation, Dr. Schoenbaum served 10 years as Executive Vice President for Programs at The Commonwealth Fund and Executive Director of its Commission on a High Performance Health System. The Fund is a national foundation that is devoted to improving coverage and access to health care and quality of care through its support of health services research and health policy analysis. The Commission on a High Performance Health System has, since 2005, been recommending policies that can improve the performance of the US health system with respect to coverage, access, quality, efficiency, and equity of care. As Executive Vice President, all of the grant-making programs of the Fund reported to Dr. Schoenbaum.

From 1993-1999, Dr. Schoenbaum was the medical director and then president of Harvard Pilgrim Health Care of New England, a mixed model HMO delivery system in Providence, RI. Prior to that, from 1981-1993, he was Deputy Medical Director at Harvard Community Health Plan in the Boston area, where his roles included developing specialty services, disease management programs, clinical guidelines, and enhancing the Plan's computerized clinical information systems. Nationally, he also played a significant role in the development of HEDIS (the Healthcare Effectiveness Data and Information Set).

In his early career he was trained as an epidemiologist at the Centers for Disease Control, became an infectious diseases specialist, and was a member of the Department of Medicine at what is now Brigham and Women's Hospital and became Associate Professor of Medicine at Harvard Medical School. At Harvard Community Health Plan, he practiced general internal medicine.

He is currently a lecturer in the Department of Population Medicine (formerly Ambulatory Care and Prevention) at Harvard Medical School, a department he helped to found, and the author of over 150 professional publications. He is vice-chairman of the board of the Picker Institute; former president of the board of the American College of Physician Executives; a longstanding member, now chair, of the International Advisory Committee to the Joyce and Irving Goldman Medical School, Ben Gurion University, Beer Sheva, Israel; and an honorary fellow of the Royal College of Physicians.

Report of the Recommendations from the Institute of Medicine Committee on Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes

Barbara Brandt, *Director, National Center for Interprofessional Practice and Education, University of Minnesota* (see bio page 10)

Patricia Cuff, *Director, Global Forum on Innovation in Health Professional Education, Senior Program Officer, Academy of Medicine, Washington D.C.*

Brenda Zierler, *Professor and Co-Director, Center for Health Sciences Interprofessional Education, Practice and Research, Director of Faculty Development, Institute for Simulation and Interprofessional Studies - University of Washington*



Patricia A. Cuff, MS, RD, MPH

*Senior Program Officer for the Board on Global Health, Institute of Medicine
Director, Global Forum on Innovation in Health Professional Education*

Patricia A. Cuff is a Senior Program Officer for the Board on Global Health within the Institute of Medicine. Her primary role is the Director of the Global Forum on Innovation in Health Professional Education. She is the former Country Liaison to the Uganda National Academy of Sciences where she worked for 11 years with African academy staff and members in developing their capacity to provide evidence-based science advice to their governments and to their nations. Prior to her role with the African academies, she was the Study Director for the Committee on the Options for Overseas Placement of U.S. Health Professionals and with the Board on Neuroscience and Behavioral Health. Patricia joined the Institute of Medicine staff to work on the report, “Emerging Microbial Threats to Health in the 21st Century” under the Board on Global Health. Before coming to Washington, DC, Ms. Cuff worked at St. Luke’s-Roosevelt Hospital Center in New York City in the field of HIV-nutrition as a counselor, researcher, and lecturer on topics of adult and pediatric HIV. She received a M.S. in Nutrition and a M.P.H. in Population and Family Health from Columbia University, and performed her undergraduate studies at the University of Connecticut.



Brenda Kaye Zierler, PhD, RN, FAAN

*Professor, Department of Biobehavioral Nursing and Health Systems, School of Nursing,
University of Washington*

Brenda Zierler is a professor in the Department of Biobehavioral Nursing and Health Systems in the School of Nursing at the University of Washington, Seattle, Washington, USA. Dr. Zierler’s research explores the relationships between the delivery of health care and outcomes—at both the patient and system level. Her primary appointment is Professor in the School of Nursing at the University of Washington, but she holds three adjunct appointments – two in the School of Medicine and one in the School of Public Health. Dr. Zierler is the Inaugural UW Health Science’s IPE Faculty Scholar (2013-2015) and is Co-Director of the UW Center for Health Sciences Interprofessional Education, Practice and Research. She is the Director of Faculty Development for UW Medicine’s Institute for Simulation and Interprofessional Studies. Dr. Zierler is the past-Chair of the Board for the American Interprofessional Health Collaborative (2014-2015). She is also a member of the IOM Global Forum on Innovation in Health Professional Education. Dr. Zierler is Co-PI (with Leslie Hall, MD) of a Josiah Macy Foundation grant focused on faculty development for interprofessional education and collaborative practice. In addition, she currently leads three HRSA training grants – one focused on technology enhanced IPE for advanced practice students, one focused on interprofessional collaborative practice for patients with Advanced Heart Failure, and one focused on an Education-Practice Partnership to Improve Advanced Heart Failure Training and Outcomes for Rural and Underserved Populations in an Accountable Care Organization.

Friday, October 2, 2015



Chris Power
CEO, Canadian Patient Safety Institute

What began as a desire to help those in need 30 years ago has evolved into a mission to improve the quality of healthcare for all Canadians.

Chris Power's journey in healthcare began at the bedside as a front-line nurse. Since then, she has grown into one of the preeminent healthcare executives in Canada. Her experiences, her success, and her values have led her to the position of CEO of the Canadian Patient Safety Institute.

Previously, Chris served for eight years as president and CEO of Capital Health, Nova Scotia, with an annual operating budget of approximately \$900 million, and 12,000 staff. Under Chris's leadership Capital Health achieved Accreditation with Exemplary Status in 2014 with recognition for 10 Leading Practices.

Chris is also involved in a number of collaboratives with the Canadian Foundation for Healthcare Improvement. She also holds significant governance roles including Co-Chair of HealthCareCAN, Chair of the Canadian Partnership Against Cancer, Canadian Institutes of Health Research Governing Council, and Board Member of Canadian Association for Health Services and Policy Research.

Most recently Chris participated as a member of the federal advisory panel on healthcare innovation and through this role has gained even greater insight into the many pan-Canadian organizations that will be beneficial in forming partnerships, leveraging expertise and advancing the goals of CPSI.

PROGRAM

Tuesday, September 29, 2015

7:30 AM Pre-conference Workshop Registration Opens
[North Entry Foyer \(bottom of the grand staircase\)](#)

8:30 AM – Noon Morning Pre-conference Workshops

 Interprofessional Collaboration on the Run: An Online Module Series for Busy People

Victoria Wood (The University of British Columbia)
John Cheng (The University of British Columbia)
Christie Newton (The University of British Columbia)
Donna Drynan (The University of British Columbia)
 Room: [Shenandoah B](#)

 Strategies for Climate Change: Building a Positive and Sustainable Interprofessional Identity

Anne Stewart (James Madison University)
Emily Akerson (James Madison University)
Julie Sanford (James Madison University)
Lisa McGuire (James Madison University)
Merle Mast (James Madison University)
Stacey Pavelko (James Madison University)
Tim Schulte (James Madison University)
Linda Hulton (James Madison University)
 Room: [Pocahontas](#)

 The National Center for Interprofessional Practice and Education: Generation of Evidence for IPECP

Barbara Brandt (National Center for Interprofessional Practice and Education)
Frank Cerra (National Center for Interprofessional Practice and Education)
Nawal Lutifyya (National Center for Interprofessional Practice and Education)
Judith Peckacheck (University of Minnesota)
 Room: [Appalachian](#)

12:00 PM Lunch (on your own)

12:30 – 2:00 PM Pre-conference Workshop Registration Opens for Afternoon Sessions
[Virginia Tech Carilion School of Medicine and](#)
[The Hotel Roanoke & Conference Center \(North Entry Foyer\)](#)

1:30 – 5:00 PM Afternoon pre-conference workshops

 Interprofessional Team Simulations: Bringing Clinical Relevance to “Roles and Scopes”

David Trinkle (Virginia Tech Carilion School of Medicine)

Wilton Kennedy (Jefferson College of Health Sciences)

David Musick (Virginia Tech Carilion School of Medicine)

Heidi Lane (Virginia Tech Carilion School of Medicine)

Corey Heitz (Virginia Tech Carilion School of Medicine)

Location: [Virginia Tech Carilion School of Medicine](#)

 Measuring the Impact of Interprofessional Education: Best Practices from Gerontology and Geriatrics Education

David Dickter (Western University of Health Sciences)

Judith Howe (Icahn School of Medicine at Mount Sinai)

Anabel Pelham (San Francisco State University)

Donna Schafer (National Association for Professional Gerontologists)

John H. Tegzes (Western University of Health Sciences)

Edward F. Ansello (Virginia Commonwealth University)

Room: [Appalachian](#)

 There is Nothing so Practical as a Good Theory in IPE and IPP

Khalili Hossein (Fanshawe College)

Phillip Clark (University of Rhode Island)

Barbara Maxwell (A.T. Still University)

Valerie Ball (The University of British Columbia)

Annette Iglarsh (Endicott College)

Madeline Schmitt (University of Rochester Medical Center)

Richard Pitt (The University of Nottingham)

John Gilbert (University of British Columbia)

Elizabeth Anderson (University of Leicester)

Room: [Pocahontas](#)

 Train-the-Trainer Faculty Development Model for IPE and ICP

Brenda Zierler (University of Washington)

Less Hall (University of Missouri)

Valentina Brashers (The University of Virginia)

Sarah Shrader (University of Kansas)

Room: [Shenandoah B](#)

5:00 – 7:00 PM Registration Opens

[North Entry Foyer \(bottom of the grand staircase\)](#)

6:00 – 8:00 PM Opening Reception

[Garden Court](#)

Wednesday, September 30, 2015

6:30 AM 5K Fun Run
Meet behind Hotel Roanoke (Wells Avenue)

7:15 AM Registration Opens
North Entry Foyer (bottom of the grand staircase)

7:15 – 8:15 AM Board Meeting
American Interprofessional Health Collaborative (AIHC)
Harrison/Tyler

8:30 – 10:00 AM Keynote Presentations (see descriptions on page 8)
Patient and Family Voices on Collaborative Care

Illustrating the Patient Experience

Ted Meyer, Artist

Roanoke Ballroom

The Power of Sharing Stories

Sue Robins, Family Advisor for Sunny Hill Health Centre for Children

Roanoke Ballroom

10:00 AM Break – Exhibits Open
Crystal Ballroom

10:30 AM Concurrent Sessions A

A1	10:30 AM	Panel	Roanoke Ballroom A/B	94
----	----------	-------	----------------------	----

Cooperative Education: A Transprofessional Education Model for Oral Health and Primary Care Practice Integration

Maria Dolce (Northeastern University), Jessica Holloman (Northeastern University), Pooja Bhalla (Boston Health Care for the Homeless Program), Colleen Anderson (Boston Health Care for the Homeless Program), Melinda Thomas (Boston Health Care for the Homeless Program), Dierdre Jordan (Northeastern University), Jacqueline Diani (Northeastern University)

Background/Rationale: Lack of access to oral health care in the United States (U.S.) contributes to significant health disparities particularly for vulnerable and underserved populations. Homeless people are only one of many populations that face complex barriers to accessing care. In 2014, the U.S. Department of Health Resources and Services Administration issued a core set of clinical oral health competencies for primary care providers practicing in safety net settings. Preparing future primary care providers with these essential competencies requires meaningful engagement within transprofessional, team-based practice environments.

Objectives: The purpose of this presentation is to describe an innovative cooperative education (Co-op) model designed to develop core oral health clinical competencies in primary care practice. At the end of this session, participants will be able to (a) discuss the importance of integrating oral health and primary care practice, (b) describe a Co-op model for integrating oral health and primary care competencies, and (c) apply Co-op strategies at their own institutions. Northeastern University's 100-year history of experiential learning innovations anchored by its distinctive Co-op program, and its unique partnership with Boston Health Care for the Homeless Program will be discussed. Panelists will describe the design, implementation and evaluation of a six-month immersion experience for students interested in working with vulnerable populations at a level-3 patient-centered medical home (PCMH) which provides integrated primary care, behavioral health, and oral health services.

Implications: This innovative, replicable, and scalable Co-op model provides students with the experience to engage in patient-centered, integrated, team-based care for vulnerable and underserved populations; cultivate transprofessional teamwork competencies; contribute to PCMH goals; and gain insight into the complexities of health disparities and homelessness. Cooperative education provides students with meaningful, longitudinal immersion experiences in real-world practice, and is a promising curricular innovation for integrating oral health competencies and primary care practice.

A2i

10:30 AM

Oral

Roanoke Ballroom C/D

283

The Evaluation of the Use of Simulation to Support an Interprofessional “Just Speak Up” (JSU) Culture

Lorna Bain (*Southlake Regional Health Centre*), Liane Ginsburg (*York University*), Brenda Blum (*Southlake Regional Health Centre*)

Background/Rationale: Individuals within interprofessional teams commonly feel inhibited to speak up. Assertiveness can influence the likelihood of speaking up. In 2013, a pilot workshop was held at a community hospital with 50 staff representing eight teams. Participants watched a live scripted scenario demonstrating tensions. Simulation was used to build skill and confidence to JSU. Informal feedback was positive.

Purpose/Objectives: This study formally tested a multi-faceted intervention (that includes a Simulation Workshop and feedback of baseline Teamwork Climate data following the Workshop) in its ability to improve teamwork culture, skill and confidence to JSU.

Methods: A quasi-experiment (pretest-posttest control group design) evaluated the impact of the intervention on teamwork climate (measured using the SAQ Teamwork Climate Survey (Sexton et al., 2006)). The Workshop was implemented with 50 representatives of an intact interprofessional team the Emergency Department (ED) in June, 2014. The Intensive Care Unit was used as a control unit. ED and ICU staff was invited to complete a baseline (T1) teamwork climate survey prior to the Workshop. T1 data was fed back to ED staff in July 2014 through engagement sessions designed to foster JSU/teamwork climate. Two follow-up surveys conducted at 3 (T2) and 6 months post-workshop (T3) with both groups. A mixed-methods approach (exit survey and focus groups) was used to evaluate the Workshop.

Results: 87 ED and 32 ICU staff completed a T1 Teamwork Climate Survey. Scores were similar to other SAQ Teamwork Climate data reported in the literature (e.g. > 70% of ED respondents agreed “I have the support I need from other personnel to care for patients”; however, over 1/3 of respondents agreed that “In this unit, it is difficult to speak up if I perceive a problem with patient care”). The three phases of data analysis will be presented at CAB V.

Conclusions: Exit surveys and focus group data were very positive, suggesting the Workshop provided a venue for discussion, and tools to manage behaviors that threaten patient safety. Presentation of data and recommendations will allow other care teams to consider application of this project.

A2ii

10:50 AM

Oral

Roanoke Ballroom C/D

296

Learning to Lead: Student-Identified Themes in Leadership

William Gordon (*DeWitt C. Baldwin Institute for Interprofessional Education Rosalind Franklin University of Medicine and Science*), Tamzin Batteson (*DeWitt C. Baldwin Institute for Interprofessional Education Rosalind Franklin University of Medicine and Science*)

Hypothesis/Issue to be Addressed: What do students find most relevant to their needs and experiences in an interprofessional leadership class?

Method: Examining through thematic analysis the reflective writings of over 200 students engaged in a leadership class that presented straight-forward didactic content and “Trojan horse” learning activities, researchers identify types of previous leadership experiences of students, new learning, and the relevancy of classroom-based leadership education. **Observations/Outcomes:** By analyzing student reflections, researchers were able to identify relevant themes, outcomes, and approaches to teaching leadership in an interprofessional classroom. Students identified those types of activities that were most effective in teaching them strategies for leading in non-homogenous teams, as well as the relevancy of content in preparing them for their respective healthcare practices.

Conclusion: Thematic analysis uncovers important data related to the efficacy of teaching methods and strategies, content, and approaches in teaching leadership in an interprofessional environment.

Abstract: Utilizing thematic analysis, this research reveals the nature of previous leadership experiences and what students want to know as they prepare for their respective fields of healthcare. Capturing student voices, we identify relevant themes and effective strategies to prepare today’s students as leaders and change agents in new healthcare systems.

A2iii

11:10 AM

Oral

Roanoke Ballroom C/D

317



Outcomes from an Online Interprofessional Education and Development (IPED) Course at the University of Colorado (CU)

Shaun Gleason (*University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences*), Michael Kazanjian (*University of Colorado*), Wendy Madigosky (*University of Colorado*), Kari Franson (*University of Colorado Skaggs School of Pharmacy*), Jackie Glover (*University of Colorado*), Darcy Solanyk (*University of Colorado*), Amy Nordon-Craft (*University of Colorado*), Mark Earnest (*University of Colorado Anschutz Medical Campus*), Diane Brunson (*University of Colorado School of Dental Medicine*)

Background/Rationale: In 2014, CU implemented an online section of its IPED course for year1-2 nursing and MD/PhD students. The course, modeled after same F2F course of 6 professions, contains 3 content domains(teamwork/collaboration, values/ethics, safety/quality). Sixteen two-hour equivalent sessions were developed, eight each in year1 spring and year2 fall semesters. Sessions used TBL modified for online delivery. Students learned content and skills on interprofessional teams. This session presents online versus F2F section results from fall 2014 semester.

Objectives:

1. Describe student learning in online IPED team-based learning (TBL) course directly and versus face-to-face(F2F) delivery.
2. Describe student satisfaction results of online IPED TBL course directly and compared to F2F delivery.
3. Cite lessons learned from online delivery of IPED TBL course.

Methods/Methodology: Student learning was assessed through individual and team readiness assurance tests (iRATs, tRATs) and final exams. Student satisfaction was assessed through session perspectives (pre-work, iRATs, application exercises, learning objectives, session engagement, and team cohesiveness) and final course evaluations. Results from online were assessed directly and versus F2F delivery.

Results: N=46online, 594 F2Fstudents. All demonstrated knowledge and skills acquisition across all content domains; mean scores online vs F2F students on iRATs, tRATs and final exam were 88.64/85.09, 99.8/99.58, 90.81/89.96, respectively. Excepting team cohesiveness, session evaluations indicated greater satisfaction with pre-work, iRATs, learning objectives, application exercises, and session engagement; scores were positive. Final course evaluations showed generally higher satisfaction in online students, excepting teamwork/collaboration and overall course satisfaction. All scores were positive, excepting online overall course evaluation. Statistical analysis pending.

Conclusions: Online delivery of CU's IPED TBL course is as successful in developing baseline knowledge and skills as F2F. Student satisfaction was positive throughout semester in all areas, except overall course satisfaction. Student groups differed; therefore further analysis is warranted. Online delivery and team cohesion refinements are planned for 2015.

A2iv

11:30 AM

Oral

Roanoke Ballroom C/D

652



Intentional Partnering: How Nurse and Physician Managers Align their Professional Agendas to Reap the Benefits of Partnering

Christina Clausen (*Ingram School of Nursing, McGill University*), Melanie Lavoie-Tremblay (*Ingram School of Nursing, McGill University*), Margaret Purden (*Ingram School of Nursing, McGill University*)

Background/Rationale: Collaborative management structures are critical to transforming health care delivery and a co-leadership model offers one such approach. Nurses and physicians are uniquely positioned to share the executive roles of co-leadership, however, little is known about how this operates in the healthcare setting.

Objective: This grounded theory study seeks to explain how nurse and physician managers in formalized "partnerships" work together to address clinical management issues. **Methods/Procedures:** A nurse-physician management structure was adopted throughout a major Canadian health care organization in 2008 where nurse and physician managers in each division or program were expected to formally "partner" with each other to address clinical management issues. Purposive sampling and data collection were conducted in the Department of Surgery in 2014 because it was nominated by key stakeholders as effectively illustrating nurse-physician "partnerships". A total of 31 interviews were conducted with 21 participants (12 nurses, 9 physicians). Interviews were audio-recorded and transcribed verbatim. Field notes were recorded with 142 hours of observed events. Peer debriefing, member checking and an audit trail of all methodological decisions were conducted to ensure the trustworthiness of the data. Constant comparison, open and focused coding, theoretical sensitivity and memos were used in data analysis followed by theoretical sampling.

Results: A substantive theory on intentional partnering was generated. Nurses' and physicians' professional agendas serve as the starting point of intentional partnering. The theory then explains how nurse and physician managers re-align their professional agendas to reap the benefits of partnering through the processes of accepting mutual necessity, daring to risk together and constructing a shared responsibility.

Conclusion: The theory elucidates the strategizing that underlies the processes as well as the characteristics that influence how the nurse/physician management relationship develops and evolves. Findings may be applied to health professional management education.

A3i

10:30 AM

Oral

Roanoke Ballroom E-H

337



A Self-Reflective Community: Using Documentation Self-Audit as a Cornerstone for Collaborative Learning and Practice

Nancy Searl (*Holland Bloorview Kids Rehabilitation Hospital*), Kim Bradley (*Holland Bloorview Kids Rehabilitation Hospital*), Joanne Azulay (*Holland Bloorview Kids Rehabilitation Hospital*), Keith Adamson (*Holland Bloorview Kids Rehabilitation Hospital*)

Background/Rationale: Self-reflection is a key characteristic of professionals that helps them gain better perspective on, insight into, and understanding of their practice. It is critical to the developing of professional judgment. (Administering for Quality, 2012) Documentation is integral to the provision of safe, appropriate clinical practice. In compliance with regulatory, legal and organizational standards and policies objective, contemporaneous and relevant documentation supports consistency in client care and enables effective communication between members of the team including the client and family

Method: As part of a broader documentation audit strategy a reflective self-audit procedure was developed for all professions in a paediatric rehabilitation hospital. Questions on the audit encouraged clinicians to view “their” documentation from the eyes of another member of the team reading the content to assist in their own care provision. The use of the self-audit was encouraged but not mandated, and the audit could flow into the annual performance appraisal system if the clinician wished.

Results: Uptake on the self audit was over 90%. Qualitative feedback from clinicians and managers was that the tool gave a focus to discussions about documentation and clinical practice, and facilitated an awareness of the team use of shared client information against the more usual perception of clinician “owned” documentation.

Discussion: Audit of the content of healthcare documentation is a time-consuming, though necessary, process and many strategies are needed to audit effectively. A self-audit tool linked to a performance discussion with managers encouraged clinicians to read their own documentation from the perspective of other members of the team. The self-audit is a potent tool for clinicians to facilitate effective, self-directed affirmation, plans for change in documentation/practice and effective team work.

A3ii

10:50 AM

Oral

Roanoke Ballroom E-H

340



Transforming Existing Curricular Components into Interprofessional Learning Opportunities

Joyce Afran (*Rutgers Robert Wood Johnson Medical School*), Joseph Schwenkler (*Rutgers School of Health Related Professions Physician Assistant Program*)

Background/Rationale: Multiple models are being developed to create interprofessional educational activities. In 2013, a task force was formed at our institution to develop interprofessional education curricula. Participating schools represented on the task force included the school of Related Health Professions – Physician Assistant Program, the medical school, the school of pharmacy and the school of nursing. After establishing objectives, our initial approach towards achieving these objectives focused on integrating interprofessional students into already existing educational activities within the participating programs. While various measures are being used to determine whether or not our IPE curriculum prepares students for interprofessional practice, we were also interested in assessing the perceived value of integrating interprofessional students into a given discipline’s existing curricular activities. Medical student feedback collected for the same curricular sessions pre- and post-integration of interprofessional students was evaluated to assess the educational value of integrating interprofession students and the viability of this model for creating IPE curricula.

Methods/Methodology: After surveying curricular content across the participating professional schools, two sessions were identified within the first year medical school “Patient Centered Medicine” course that would be appropriate for integrating interprofessional students: (1) Ethical Cases in Geriatrics and (2) Improving Communications - Caring for Patients with Limited English Proficiency. Each of these sessions, as they existed, included case discussions in the small group setting facilitated by medical school faculty. In order to integrate interprofessional students, additional facilitators were recruited from the physician’s assistant, pharmacy and nursing schools and small groups were reconfigured to include students from these disciplines. The materials for the sessions were modified to only a limited extent for the initial integration of interprofessional students in academic year 2013-14. Semi-annual feedback about the course was collected from medical students each year for the purpose of assessing student satisfaction and perceived value of all course components. Medical students evaluated these specific sessions on the comprehensive course evaluations prior to the 2013-14 academic year and after.

Results: Responses to Likert scaled questions assessing the perceived value of each of these sessions were more positive after the integration of interprofessional students. Medical students also indicated that the participation of IP students enhanced the small group discussions. Additional feedback from medical students, other interprofessional students and faculty identified specific challenges with this strategy including: ensuring that all interprofessional students participating are at the appropriate level in their training and that they are provided with sufficient background information to speak to the content being addressed.

Conclusions: The integration of interprofessional students into existing curricular activities within a specific school has a “value-added” effect for the students in that discipline. These findings support the utilization of existing curricula as a viable model for creating IPE activities. Several challenges need to be addressed to maximize the value for all interprofessional learners but this approach can significantly enhance the educational experience.

A3iii

11:10 AM

Oral

Roanoke Ballroom E-H

343



Interprofessional Practice and Barriers to Outcome Measurement in Healthcare

Kim Bradley (*Holland Bloorview Kids Rehabilitation Hospital*), Joanne Maxwell (*Holland Bloorview Kids Rehabilitation Hospital*), Keith Adamson (*Holland Bloorview Kids Rehabilitation Hospital*)

Background/Rationale: The use of outcome measurement tools is essential to our ability to know and show that the care we provide is effective and the use of outcome measures is an expectation of health care providers. Despite these two facts the consistent use of outcome measures remains a challenge in healthcare. Outcome measure use traditionally has had an intra-professional focus with tools being identified for use within a profession.

Methodology: As part of an organizational Outcome Measurement Strategy to increase the consistent and appropriate use of outcome tools, an on-line survey of outcome measurement use was conducted. The survey (n=116) identified outcome tool use in all professions working in a paediatric rehabilitation hospital and included a question about factors preventing clinicians from using outcome measures.

Results: The four most identified reasons were: lack of effective tools for my work (22%), insufficient time to complete the tools (19%), lack of knowledge of appropriate tools (16%), and lack of knowledge on how to use appropriate tools (12%). The reasons did not differ significantly by profession although frequency of tool use did vary across professions. The results supported the expectation that clinicians view the use of outcome measures as a profession specific choice and not as an interprofessional opportunity and accountability.

Conclusions: The use of outcome tools by all members of the interprofessional team supports quality care. As a result of this survey a change strategy was formulated which targets the identification of outcome measures by model of care and/or interprofessional teams in addition to the more traditional single-profession outcome tool use. Additionally as specific professions have identified outcomes competency, this is being leveraged to support those professions, both regulated and unregulated, where outcome measurement use is not endemic.

Oral Health Care and Autism: Creating and Implementing Training and Treatment Guidelines - an Interprofessional Collaboration among Dentists, Parents and Autism Professionals

Maureen Perry (A.T. Still University, Arizona School of Dentistry & Oral Health), Rebecca Schaffer (A.T. Still University, Arizona School of Dentistry & Oral Health), Sheri Dollin (Southwest Autism Research & Resource Center)

Background/Rationale: Oral healthcare is the most prevalent unmet healthcare need among children with special needs (Newacheck) with an estimated one in every 68 children diagnosed with an autism spectrum disorder (ASD), the need to support dental care for this population is more urgent than ever.

Barriers to care include a lack of dental professionals with skills and training to provide care for patients with ASD's, overburdened parents and inadequate understanding of the importance of good oral health among autism care providers.

For individuals with ASDs, deficits in behavior, language, and social skills can present significant challenges in accessing good oral health care. Autism is unique and the complex presentation will be different for the individual. Therefore, the supportive strategies must be tailored to each person.

Objectives:

1. Participants will gain understanding of how collaboration among professionals can lead to improved outcomes for patients with complex medical/social needs.
2. Secondary objectives include sharing what we experienced as an interprofessional work group, our ongoing projects and lessons learned for future endeavors.

Methods: This project began with The Delta Dental of Arizona Foundation providing grant funding to the Southwest Autism Research and Resource Center (SARRC). The purpose of the grant was to develop best practices and disseminate information to parents, dental professionals and autism care providers based on Applied Behavior Analysis (ABA), an evidence-based approach to autism treatment. ABA is defined as the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement of behavior (Baer)

An interprofessional work group, consisting of dental professionals, autism professionals, parents, and key community stakeholders was formed. The group met monthly over a period of two years. Experts representing each discipline identified and reviewed existing resources in the fields of dentistry and autism. Information had to be evidence based for inclusion in the training/guides. Approaches to treatment were based on ABA. Consensus was achieved within and across disciplines.

Upon completion of that process, dental information guides were developed (in English and Spanish) specific to the needs of each cohort. The guides are currently available on the SAARC website. Our group also developed an interprofessional CE course, consisting of didactic and hands-on training for parents, dentists and autism professionals.

Results: Significant differences in the quality of the dental visit when autism care providers, who are expert in ABA therapy, provided home visits for the patient and his/her family, allowing the patient to practice behaviors necessary for a successful dental visit. The success of the visit was further enhanced by the presence of the autism care professional accompanying the parent and child to dental visits.

The results of pre and post tests administered to CE course participants demonstrate improved understanding of both ASD's and the essential role that oral health plays in maintaining overall health. An increased willingness on the part of dentists to provide care for this population was also evident.

Parents responded positively, based on surveys, to our training/guides.

Conclusions: Education for parents, clients, and autism professionals needed to take place concomitantly with training programs for dental professionals. Furthermore, a collaborative process, with each cohort contributing its expertise, resulted in improved outcomes for patients.

The goal of this research is to continue developing best practices for oral health education for parents and autism providers, techniques for dental professionals, and behavior modification for people with ASD.

References:

1. Newacheck PW, Hughes DC, Hung YY, Wong S, Stoddard JJ: The unmet health needs of America's Children. *Pediatrics*, 2000; 105: 989-97
2. Baer DM, Wolf MM, Risley TR: Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis*, 1968; 1:91-97.

A4i

10:30 AM

Oral

Washington Lecture Hall

227



A Case-based Interprofessional Education Workshop Featuring Pharmacy, Physical Therapy, Occupational Therapy, and Physician Assistant Programs at a Healthcare Science University

Diane Hadley (*University of the Sciences*), Kimberly Ward (*University of the Sciences*), Valerie Ganetsky (*University of the Sciences*), Joan Ward (*University of the Sciences*), Supriya Sen (*University of the Sciences*), Sanchita Sen (*University of the Sciences*)

Background/Rationale: Interprofessional education (IPE) provides opportunities for individuals from diverse professions to collaborate and build relationships.¹ The Interprofessional Education Collaborative (IPEC) created 4 domains of IPE: values/ethics, roles/responsibility, interprofessional communication, and team/teamwork. These domains serve as the foundation of IPE initiatives at University of the Sciences (USciences).² Interprofessional faculty at USciences developed and conducted a novel case-based IPE pilot workshop in fall 2013 to address an IPE need among the university's 4 professional programs: pharmacy, occupational therapy, physical therapy, and physician assistant. This initiative was crucial to IPE development including a unique combination of allied health groups. The faculty group conducted a revised workshop in fall 2014.

Methods/Methodology: The fall 2014 workshop includes 5 main components: a large group orientation, interprofessional dream catcher icebreaker activity⁴, individual profession case discussion, interprofessional discharge summary creation, and patient discharge counseling. Additionally, large-group debriefing sessions occurred after the icebreaker activity and end of the workshop. Each interprofessional small group consisted of approximately 7 students, with representatives from each professional program. The workshop facilitators were faculty representatives from each professional program. Workshop facilitators served as patients for a different team during the patient discharge counseling session. Student attitudes were assessed before and after the workshop via the Attitudes Toward Health Care Teams Scale (ATHCT)³ and a pre- and post-workshop questionnaire.

Results: Seventy-four professional-level students participated in the workshop. Analysis of the data is pending. The authors intend to assess the ATHCT³ responses and compare the students' pre- and post- workshop responses within and inter- professions for quantity and qualitative data. The students' responses from the icebreaker activity will also be analyzed for qualitative themes.

Conclusion: This case-based IPE workshop included a qualitative icebreaker activity and a validated quantitative assessment method, which are pending analysis.

References:

1. World Health Organization (WHO). (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization. Retrieved April 11, 2011 from http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf
2. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.
3. Heinemann, Schmitt, and Farrell (1994). Attitudes Towards Interdisciplinary Teams. Available through: Assessing Team Attitudes and Functions – A set of pre and post questionnaires. Sun country Health Region.
4. Dream Catcher Activity. This activity was adapted from the University of Illinois at Chicago Interprofessional Immersion Day on April 2, 2013 and original activity was adapted from TIPS handout from the University of Toronto.

A4ii

10:50 AM

Oral

Washington Lecture Hall

235

The Team Observed Structured Clinical Encounter: Utilizing the Simulated Team Environment as a Tool for Interprofessional Learning and Evaluation in a CTU

Bonny Jung (*McMaster University*), Dawn Prentice (*Brock University*), Carolyn Triemstra (*Niagara College*), Karl Stobbe (*McMaster University*), Kelly Brown (*McMaster University*), Kelly Dore (*McMaster University*), Denise Marshall (*McMaster University*)

Background/Rationale: The McMaster-Ottawa Team Observed Structured Clinical Encounter (TOSCE) uses a structured simulated team environment to promote assessment and learning of interprofessional collaborative skills. Through these encounters, students are able to practice and gain skills and receive formative feedback in a format that is accessible, relevant, familiar, and easily reproducible.

The TOSCE was implemented in an interprofessional acute care Clinical Teaching Unit (CTU) in a Canadian hospital. Six new stations were developed, implemented and evaluated. The goal was to integrate the TOSCE as a permanent educational tool within this teaching unit to develop and assess interprofessional collaboration/competencies among students who completed their clinical placement/rotations at the CTU.

Methods: This study used a cross-sectional cohort design. Five TOSCEs were administered between December 2013 and January 2015 with 38 health science students from medicine, nursing, occupational therapy and physiotherapy participating. The students were completing their placements at the interprofessional Clinical Teaching Unit as part of their overall program requirement. Students and assessors completed a semi-structured post TOSCE feedback survey regarding their experiences participating in the TOSCE session and the appropriateness and perceived value of the TOSCE. The data from the TOSCE will continue to be collected until the end of 2015.

Results/conclusions: The data to date indicate that students seem to score well on the stations, enjoy the TOSCE as an educational exercise, and learn about interprofessional collaboration competencies through their participation. Assessors indicate that they find the tool valuable to provide formative feedback to students.

The TOSCE can be an effective simulation of interprofessional collaboration and be a medium for students to receive feedback about their collaborative skills within the clinical setting.

A4iii

11:10 AM

Oral

Washington Lecture Hall

258

Beyond Time and Schedules: Strategies for Robust and Sustainable IPE

Gerri Lamb (*Arizona State University*), Karen Saewert (*Arizona State University*), Nina Karamehmedovic (*Arizona State University*), Robin Bonifas (*Arizona State University*), Liz Harrell (*Arizona State University*), Lisa Hines (*University of Arizona*), Teri Kennedy (*Arizona State University*), Michele Lundy (*University of Arizona*), Donna Velasquez (*Arizona State University*), Samantha Samples (*Arizona State University*)

Background/Rationale: Initiating IPE programs is time-consuming and complex. Issues like finding interested faculty willing to devote lots of time, negotiating diverse student schedules, developing engaging IPE programs and finding evaluation tools that won't burden everyone are very familiar. Getting through the early stages of IPE is cause for both celebration and serious discussion about how to build depth and sustainability into hard-won advances. The purpose of this presentation is to share examples of next stage strategies and tools that show promise for embedding and growing IPE across health professions programs.

Objectives:

1. Describe stages of IPE development from initiation to growth and sustainability.
2. Provide examples of promising practices to grow depth in IPE programs.
3. Share tools and strategies for advancing IPE in primary care. Presentation Description

Methods/Methodology: Several evaluation strategies, including project team minutes, faculty and student interviews, and the results of student surveys gathered across four years of a interprofessional primary care planning and implementation initiative funded by the Josiah Macy Jr. Foundation are synthesized to identify key stages and strategies used to advance and sustain IPE across two universities and four health professions programs. Sources and examples of key lessons related to maintaining engagement of students, faculty and administrators, embedding IPE in ongoing curricula, and establishing meaningful partnerships with clinical organizations are highlighted.

Results: Critical tasks related to moving into subsequent stages of IPE development beyond start-up require close attention to and strategies for maintaining gains, achieving deeper integration and embeddedness, and leadership support. Examples of promising strategies include collaborative curriculum mapping, standardized IPE scheduling, strategic planning with senior leadership to embed IPE across programmatic development and evaluation, integration of interprofessional clinical experiences with on-site quality improvement activities and student projects.

Conclusions: Strategies for embedding and sustaining robust and vibrant IPE programs are different than start-up strategies. They require deeper integration, new infrastructures, and different leadership roles for faculty, students, and senior administrators. Visualizing IPE development as a series of embedding changes offers more effective ways to plan for and implement sustainable IPE.

A4iv	11:30 AM	Oral	Washington Lecture Hall	269
-------------	----------	------	--------------------------------	-----

 Flipping the Interprofessional Classroom: Collaborating in Real and Virtual Space

Joanne Davies (*University of Alberta*), Louisa Fricker (*University of Alberta*), Sharla King (*University of Alberta*), Tracy Onuczko (*University of Alberta*), Tara Hatch (*University of Alberta*)

Background/Rationale: Every year, over 1000 students from 13 health science programs take a required interprofessional education course at the University of Alberta. Students are divided into classes of about 50 students, and further subdivided into interprofessional teams of 6-8 individuals to work through case studies, simulations, and other activities. This highly interactive and experiential course teaches health care teamwork in a meaningful context.

In 2015, the course switched to a “flipped classroom” format - a pedagogical model where students learn the course content online and then participate in interactive activities in the classroom. Three online activities were added. First, the initial class of the term was delivered entirely online with an elearning module and self-check quiz called “Why IPE?” Second, students participated in discipline-specific online discussion boards, reporting back to their interprofessional face-to-face classmates the following week. Third, midway through the course, a cohort of student teams participated in a pilot study where they worked through a multimedia patient care scenario comprised of videos, quizzes, electronic charting and online team planning. Students not in the pilot study viewed the videos, but did charting and patient care planning offline.

Methods: “Why IPE” and the discussion boards were evaluated using a satisfaction survey and a blended learning survey. The feasibility of the multimedia patient care scenario was evaluated based on usage data collected by the software used.

Results: Early anecdotal evidence suggests these approaches were well received by students and course facilitators alike, and that the online components enhanced the active learning components of the course. Full evaluation results will be presented.

Conclusions: Having classroom time to develop interprofessional teamwork skills is precious, and developing virtual collaboration skills is also vital. Flipping the interprofessional classroom helps serve both these skillsets and supports students for future collaborative practice.

A5i	10:30 AM	Oral	Wilson	272
------------	----------	------	---------------	-----

 Interprofessional Student Community-based Learning Experience (ISCLE)

Eric L. Johnson (*University of North Dakota*), Mary Amundson (*University of North Dakota*)

The University of North Dakota implemented an Interprofessional Health Care Course (IPHC) in 2006. Eight different educational programs participated in the course and 2,834 have completed the course. However, there was a gap in translating these concepts to the clinical environment. Clinical experiences are vital to the growth of the student’s understanding of working as a team of health care professionals.

An Interprofessional Student Community-based Learning Experience (ISCLE) Transitions of Care activity was piloted in two communities with a goal of building this into other student clinical experiences. Through this activity, students gain increased knowledge and skills regarding interprofessional care and information about the tools and resources available for improved communication to minimize risks associated with transitions of care for patients.

As a result of this learning experience, students participated in a patient-centered review of the risks and benefits in the transition of patient care between a rural long term care facility and rural community hospital. Students gained a better understanding of problems resulting from a lack of coordinated care, such as cost, duplication of services and short term hospital readmissions.

A5ii

10:50 AM

Oral

Wilson

274

**Madly off in Different Directions: How Do We Decide on an Integrated, Shared Care Plan?**

Tracy Paulenko (*University Health Network, & Rehabilitation Sciences Institute, University of Toronto*), Susan Rappolt (*Rehabilitation Sciences Institute, University of Toronto*), Ivy Oandasan (*University of Toronto*)

Background/Rationale: Hypertonicity is a complex, chronic condition in people with neurological insults (e.g. brain injury, multiple sclerosis, and stroke). It affects each person uniquely, i.e. independence in daily activities, and social participation, as well as quality of life and care giver burden. Although management requires a responsive, efficient plan of care, the various treatment options are often provided by different health care providers (HCPs) in a uni-professional manner.

For over a decade, policy makers and clinical practice guideline developers have recommended interprofessional collaborative practice. This requires the different HCPs involved to share information and make decisions together in order to provide seamless, patient-centred care. Research on decision making has focused on the patient-physician relationship and uni-professional groups. Little research has been conducted to understand the decision making process among different health care providers, and none in the context of hypertonicity management. This study explores how HCPs managing people with hypertonicity make decisions to create patient-centred, integrated, shared care plans.

Methods: An exploratory qualitative study using in-depth interviews and a practice context survey has been conducted. Grounded theory method is used to develop an explanatory model of the interprofessional decision making process.

Results: A process model of decision making in the interdisciplinary management of hypertonicity will be presented. Emerging themes suggest that the process is based on a foundation of collaborative interpersonal relations, facilitated by a shared understanding of the issue and is enabled by a collaborative leader.

Conclusions: In the context of limited healthcare resources and growing chronic health management needs such as hypertonicity, it is vital that HCPs practice collaboratively. Knowledge about the interprofessional decision making process will assist HCPs to provide patient-centred care and inform organizational leaders about the influential factors and processes in providing interprofessional collaborative practice.

A5iii

11:10 AM

Oral

Wilson

281

**Strategic Planning Beyond the Boardroom: Using a Collaborative Change Leadership Approach to Create an Organizational Interprofessional Education Strategy**

Lisa Di Prospero (*Sunnybrook Health Sciences Centre*), Siobhan Donaghy (*Sunnybrook Health Sciences Centre*), Sandra Ellis (*Sunnybrook Health Sciences Centre*), Shamena Maharaj (*Sunnybrook Health Sciences Centre*), Elizabeth McLaney (*Sunnybrook Health Sciences Centre*)

Background/Rationale: The World Health Organization (2010) has articulated that “interprofessional education (IPE) enables effective collaborative practice which... optimizes health-services, strengthens health systems and improves health outcomes.” For a teaching hospital, this suggests the need to transform how we deliver student education, staff continuing education, and faculty development.

While the literature provides numerous examples of IPE initiatives and curriculum designs, limited information regarding IPE strategic planning is available. This presentation describes a collaborative change leadership approach to strategic planning for IPE which is grounded in appreciative inquiry.

Methods/Methodology: A project team of education leaders was formed. Stratification across roles and professions was considered, as well as alignment with interprofessional care and organizational development strategies. An additional core team representing the organization's IPE Committee worked with the project team. A semi structured interview tool was developed and 76 interviews were completed exploring organizational opportunities and priorities for IPE. Participants included: senior leaders, directors, middle leaders, clinicians, support service staff, students, academic partners and a patient. Interview field notes were reviewed and analyzed for themes. A summit event was held where 85 people were invited to prioritize the themes and suggest action items. Finally, a design team met to develop the IPE strategy using a rapid prototyping methodology.

Results: Stakeholder engagement resulted in three primary themes (building on existing strengths, valuing of IPE, linking IPE with practice) and 17 supporting themes (from the importance of common language and middle leader support to team practice and simulation) which informed strategy development. Action planning resulted in a logic model describing IPE goals, objectives, and outcomes measures.

Conclusion: A collaborative change leadership process may be used effectively in support of strategic planning for IPE to foster engagement, shared decision making and co-creation. This presentation shares key processes, themes, objectives, measures and organizational learnings.

A5iv

11:30 AM

Oral

Wilson

282

The SBIRT-InGAS Project: An Interdisciplinary Approach to Teaching Screening for Substance Use

Michael Neft (*University of Pittsburgh School of Nursing*), John O'Donnell (*University of Pittsburgh School of Nursing*), Ann Mitchell (*University of Pittsburgh School of Nursing*), Fioravanti Marie (*University of Pittsburgh School of Nursing*), Kathryn Puskar (*University of Pittsburgh School of Nursing*), Lynn Boucek (*University of Pittsburgh School of Nursing*), Angelina Riccelli (*University of Pittsburgh*), Michael Cuddy (*University of Pittsburgh School of Dental Medicine*), Holly Hagle (*Institute for Research, Education and Training in Addictions (IRETA)*), Dawn Lindsay (*IRETA*)

Background/Rationale: There is a significant need for health care providers to be proficient at screening for substance use. Since the inception of the national SBIRT program in 2003, 1.7 million people have been screened, with 19% requiring Brief Intervention, Brief Treatment or Referral to a specialized treatment facility. Because of this need, the University Of Pittsburgh School Of Nursing's Nurse Anesthesia Program partnered with its School of Dental Medicine in order to train student nurse anesthetists and dental students/anesthesia resident and dental hygiene students in the precepts of SBIRT.

Methods/Methodology: All trainees receive a 1.5 hour training session which is conducted face-to-face, followed by an online booster. They then participate in interprofessional simulation training directed at employing the SBIRT skills learned in the classroom. Interprofessional case conferences are also conducted during which the trainees discuss any opportunities they have had to use SBIRT and/or any issues they have found with patients, patients' families, or colleagues regarding substance use.

Results: Results from the Readiness for Interprofessional Learning Scale (RIPLS) showed important baseline differences in perceptions between the SRNA and dental students at baseline. Significant increases in Teamwork and Collaboration post-training to post-simulation were observed ($p < 0.01$). Faculty and peer competency ratings on the simulation experiences indicated students benefited from practicing SBIRT skills in realistic simulated scenarios. Qualitative data from case conferences showed students were applying skills learned in their clinical rotations.

Conclusions: Training for substance use screening in an interdisciplinary atmosphere has proven to be successful based on the data and also on anecdotal comments from trainees. They remark that they now feel they have a stepping off point from which to screen for substance use; they feel more comfortable with the issue then they did before they had the training.

A6i

10:30 AM

Oral

Monroe

277

The Return on Investment of Interprofessional Education on Practice: Barriers to Success

Betty Cragg (*University of Ottawa, School of Nursing*), Wilma Jelley (*The Ottawa Hospital*), Dawn Burnett (*Retired Physiotherapist*)

- Objectives:**
1. reflect on the relevance of the scenarios to their IPE/IPC practice.
 2. consider the connections between events in the broader health care and educational systems on IPE, workplace integration, and support for IPC
 3. identify the implications of different approaches to investment of funds and labor in IPE for practice outcomes

Much work and funding have gone into the development of Interprofessional Education (IPE) and Interprofessional Collaborative Practice (IPC). However there has been little examination of the return on investment of various approaches to IPE or their impact on integration of IPC into the workplace. When we attempted to conduct a qualitative study on perceptions of recent graduates about their pre-licensure IPE experiences and their relevance for post-graduation practice in one of the largest hospitals in the province of Ontario, we were unable to recruit 20 participants.

In our region, because budget cuts have led to reductions in hospital staff, very few new graduates with IPE experience have been hired. First jobs of many new health care providers are in uniprofessional private clinics or casual work in larger institutions, while aging staff perpetuate traditional approaches to communication and team work. These trends have hindered new graduates' application of their IP learning.

There was considerable federal and provincial funding for IPE research and programming in the late 1990s and 2000s, but little designated government IP support is now available. Educational institutions are reducing budgets and IPE has become a lower priority. IPC champions who promoted initiatives are fatigued, have moved on, and/or are not being replaced. Despite educational and institutional accreditation standards that require evidence of IPE and IPC, little is now being invested in their expansion or maintenance. It then becomes even more important to assess how to achieve the best results with limited resources.

In this presentation, we will examine case scenarios based on the authors' recent experiences with the IPE and IPC in educational and health care institutions in Eastern Ontario. Resulting concerns about return on investment in the short and long term, and implications for educators, employers, and further research will be identified.

A6ii	10:50 AM	Oral	Monroe	357
-------------	-----------------	-------------	---------------	-----

 Developing Core Competencies for Interprofessional Integrative Healthcare Education: An Example from Pharmacy Education and Practice

Jeannie Lee (*University of Arizona College of Pharmacy*), Benjamin Kligler (*Department of Integrative Medicine Mount Sinai Beth Israel*), Patricia Lebensohn (*Arizona Center for Integrative Medicine*), Audrey Brooks (*National Center for Integrative Primary Healthcare*), Victoria Maizes (*University of Arizona Family and Community Medicine*)

Background/Rationale: The Arizona Center for Integrative Medicine at University of Arizona, in collaboration with national organizations including Consortium of Academic Health Centers for Integrative Medicine and Academic Consortium for Complementary and Alternative Health Care, received a 3-year HRSA grant to establish the National Center for Integrative Primary Healthcare (NCIPH). A primary goal of the NCIPH is to develop a uniform set of competencies in Integrative Health across primary care professions, and a uniform curriculum to address those competencies.

Methods/Methodology: A panel of experts representing primary care residency training programs, nursing, pharmacy, behavioral health, public health, and complementary and integrative health professions convened to create a set of meta-competencies in Integrative Primary Healthcare.

Results: Nine meta competencies were developed addressing: 1) patient-centered care, 2) obtaining an integrative health history, 3) collaborative treatment planning to develop a personalized care plan, 4) utilizing evidence-based integrative health treatments, 5) knowledge of integrative and conventional health professions, 6) facilitating behavior change, 7) working interprofessionally, 8) self-care, and 9) incorporating integrative healthcare across settings. Each primary care profession developed sub-competencies for each meta-competency applicable to their practice. An example of the sub-competencies developed for Pharmacy education and practice will be presented, which focuses on integrative approaches that complement pharmacy expertise.

Conclusions: The ultimate goal of this project is to change the way primary care health professionals are educated to include an emphasis on providing an integrative approach to patient care utilizing an interprofessional collaborative team. The development of the meta-competencies and specific sub-competencies will provide the basis for an Interprofessional Integrative Health curriculum to be developed and offered in educational programs for health professionals working in primary care. Next steps include strategies for adoption of the competencies within primary care disciplines and broad dissemination of competencies, curriculum, and related resources through the NCIPH and partner organizations.

A6iii	11:10 AM	Oral	Monroe	287
--------------	-----------------	-------------	---------------	-----

 Using the Fishbowl Model to Assess Student Learning in IPE

Mayumi Willgerodt (*University of Washington*), Doug Brock (*University of Washington*), Peggy Odegard (*University of Washington*), Jennifer Danielson (*University of Washington School of Pharmacy*), Linda Vorvick (*University of Washington*), Debra Liner (*University of Washington*)

Background/Rationale: Many assessments of student IP competencies are obtained through self-report and focus on knowledge/attitudes, but are subject to social desirability biases and poorly correlate to behavior. Quantitative assessments may be unable to capture the nuances of student learning while qualitative measures often focus on student experiences that may not reflect the overall impact of the training. Techniques that also actively engage students in the evaluation process are needed.

Objectives:

1. Identify the unique learning and assessment advantages of the fishbowl technique for use in IPE
2. Identify how the fishbowl technique applications address key challenges to interprofessional (IP) assessment
3. Identify appropriate settings in which to use fishbowl technique in curricula

Methods/Methodology: The fishbowl technique was utilized in an IPE event with 198 advanced practice health professions students. Students participated in the development of a team care plan using an unfolding case. Afterwards, 6-8 students participated in a small group debrief about the exercise while the remaining students formed a circle around them. Faculty and students in the "fishbowl" engaged in a debrief while the observing students outside the fishbowl were asked to record observations/comments that indicated if the students in the fishbowl had achieved the learning objectives. After the debrief, students reported their observations to the larger group, followed by discussion.

Results: Field notes indicated that students were initially apprehensive, but soon became engaged in evaluating peers on the IPE competencies. Preliminary analyses of the recorded notes by students suggest that learning outcomes were achieved but importantly, they provided richer examples of IP learning than would otherwise have been possible using conventional evaluation measures. Discussion about how IP learning was evident in the fishbowl debrief provided faculty with a deeper understanding of student learning and incorporated students in the evaluation of their own collective learning.

Conclusions: The fishbowl model is an innovative way to minimize the common biases in learning assessments and facilitates discussion about both the learning and evaluation. Further work is directed towards exploring how this technique may serve as the basis for identifying verbal indicators of IPE competencies.

A6iv

11:30 AM

Oral

Monroe

312



Shared Activities of Family Care Strategy Workers in Primary Care, Brazil

Marina Peduzzi (*Nursing School of Sao Paulo University*), Valéria Marli Leonello (*Nursing School of Sao Paulo University*), Jaqueline Alcântara Marcelino Da Silva (*Nursing School of Sao Paulo University*), Raquel Rapone Gaidzinski (*Nursing School of Sao Paulo University*), Fernanda Maria Togeiro Fugulin (*Nursing School of Sao Paulo University*)

Background/Rationale: Brazilian Primary Health Care is structured through the Health of the Family Strategy (HFS), where users are referenced to 35.000 teams composed by a doctor, a nurse, several nursing assistants, dentist and dental technicians, plus six community health workers (CHW). Literature has shown evidences of the impacts of team work and collaborative practice in delivering comprehensive responses to health needs.

Objective: To identify the shared activities being performed by the professionals in the Health of the Family teams, as a basis to understand the potential of the collaborative competencies in the primary care setting.

Method: The basic input was a previous research database, built with the purpose of identifying the team individual workloads to define human resources needs in primary care. It is composed by a sample of 418 professionals of 27 HDS basic units, in the 5 macro-regions of Brazil. It was applied a validated instrument to capture information in 39 team discrete activities. A total of 55.269 observation points were recorded referring to the 39 activities.

Results: There were 14 shared activities, common to all the professionals of the team, being more frequent the home visits (19.638), document recording (4.837), responding to non-programmed demands (2.075), educational activities (1.824), ambulatory procedures (1.638), participation in clinical tests and procedures (1.561), information interchange (1.517), infection control (1.454), administrative meetings (1.386), and promoting health education with users (1.234). There was a majority of home visits performed by CHW, the professional more involved in the shared activities, and it was found that there is a small but growing participation of the dental professionals in these common activities.

Conclusions: The shared activities of the HFS workforce demonstrate the team work as it is related to the longitudinal follow-up of users and families and a trend to consolidate the participation of the team members.

A7

10:30 AM

90 min. Workshop

Buck Mountain

80



Planting the Seeds for the Next Generation of Interprofessional Practitioners: An Evidence-Based Approach

Jim Ballard (*UK Center for IPE*), James Norton (*University of Kentucky College of Medicine*), Patricia Burkhart (*UK College of Nursing*), Janice Kuperstein (*UK College of Health Sciences*)

Background/Rationale: Educators recognize the need to ground interprofessional education (IPE) within a theoretical context. One context that shows promise is social constructivism. It posits that the social environment mediates learning with emphasis directed at how social encounters influence learners' construction of knowledge. This perspective informs us that interprofessionality develops optimally when learners collaboratively solve problems that can be accomplished best with knowledge from the entire team.

The Deans' Interprofessional Honors Colloquium (DIHC), guided by the social constructivist perspective was launched in 2009, spanning seven colleges. It engages students in a seminar and active project-based format to address issues of public health concerns from an interprofessional perspective. It is a successful model of IPE that can be integrated easily into the curricula of other institutions to develop the next generation of IP healthcare practitioners.

Objectives:

1. Describe a theoretically grounded model of IPE.
2. Discuss methods for applying the model within various university contexts.
3. Construct an action plan for implementation of the DIHC within the context of the participants' universities.

Methods: A panel of faculty and students will describe the DIHC, including its philosophy, structure, and evidence derived from five years of mixed methods analysis demonstrating student progression from each student's uni-professional to group interprofessional identity (15 min). Participants will break into seven problem-focused teams to address issues that may be encountered in design and implementation in their own institutions. These include topic selection, professions included, ensuring authenticity, overcoming challenges, faculty preparation, impact assessment, and sustainability (40 minutes). Teams will share their insights (20 min), and then panelists will recap and discuss implementation strategies, highlighting the need to base any IPE experience within the cultural context of ones' own university (15 minutes).

A8i

10:30 AM

45 min. Workshop

Shenandoah A/B

51

**Pandora's Box: Unlocking the Social Determinants of Health**

Katie Cronin (*University of Kansas Medical-Legal Partnership*), Jana Zaudke (*University of Kansas Medical Center*), Sarah Shrader (*University of Kansas Medical Center*)

- Learning Objectives:**
1. Attendees will practice identifying and addressing the SDH as an interprofessional team via the Pandora's Box simulation and debrief.
 2. Attendees will take home the Pandora's Box simulation and debrief questions as a training tool for their interprofessional practice and education curriculum.
 3. Attendees will identify best practices for precepting and facilitating interprofessional simulations.

This session will highlight a new simulation, 'Pandora's Box', created at the University of Kansas Medical Center(KUMC), in which law students engage with medicine, nursing, and pharmacy students to explore how we speak with patients about the social determinants of health (SDH). During Pandora's Box, students learn that by addressing the SDH, they can impact the Triple Aim. Students from medicine, nursing, and pharmacy are given a scenario and asked to simulate a patient visit. A law student then plays the role of the patient struggling with one or more of the SDH. The simulation gives the interprofessional team the opportunity to practice the language they would use to elicit evidence of a SDH, and practice describing the role that a MLP can play in addressing the SDH. Following the simulation, students debrief and reflect upon barriers that may prevent discussions about the SDH and how interprofessional teams can facilitate inquiries into the SDH.

A8ii

11:15 AM

45 min. Workshop

Shenandoah A/B

295

**Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) of the Improving Health for At-Risk Rural Patients (IHARP) Program**

Michael Czar (*Carilion Clinic*), Leticia Moczygemba (*Virginia Commonwealth University*), William Lee (*Carilion Clinic*), Karen Williams (*Carilion Clinic*), Sarah Stubbs (*Carilion Clinic*), Lori Tibbs (*Carilion Clinic*)

Background/Rationale: The IHARP model, a CMS Innovation Center project beginning in July 2012, integrates specialty-trained pharmacists into primary care practices to optimize safety of medication use and improve patients' medication-related clinical outcomes via a customized EMR shared across 5 hospitals, 21 primary care practices, and 26 community pharmacies. High-risk patients taking 4 or more medications with multiple chronic diseases are eligible for IHARP. Using the RE-AIM framework, the IHARP team, including health-system and project leadership, a pharmacist, physician, and care coordinator, will present an overview of the model and share lessons learned during the adoption, implementation, and maintenance of the model over a 3-year period. The enrollment of the target population (Reach) and feedback from patients, physicians, and care coordinators and summary of outcome measures will also be presented (Effectiveness). Workforce integration, including a description of training, determination of patient panel sizes and factors impacting model adoption, information technology integration, quality improvement monitoring, and data management and evaluation, will also be addressed.

- Objectives:**
- Identify facilitators and barriers to the adoption, implementation and maintenance of interprofessional practice models
 - Discuss role identification and definition of responsibilities as members of an interprofessional care team
 - Identify and discuss quality improvement processes as a method for monitoring and facilitating implementation and maintenance of interprofessional care models •Discuss approaches and planning for maintenance (i.e., sustainability) of interprofessional interventions.

Teaching Methods:

Audience Polling: Attendees will respond to questions via text messaging and group responses will be presented and used to guide discussions.

Self-Assessment Questions: Present questions for attendees to reflect on what has been presented, to self-assess how it applies to their own practice sites.

Interactive Pair & Share: Presenters will facilitate small group discussions for attendees to provide examples from their practices and sharing lessons learned.

A9i

10:30 AM

45 min. Workshop

Pocahontas

505

**Practicing Interprofessional Ethical Decision-making: A Toolkit for Faculty and Trainers**

Emily Akerson (*James Madison University*), Anne Stewart (*James Madison University*), Lisa McGuire (*James Madison University*), Erica Lewis (*James Madison University*), Janet Gloeckner (*James Madison University*), Bj Bryson (*James Madison University*)

Background/Rationale: Ethical decision-making provides an ideal vehicle for students and practitioners to learn about one another's disciplines and to participate in interprofessional team analysis, discussion, and problem-solving. Participants will experience learning activities from a course on ethical decision-making in healthcare developed by an interprofessional faculty team to facilitate socialization to collaborative practice. The class has been team taught since 2003 with over 1,700 undergraduate students from a number of professional and pre-professional programs. Interprofessional team facilitation content is embedded into a course that is required of all social work majors. The presence of a team facilitator provides an experiential learning opportunity for the student facilitators and has improved the experience of other student participants. A qualitative content analysis of themes from a required reflection paper which highlight the development on an interprofessional identity will be discussed.

Workshop activities provide an integrated interprofessional learning experience for participants to exchange effective, innovative instructional practices with other participants, to learn about and adapt a strategy for educating skilled interprofessional team facilitators, and to assess IPEC core competency development through an analysis of final student reflections.

Objectives: Workshop participants will be able to:

1. Describe the benefits of using ethics in interprofessional education.
2. Identify and demonstrate 3 creative experiential strategies and techniques for promoting interprofessional teamwork in a climate of mutual respect and shared values.
3. Describe strategies for training interprofessional team facilitators.
4. Discuss the results of a qualitative analysis of final reflection papers to examine how students' build competencies for interprofessional practice
5. Develop a plan for implementing strategies in their course or trainings.

Teaching Methods: Teaching methods will include experiential activities and discussions. Participants will be actively involved in practicing the strategies and techniques. Participants will discuss their experience and consider how to implement the strategies in their settings.

A9ii

11:15 AM

45 min. Workshop

Pocahontas

46

**IPE: Designing Effective Case Scenarios for Simulated Learning Experiences Across Disciplines**

Dorothy P. Bethea (*Winston-Salem State University*), Nancy Smith (*Winston-Salem State University*), Rita Darby (*Winston-Salem State University*), Sara James Migliarese (*Winston-Salem State University*), Cynthia S. Bell (*Winston-Salem State University*), Megan E. Edwards (*Winston-Salem State University*)

Interprofessional education (IPE) occurs when students from two or more professions learn about, from and with each other. IPE is thought to be beneficial to students in healthcare because it may build skills that ultimately lead to better coordination of services, decrease patient errors, and improve patient outcomes. According to the World Health Organization (2010), IPE is a necessary step in preparing a 'collaborative practice-ready' health workforce that is better prepared to respond to local health needs."

In the educational environment, designing case scenarios that are applicable to several disciplines involved in the IPE learning experience can be a challenge. To maximize the learning, it is essential that the perspective of each discipline is incorporated. During an interactive workshop, Nursing, Occupational Therapy and Physical Therapy faculty will present how they use a unified approach to develop case scenarios that are utilized with students' simulated learning experiences. The format of the workshop will include two parts. First, an introduction to IPE including the benefits in the educational arena from multiple faculty members' standpoints, conceptualization of case scenarios and the collaboration required for development. Second, in small groups, facilitators will lead participants through the steps of setting interprofessional goals and creating a workable case study scenario that incorporates other discipline's perspectives and can be used in teaching. After engaging in this workshop, participants should be able to meet the following learning objectives.

1. Identify benefits of IPE simulated learning in higher education.
2. Describe the steps involved in case scenario development.
3. Develop an IPE case scenario incorporating multiple disciplines' perspectives.

A10	10:30 AM	Discussion	Appalachian	11
------------	-----------------	-------------------	--------------------	-----------

 The Human League: Fostering Interprofessionalism through Health Humanities Initiatives in the Classroom, Clinic, and Community

Lisa Kerr (*Medical University of South Carolina*)

The Medical University of South Carolina (MUSC) is among the few who have developed humanities initiatives with a primary objective of fostering interprofessionalism, diversity, and inclusion. As a member of the MUSC faculty who has led a number of these humanities initiatives over an 8-year period, I propose to facilitate a discussion in which we will assess the current relationship between the health humanities and interprofessional movements; share information about various health humanities initiatives at our respective institutions; and brainstorm ideas for new initiatives to support interprofessional education and practice, including those that foster patient-centered care and strengthen inter-institutional and community relations.

The discussion will open with a visual analysis exercise that leads us to two overarching questions, each of which will be given 15 minutes of discussion. At the end of the session, discussion participants will be able to:

1. Describe the unique relationship between the health humanities and interprofessionalism.
2. Describe a model or proposed initiative that could be developed at the home institution.
3. Identify resources for those interested in developing IP health humanities initiatives.

A11i	10:30 AM	Discussion	Mill Mountain	191
-------------	-----------------	-------------------	----------------------	------------

 Building Blocks to an IPE Curriculum: Creating an IPE Course using Active Learning and Technology

Diane Alonso (*UMBC*), Mary Lang (*University System of Maryland*), Katherine Morris (*UMBC*), Heather Congdon (*University of Maryland School of Pharmacy*), Rebecca Wiseman (*University of Maryland School of Nursing*), Joan Pittman (*University of Maryland School of Social Work*), Lynn Cook (*University of Maryland, Public Health*)

While developing individual IPE courses has been an exciting process, the Committee for Interprofessional and Interdisciplinary Educational Strategies (CIPES) at the Universities at Shady Grove (USG) campus in Rockville, MD, has long planned to create a comprehensive curriculum of IPE courses for our varied student population. In recent years, this committee has created and provided stand-alone courses, workshops, and internship experiences but has not yet had a way to (1) tie them all together or (2) create an easy starting point/template for faculty interested in teaching an IPE course. With the completion of the technology-rich Active Learning classroom at the USG campus it is now time to create a more comprehensive IPE curriculum for students to follow.

This session will focus on the development of a new foundational course intended to address USG's goals of contributing to the IPE agenda at USG while also taking advantage of the newly developed Active Learning classroom and supporting technology. By giving students an IPE experience early in their academic careers it will better prepare them to work in integrated teams in areas such as patient care, so they are ready for the advanced, experiential opportunities later on. Through a modular/building block design, this course will provide foundational elements common to the IPE experience. Design ideas for this course will be compared with other IPE 101-type curricula to come up with best practices, and implementation will include both formative and summative evaluations.

- Objectives:**
1. To investigate the process of creating an IPE course as a starting point for building an IPE curriculum
 2. To examine the use of technology as it relates to IPE coursework, and
 3. To explore both the potential roadblocks to success and the options for addressing those roadblocks.

A11ii	11:15 AM	Discussion	Mill Mountain	226
--------------	-----------------	-------------------	----------------------	-----

Kicking the Hornet's Nest: Reconciling Collaboration and Competition in Academia

Sharla King (*University of Alberta*), Anne Godden-Webster (*Dalhousie University*), Tara Hatch (*University of Alberta*)

Topic/Subject: In an academic setting, our goal is to build skills for collaboration in our students, yet we do not always model collaborative behaviour. Additionally, the university environment often rewards individual success rather than fosters collaboration. The result is the creation of tension or moral distress when working in a field where collaboration among future health professionals is critical, yet may be absent among professional colleagues.

Background/Rationale: The academic environment fosters a dichotomy – there is the need to be competitive to be successful, yet to be successful one needs to collaborate. How is this tension balanced in an academic setting? Do educators lose sight of the priority of preparing future health professionals in order to be recognized as the 'leader' in their field?

The purpose of this Discussion Group is to:

- ignite discussion about the collaboration-competition tension
- share experiences in order to help navigate the academic environment and potential conflicting landmines of competition and collaboration;
- recognize how your personal principles or values inform your approach
- identify practical strategies to survive competitive collaborations

Topics/themes we wish participants to explore include managing:

- research and publications/authorships
- collaborative partnerships and contributions/recognition
- the pressure at an institutional level to generate revenue

Facilitation methods: Through the use of questioning and case scenarios, discussants will have the opportunity to explore the issues from an individual faculty, institutional and inter-institutional level and through a variety of lenses, such as theoretical frameworks, personal philosophy, principles or values. Specific survival strategies will be collated and shared with the participants.

Relevant materials: The presenters will provide sample case studies to spark discussion and references/resources that may support participants in developing specific strategies to manage the collaboration-competition tension.

During this discussion group, participants will:

1. explore the issues and possible solutions related to collaboration and competition in academia;
2. share stories and connect with others about surviving competitive collaborations
3. develop strategies to manage the tension and moral distress possible with collaborating in a competitive environment

12:00 PM Strolling Lunch Buffet/Poster Session (*included*)
 See Poster List (page 160)
[Crystal Ballroom/Roanoke Foyer](#)

1:30 PM Concurrent Sessions B

B1	1:30 PM	Panel	Roanoke Ballroom A/B	387
-----------	----------------	--------------	-----------------------------	------------

Transforming Learning for Interprofessional Professionalism: The Critical Role of Professional Identity Formation AND Moral Agency

Gail Jensen (*Creighton University*), Anne Godden-Webster (*Dalhousie University*), Brenda Merritt (*Dalhousie University*), Bruce Greenfield (*Emory University*), Laura Lee Swisher (*University of South Florida*)

Professionalism is a key concept in health professions education and critical for interprofessional (IP) education. Preparation of graduates ready for IP collaborative practice (IPCP) requires an expanded dialogue and understanding of IP or transdisciplinary professionalism as described in the first domain (Values/Ethics for Interprofessional Practice) of the Interprofessional Collaborative Practice Competencies. Interprofessional professionalism modules often focus on instrumental concepts such as professional Codes of Ethics, professional behaviors or competencies, and professional roles. Current research on professionalism challenges this emphasis on role and behavior. The Carnegie Foundation's comparative studies of preparation for clergy, law, engineering, medicine and nursing concluded that professional identity formation grounded in a moral service/responsibility is a critical but often missing or underdeveloped component in professional education. In this interactive symposium, we provide a theoretical foundation for teaching IP professionalism that is grounded in professional moral identity and moral agency. Building on developmental theory, Bebeau and Lewis describe three stages of professional identity: independent operator, team oriented idealist, and self-defining professional. We discuss current research regarding professional identity formation, suggest a theoretical framework for interprofessional professionalism, and discuss pedagogical strategies for transformative learning.

Objectives:

1. Discuss the central role of professional identity formation and moral agency in transforming learning for interprofessional professionalism.
2. Contrast pedagogy grounded in professional identity formation and moral agency to pedagogy grounded in role-based competencies.
3. Discuss teaching strategies that address challenges in developing the dual professional identity formation required for interprofessional practice.

Implications: The notion of IP professionalism itself points to the simultaneous development of dual professional identities as member of a profession and member of the collaborative health care team. The panel will pose pedagogical strategies best suited for facilitating formation and transformation of the evolving dual professional identity of interprofessional professionalism.

B2i	1:30 PM	Oral	Roanoke Ballroom C/D	566
------------	----------------	-------------	-----------------------------	------------

An Innovative Integrated Ethics Curriculum

Lynda Eccott (*College of Health Disciplines, University of British Columbia*), Lesley Bainbridge (*University of British Columbia*), Victoria Wood (*University of British Columbia*)

Background/Rationale: In collaboration with health and human service programs at the University of British Columbia, the College of Health Disciplines is in the process of planning, testing, and evaluating a framework for an integrated curricular approach to common learning. The Integrated Ethics (i-Ethics) curriculum marks the first step in moving towards this integrated approach to health professional education. This curriculum supports learning that is unique to each profession, seeks economies of scale for foundational knowledge common to all programs through technology, and creates relevant opportunities for inter-professional learning in complex areas of healthcare. The overarching goal of i-Ethics is to graduate health professionals who are competent in every day ethical practice.

Objectives:

- Describe the UBC emerging model for an integrated curriculum focusing on ethical practice
- Discuss the content for the multi- and inter-professional learning
- Explain ways in which programs can engage with the material from their own unique uni-professional lens

Methods: The development of the "4 quartiles" of iEthics curriculum was lead by a working group of interprofessional faculty using a backwards design process. Competencies were developed to move from simple to more complex ethical issues moving from the classroom to the practice setting.

Results: An interactive online ethics introductory module, along with an interprofessional workshop that explores the relationship between personal and professional ethics was developed (quartile 1). Also, an online interprofessional case about a non-complex clinical ethical situation was developed for quartile 2. All materials will be presented.

Conclusions: The iEthics exemplar will result in a model for other common areas of curriculum and will help graduate professionals who are competent ethical practitioners.

B2ii

1:50 PM

Oral

Roanoke Ballroom C/D

572

Preparing Teams for Collaborative Practice Using a Series of Primary Care Standardized Patient Simulations

Barbara Richardson (*Washington State University*), Brenda Bray (*Washington State University College of Pharmacy*)

Background/Rationale: As patients today increasingly seek care for multiple chronic conditions, an interprofessional collaborative approach is necessary to ensure highest quality care. Few longitudinal patient care opportunities exist within health sciences curricula for interprofessional student teams to learn and work together to improve collaborative practice competencies. This program was designed to provide a longitudinal team-based patient care experience using a series of primary care standardized patient simulations.

Methods: Faculty from nursing, medicine, pharmacy, social work, and dietetics created and embedded four increasingly complex simulations within existing profession specific courses. Twelve teams of 6-8 students were each paired with a standardized patient for whom they provided care for six months. Students were trained to use TeamSTEPPS® tools and strategies to facilitate interactions among team members. Clinic visits with their “patient” allowed students to practice client-centered care with a particular focus on roles and responsibilities, communication, and teamwork. Videoconferencing technology was used to connect health team members participating from remote locations. Debriefings were conducted following each simulation. Student participants completed pre- and post- surveys regarding perceptions of interprofessional and team-based learning. Teams were evaluated through direct observation of skills, behaviors and assessment of written patient care plans.

Results: Faculty (n=18), standardized patients (n=4), and student participants (n=79) observed improvement in students’ abilities to use the knowledge of one’s own role and those of other professions to assess and address the needs of their patient. Students engaged in shared, patient-centered problem solving as demonstrated during the simulated patient care conferences and written care plans. Survey results are being analyzed to determine changes in student’s attitudes and perceptions about team-work and collaboration.

Conclusion: Given the paucity of actual team-based clinical placements, using a series of simulated patient care visits successfully provided interprofessional teams with opportunities to practice collaborative approaches to patient care.

B2iii

2:10 PM

Oral

Roanoke Ballroom C/D

574

TeamCORE - An Innovative Collaboration to Improve Outcomes within the University of Washington’s Regional Heart Center

Brenda Zierler, (*University of Washington*), Ross Ehrmantraut (*University of Washington ISIS*), Erin Blakeney (*University of Washington*)

Background/Rationale: University of Washington (UW) Medicine recently embarked on a strategic plan to redesign clinical care at the Regional Heart Center (RHC) to establish value-added care with an emphasis on patient-centered care and interprofessional team approaches. The RHC was one of nine service lines included in a new Accountable Care Organization (ACO). To address a growing need to improve communication, coordination, and efficiency of care, UW’s Institute for Simulation and Interprofessional Studies (ISIS) created an innovative training model to leverage existing resources— Team Collaboration for Organizational Excellence (TeamCORE). Grant funding was secured to pilot test TeamCORE’s effectiveness in one unit (the RHC).

Objectives:

1. After this presentation, attendees will be able to understand the basic structure and function of TeamCORE for improving interprofessional collaborative practice.
2. Identify 3 key aspects of the TeamCORE approach to improving the quality and safety of healthcare.
3. Understand the differences in team training outcomes (learning outcomes versus patient and systems outcomes) using a TeamCORE model (using preliminary data).

Methods/Methodology: Development and piloting of the TeamCORE model has followed a process of improvement approach distinguished by collaboration between TeamCORE expert trainers and clinical teams. Trainers provide ongoing education and support in domains specific to unit needs (simulation; team training, communication (TeamSTEPPS®), leadership, workflow efficiencies (Lean), conflict resolution, interprofessional collaborative practice, Relational Coordination (RC)). In addition, TeamCORE activities include mentoring and coaching, team assessments and outcomes tracking.

Results to Date: An initial product of TeamCORE has been development of a clear, replicable process for clinical teams to engage with TeamCORE (>7 units have initiated collaborations). Within the RHC a “Change Team” has been identified and four full-day trainings (32 hours) in TeamSTEPPS and RC have been carried out. The Change Team has also identified >3 areas for improvement in workflow, communications and relationships.

Conclusions: TeamCORE represents an emerging, innovative approach to improving quality and safety of care through team training in an ACO environment. High functioning, interprofessional teams create a culture of learning and ownership that allows them to: 1) Focus on serving patients and families, 2) Provide the highest quality care, 3) Attract and retain valued employees/team members, and 4) Improve economic performance through quality and efficiency.

B2iv

2:30 PM

Oral

Roanoke Ballroom C/D

576

Advancing the Sustainability of Interprofessional Initiatives: Lessons Learned from the Journey of Geriatric Education Centers

Teri Kennedy (*Arizona State University*)

Background/Rationale: Geriatric Education Centers (GECs), as funded by the United States Department of Health and Human Services' Health Resources and Services Administration, promoted interdisciplinary geriatric education and training for more than 35 health-professions disciplines including medicine, dentistry, pharmacy, nursing, and social work. GECs were charged with becoming self-sustaining beyond the period of their funding. This study, using the theoretical framework of academic capitalism, sought a definition of sustainability and explored conditions that foster and hinder sustainability, including economic trends and policies at the federal level, economic and political forces at the institutional level, and opportunity structures within the field of gerontology at the professional level. Ironically, this study was undertaken at the very time at which there was a complete elimination of funding for all GECs across the country.

Methods/Methodology: Sources of data included fiscal and narrative portions of multi-year GEC grant applications and in-depth interviews with thirteen GEC administrators, faculty, staff, and advisory board members representing seven GEC sites, including officers of the National Association of Geriatric Education Centers and the National Association of Geriatric Education.

Results: Four conceptions of sustainability emerged from this study: 1) maintenance of geriatric mission and activities, 2) institutionalization of organizational infrastructure, 3) community visibility, and 4) strategic response to change. These categories were not mutually exclusive; rather, multiple paths toward sustainability could be pursued by each GEC.

Conclusions: Lessons learned from Geriatric Education Centers about sustainability and factors that foster and hinder sustainability have important implications for the sustainability of interprofessional education and interprofessional collaborative practice initiatives. Examples will be drawn from the Josiah Macy Jr. Foundation Primary Care Curriculum Implementation grant and the Interprofessional Education and Practice program, initiatives of the Arizona Nexus Innovations Incubator, a state-wide collaboration among academic centers, major healthcare initiatives, the Arizona AHEC system, and clinical practice sites.

B3i

1:30 PM

Oral

Roanoke Ballroom E-H

324

Transforming Healthcare Education and Clinical Practice on Accountable Care Units: Optimizing Outcomes for Patients, Clinicians, and Students

Susan Hendricks (*Indiana University Purdue University Indianapolis*), Amy Chael (*Indiana University Health*), Marissa Embry (*Indiana University Health*), V. Julie Lamothe (*Indiana University Purdue University Indianapolis*), Joan K. Miller (*Indiana University Health*), Chad Priest (*Indiana University Purdue University Indianapolis*), Jennifer Taylor (*Indiana University Purdue University Indianapolis*), Judith Halstead (*Indiana University Purdue University Indianapolis*)

Background/Rationale: A large academic medical center developed and implemented an Accountable Care Unit (ACU) model in which collaborative, geographically cohorted interprofessional teams provide interprofessional patient care and self-monitor monthly performance data on quality, safety, and financial outcomes. Student clinical engagement on these units is integral and intentional, as are partnerships with the Schools of Nursing and Medicine.

Methods: This federally funded project¹ focuses on implementation of Accountable Care Units (ACU) in a large metropolitan hospital. The ACU model includes daily intra and interprofessional huddles for communication, collaboration, and safety—major foci of intervention. The ACU team conducts weekly interprofessional bedside rounding to facilitate positive outcomes for patients with challenging issues, and engages in monthly meetings to review performance data and generate plans for continuous performance improvement on the unit as a whole. Students across health professions are involved in every aspect of the ACU, and work collaboratively with team members.

Results: Since ACU initiation, the organization has experienced many improvements in length of stay index, 30-day all-cause readmission rate, mortality index, physician communication scores, fall rate, and central line associated blood stream infections: demonstrating the robust and sustained value associated with the ACU model. Measures of safety organizing behaviors² and collaboration³ among clinicians and interprofessional learning among students are also robust indicators showing the model's value.

Conclusions: The organization has learned many lessons about how to achieve quality outcomes, nurture and maintain team capabilities, and balance standardization with unit based innovation. The unique and strong academic health partnerships with the School of Nursing and the School of Medicine have enhanced the environment, for students and clinicians alike.

¹ HRSA-NEPQR grant # UD7HP260050-01-00

² Vogus, T., Sutcliffe, K. (2007). The Safety Organizing Scale: Development and Validation of a Behavioral Measure of Safety Culture in Hospital Nursing Units. *Medical Care*, 45(1) 46-54.

³ Baggs, J. (1994). Development of an instrument to measure collaboration and satisfaction about care decisions. *Journal of Advanced Nursing*, 20, 176-182

B3ii

1:50 PM

Oral

Roanoke Ballroom E-H

359

**Patient, Family, and Community Partnerships: Using a Framework Driven Approach**Tracy Christopherson (*Elsevier*), Michelle Troseth (*Elsevier*)

Background/Rationale: Today's health care workforce is being asked to work in collaborative, integrated healthcare teams to achieve the goal of delivering patient centered care that meets the growing and complex needs of an aging population. The Josiah Macy Jr. Foundation recently released a report from the conference on Partnering with Patients, Families and Communities to Link Interprofessional Practice and Education. Conference participants included patients, patient advocacy leaders and healthcare leaders and health professions educators. Participants acknowledged that in order for patients to become equal partners at every level of healthcare and health professions education will require a "fundamental culture shift". To achieve this, the conference participants put forth four recommendations. Successful implementation with sustainable outcomes will require a multi-faceted, systems thinking approach that anchors the culture changes necessary in both the academic and practice environments.

Objectives:

1. Describe the components of an interprofessional practice framework.
2. Explore how the tools, processes and infrastructures within an interprofessional practice framework can be utilized to advance and sustain partnering relationship between patients, families and communities and the interprofessional teams they interact with.

Methodology: Over the past 30 years a framework has been implemented in over 350 rural, community and university clinical settings that are part of a large healthcare consortium in the USA and Canada. The framework includes six models that are intentionally designed, evidence-based, replicable, and capacity building and include tools, processes and infrastructures that anchor the essential culture and practice changes that support the engagement and partnerships with patients, families and communities.

Results: The outcomes reported by consortium healthcare systems include improved patient and staff satisfaction, improved relationships and trust across multiple roles and disciplines, individualized and patient-centered care planning and improved clinical outcomes.

Conclusion: This approach moves institutions away from a project driven approach to developing partnerships and supports sustainability of culture and practice changes. The models within the framework have been replicated in multiple settings, which prevents the need for others to re-invent them and demonstrates the framework can be used as a blue print for patient, family, and community partnerships and interprofessional collaborative practice and education.

B3iii

2:10 PM

Oral

Roanoke Ballroom E-H

360

**The Intersection of Interprofessional Practice, Education and the Electronic Health Record**Tracy Christopherson (*Elsevier*), Michelle Troseth (*Elsevier*)

Background/Rationale: Currently there is an urgent need to develop a healthcare system that addresses the lack of safe, efficient, quality care. Two promising solutions receiving significant attention are health information technology and interprofessional practice (IPP) and education (IPE). As efforts are made to advance IPP and IPE, the impact of the electronic health record (EHR) cannot be ignored. If the EHR is not incorporated into our efforts, and is implemented without being intentionally designed to support the principles of interprofessional practice it will set us back by "hardwiring" the fragmentation we are trying to eliminate.

Objectives:

1. Explore the intersection between interprofessional practice, education and the electronic health record
2. Describe how intentionally designed documentation tools and evidence-based content can anchor practice changes across the interprofessional team.

Methodology: Documentation tools are intentionally designed to support the professional processes of care that are shared across the health professions promoting integration of services, enhanced communication and coordination of care. Interprofessional, evidence-based content is embedded into the tools and expressed within the EHR to support standardization of care and interprofessional and professional scopes of practice. Interprofessional evidence-based clinical practice guidelines that are integrated into the workflow of the interprofessional team provides a powerful method for anchoring desired collaborative practice behaviors across the team.

Results: The results of a large consortium of healthcare organizations committed to the design and implementation of an interprofessional framework while implementing the EHR include: actionable evidence utilized at the point of care, patient-centered and individualized care, interprofessional care planning, and enhanced interprofessional team communication.

Conclusion: Without intentionally designed EHRs grounded in evidence-based practice and interprofessional approaches to care the EHR will hard wire the current duplicative, repetitious care delivery. Academic institutions committed to IPE and practice institutions committed to IPP will be at risk if utilizing simulated or actual EHR applications that are not designed to support an interprofessional approach to care.

B3iv

2:30 PM

Oral

Roanoke Ballroom E-H

381

**Understanding Conflict Resolution within Interprofessional Collaborative Healthcare Teams**Martha Sexton (*University of Toledo*), Carole Orchard (*Western University*)

Background/Rationale: Conflict within interprofessional collaborative healthcare teams, when not effectively resolved, has been linked to many detrimental consequences; however, effective conflict resolution has been shown to enhance team performance, increase patient safety, and improve patient outcomes. Alarming, knowledge of healthcare professionals' ability to resolve conflict has been limited, largely due to the challenges that arise when researchers attempt to observe a conflict occurring in real time. However, research literature has identified three central components that seem to influence healthcare professional's ability to resolve conflict: communication competence, problem-solving skills, and conflict resolution training.

Objective: Investigate the impact of the three central components on healthcare professionals' perceived ability to resolve conflicts.

Methods: This study employed a quantitative, exploratory, non-experimental, cross-sectional survey design. Correlational analyses were used to examine the relationship between the independent variables and the dependent variable as measured by scores on the Conflict Resolution Self-Efficacy subscale.

Results: Analyses revealed statistically significant relationships between (a) communication competence and conflict resolution self-efficacy ($r=.482$, $p=.000$), (b) problem-solving skills and conflict resolution self-efficacy ($r=.336$, $p=.000$), and (c) conflict resolution training and conflict resolution self-efficacy ($r=.302$, $p=.001$). Multiple regression analysis demonstrated that two of the three central components—conflict resolution training and communication competence were found to be statistically significant predictors of healthcare professionals' perceived ability to resolve conflict ($F = 14.907$, $df = 3$, $p = .000$). Bandura's (1994) belief that self-efficacy influences an individual's choice of activities, efforts, and persistence provides rationale for the finding that conflict resolution training and communication competence are predictive of healthcare professionals' confidence in their ability to resolve conflicts in teams. Implications include a call to action for clinicians and academicians to recognize the importance of communication competence and conflict resolution training as a vital area in interprofessional pre- and post-licensure education and collaborative practice.

B4i

1:30 PM

Oral

Washington Lecture Hall

470

**Adapting Interprofessional Learning for the Outliers: Two Approaches to Engage Dentistry, Dental Hygiene and Medical Laboratory Science Students**Tara Hatch (*University of Alberta*), Marianne Howell (*School of Dentistry, University of Alberta*), Lisa Purdy (*University of Alberta*), Minn Yoon (*School of Dentistry, University of Alberta*), Joanne Davies (*University of Alberta*), Sharla King (*University of Alberta*)

Background/Rationale: Addressing the needs of diverse learners to ensure students engage in interprofessional education (IPE) can be challenging for educators. This challenge can be amplified when including students from programs that practice outside or on the periphery of the more obvious health care team contexts.

Methods: Educators delivering a mandatory, multi-section IPE course, taken simultaneously by over 1000 students, employed two approaches informed by contact and experiential learning theory to address this challenge.

1. Context specific streams were developed to increase student engagement by offering choice. One stream, developed in response to challenges engaging dentistry students, focused on the collaborative leadership skills needed to build and maintain successful teams in private practice.
2. Multiple scenarios reflecting the natural collaborative dyads/groupings of future practice were developed. This departure from the common practice of adapting existing scenarios to include all enrolled students was initiated to ensure authenticity within the simulated learning experiences. Students were temporarily assigned to these new pairings for the simulation though later returned to larger more diverse assigned teams of the course to debrief the simulations which were part of larger continuum of care narrative.

Results: 97 students from nine health science programs participated in the collaborative leadership stream. 73 students from Dentistry and Dental Hygiene, and 42 Medical Laboratory Science and Nursing participated in simulations featuring natural collaborative dyads reflective of future practice.

Presenters will provide:

- Lessons learned related to the process for adapting curriculum and developing simulations,
- Student satisfaction data gathered via online surveys, and
- Faculty feedback obtained via surveys and small group discussions.

Conclusions: One size does not fit all: While exposure to diverse disciplines is essential to the development of role clarification skills, it should be balanced with intentionally constructed collaborative experiences that reflect realistic team compositions in future practice.

B4ii

1:50 PM

Oral

Washington Lecture Hall

484

**The Impact of Interprofessional Teams on Disclosure Conversations: A Comparative Study**

Mandy Jones (*University of Kentucky College of Pharmacy*), Lee Wilbur (*University of Arkansas for Medical Sciences College of Medicine*), Douglas Carr (*Indiana University School of Medicine*), Darlene Welsh (*University of Kentucky College of Nursing*), Paula Holbrook (*University of Kentucky College of Law*), Margaret Pisacano (*University of Kentucky College of Law*), L. Curtis Cary (*University of Kentucky College of Medicine*), Christopher Doty (*University of Kentucky College of Medicine*), Joseph Fink (*University of Kentucky College of Pharmacy*), Craig Martin (*University of Kentucky College of Pharmacy*), James Ballard (*University of Kentucky*), Andrea Pfeifle (*Indiana University*)

A comparative analysis of data from an experiential interprofessional error disclosure training program will be presented. Transparency and standardized patient satisfaction data from team and single-provider disclosure will be reported.

Background/Rationale: National agencies expect error reporting and disclosure to improve patient safety. While clinicians desire transparency and full disclosure, these attitudes are not translated into practice. Barriers impacting disclosure are numerous and include lack of training and communication inexperience. This study examined the impact of disclosure training on attitudes, perceived barriers, and whether disclosing in teams improved transparency.

Objectives:

1. Describe premise of team-based disclosure.
2. List barriers impacting clinician willingness to disclose.
3. Discuss impact of teams on disclosure conversations.
4. Discuss implications for future research.

Methods: Clinician participants from medicine, nursing, and pharmacy (N=104) completed a baseline survey of attitudes and perceived barriers then attended 5-hour training which included simulation with standardized patients (SPs). Participants either disclosed as teams (intervention) or as individuals (control), then participated in focus groups. Data describing transparency and satisfaction were collected from SPs. Participants completed the survey after program completion for comparison. Data were analyzed for group differences.

Results: 95 (91%) participants completed pre-post surveys. Improvements in attitudes and reductions in self-reported barriers were noted ($p<0.05$). Prior to training there were differences between professions in understanding their roles in disclosure and knowing how to disclose ($p<0.05$). These differences were eliminated following training with the exception of physicians believing they are ultimately responsible for disclosure; nurses and pharmacists disagreed ($p<0.05$). There were no differences in transparency, SP satisfaction, or reductions in self-reported barriers between intervention and control groups. Preliminary themes are teams provide more holistic information and offer mutual support in difficult conversations.

Conclusions: Disclosure training was effective in improving attitudes and perceptions and reducing known barriers to disclosure. While deciding who should disclose likely depends on the nature of the error, training positively impacts clinicians' understanding of their roles in disclosure, and clinicians should rely on each other for complete information transfer.

B4iii

2:10 PM

Oral

Washington Lecture Hall

486

**Integrating Peer Evaluation into Teams of Interprofessional Early Learners**

Sharon Lanning (*Virginia Commonwealth University*), Kelly Lockeman (*Virginia Commonwealth University*), Deborah Diazgranados (*Virginia Commonwealth University*), Carole Ivey (*Virginia Commonwealth University*), Steven Crossman (*Virginia Commonwealth University*)

Background/Rationale: Two activities have been linked to improve team performance: (1) actions conducted at the beginning of the development of a team and (2) the engagement of peer-assessment activities. Training early learners to engage in these procedural activities can have implications for how they engage in interprofessional collaboration in the future. We will present an example of an educational program where early learners create a team charter and conduct peer-assessments.

Methods: Early learners from seven health profession programs (N = 684) participate in a four-session case series. Interprofessional teams of 4 to 6 students learn together longitudinally, completing group assignments to better understand teamwork, the healthcare system, and professional roles and responsibilities. During the first session, students develop a team charter that prompts them to set deadlines, outline members' roles and responsibilities, and identify specific behaviors that exemplify effective team skills of: communication, idea generation/contribution, and situation monitoring. Team debriefs and end-of-series peer evaluations are structured around these three elements. The peer evaluation is completed by each student to provide quantitative and qualitative feedback to their team members. The quantitative measure utilizes a standard rubric assessing individual behaviors derived from the team charter. A free online tool is piloted for this process.

Results: Peer evaluations follow the final session on March 25, 2015. After data collection, from students across 132 interprofessional teams, analysis will focus on individual differences within and across teams and professions. An evaluation of the tool itself will also be provided.

Conclusions: This peer evaluation process will provide students with the opportunity to practice giving feedback based on items that are familiar and meaningful to the team, receive coaching through the process of team evaluation, and a platform that is easy to use and efficient at summarizing the results for those being evaluated.

B4iv

2:30 PM

Oral

Washington Lecture Hall

515

**Inpatient Interprofessional Learning using a System-based Hospital Improvement Plan**

Cindy Motley (Case Western Reserve University), Patricia Underwood (Case Western Reserve University), Susan Padrino (Case Western Reserve University), Ellen Luebbbers (Case Western Reserve University School of Medicine)

Background/Rationale: Developing competency in patient-centered, interprofessional care requires that students apply what they have learned in the classroom to real world settings. Despite academic accreditation requirements and the acceptance of the Interprofessional Education Consortium (IPEC) competencies, interprofessional clinical experiences remain challenging due to contrasting clinical models, timing of experiences, and disparate geographic placements. An inpatient experience was designed based on Kolb's Model of Experiential Learning within an interprofessional curriculum developed through a Macy Foundation grant.

Methods: Final semester second career nursing and third year medical students worked in pairs to review the care for selected patients and develop a System-based Hospital Improvement Plan (SHIP). The full trajectory of care was evaluated including factors contributing to the admission, the full course of the patient's hospitalization, and factors important to achieving and maintaining quality care. One of the patients was selected for presentation by the team to all third year medical students in an interactive session highlighting lessons learned from working together to evaluate patient care.

Results: The Inpatient experience was evaluated using 5 point scale to measure perceived learning outcomes, the Interprofessional Collaboration Competencies Attainment Survey (ICCAS), and a short reflection paper. Mean scores for outcomes ranged from 4.4-4.9/5 and pre-post ICCAS scores were significantly increased. Reflections supported an increased valuing of the professions and a commitment to interprofessional care ("Interprofessional communication is essential" and "Involving each team member is crucial to quality care, and "it takes more than one profession to achieve quality patient care").

Conclusions: Provision of interprofessional clinical learning experiences is possible and can be expanded and sustained. The designation of medical and nursing co-leaders and thorough orientation of clinical faculty are essential. The presence of nursing faculty as daily debriefing facilitators was useful from logistical and pedagogical perspectives. A major challenge is developing a long-term evaluation.

B5i

1:30 PM

Oral

Wilson

372

**Empowering Homeless Individuals through an Interprofessional Campus to Community Engagement**

Ronna Sears-Fritz (Creighton University), Kate Martens Stricklett (Creighton University School of Pharmacy and Health Professions), Lorraine Rusch (Creighton University School of Nursing)

Creighton University's Office for Interprofessional Scholarship, Service and Education (OISSE) is responsible for developing interprofessional engagements for health science students. One of OISSE's annual engagements, Project Homeless Connect Omaha (PHCO), is an outreach program that reaches over 400 homeless individuals each year. Medical screenings, social services, and additional resources are available to clients throughout the day. Upon arrival, individuals are paired with a navigator to assist throughout the services provided. PHCO engages over 300 students and faculty from seven health professions, with over fifty social service agencies.

PHCO clients proceed through health screenings and social service providers based on immediate and personal needs. Once completed, clients can consult with community health professionals and students regarding follow-up appointments and prioritization of subsequent steps. The innovative "Health Report Card" will be described as a tool created to empower clients with strategies for sustainable care and community resources.

Together with community and campus partners, OISSE Core Faculty and Staff serve as members of the PHCO leadership team. IPE 413 "Developing Care for a Vulnerable Population: An Interprofessional Collaborative Approach for Health Promotion" was adapted for PHCO. This course includes interprofessional student leadership teams from Medicine, Nursing, Occupational and Physical Therapy, Pharmacy, and Social Work. Students collaborate across disciplines to coordinate the health screening stations and social services provided to clients. The students also learn cultural sensitivity, patient-centeredness, and how to actualize the service mission of the University through interprofessional teamwork. Best practices to support client empowerment and address client needs will be highlighted for participants.

By the end of this session, participants will be able to:

- Identify successful partnerships between health and social care providers created to empower clients
- Summarize pioneering strategies for implementing interprofessional community engagements
- Reflect upon benefits and challenges of community engagement health/social care and follow-up for the homeless population

B5ii

1:50 PM

Oral

Wilson

407



Engaging Clients and Families as Partners in Care: Implementation of the Connect2care Consumer Health Portal

Joanne Maxwell (*Holland Bloorview Kids Rehabilitation Hospital*), Keith Adamson (*Holland Bloorview Kids Rehabilitation Hospital*), Laura Williams (*Holland Bloorview Kids Rehabilitation Hospital*), Amir Karmali (*Holland Bloorview Kids Rehabilitation Hospital*)

Background/Rationale: The implementation of a consumer health portal at a pediatric rehabilitation hospital provides an excellent example of an authentic collaborative partnership with clients and families. The connect2care portal allows young clients and their families to take an active role in care by providing web-based access documentation from the health record and access to the appointment schedule. This novel access to information has highlighted the importance of interprofessional competency in Client and Family- Centred Care, particularly as it relates to the language used in clinical documentation.

Methods/Methodology: Authentic engagement of clients and families has been pivotal to the connect2care implementation. Clients and families have been engaged in every aspect of the project planning and implementation, and their needs continue to drive the development of the portal content. Families and clients want to see more documentation in the portal, but clinicians raised concerns around their documentation being misinterpreted. Clinicians also noted that some of our documentation screens were not well designed with respect to sharing information with clients and families. A client and family-centred documentation workshops was created to provide members of the interprofessional team with strategies for effectively documenting care in such a way as to support the client and family engagement in care.

Results: The client and family-centred documentation workshops were offered to all clinicians across the hospital. The workshop focused on health literacy, regulatory matters, and clients and families as partners in care. The workshop included a panel of clients and families who shared their desires for more transparent documentation that would support their engagement in care.

Conclusions: Families enrolled in the portal report feeling greater control over their lives and enhanced ability to actively engage in care. When coupled with client and family-centred documentation practices, this timely access to information can facilitate improved engagement and partnership.

B5iii

2:10 PM

Oral

Wilson

476



Using Personal Narratives to Change the Student Paradigm of Healthcare Communication

Marilyn Hanson (*Rosalind Franklin University of Medicine and Science*), Megan Hartfranft (*Rosalind Franklin University of Medicine and Science*), April Newton (*Rosalind Franklin University of Medicine and Science*), Catherine Gierman-Riblon (*Rosalind Franklin University of Medicine and Science*), Susan Tappert (*Rosalind Franklin University of Medicine and Science*)

Background/Rationale: The purpose of the event was to utilize a unique multi-faceted approach to teach students that interprofessionalism can have a positive impact that extends beyond the clinic into the community, academic institutions, and to individual patients and their families. The goal was to compel students to be drivers of change in their own lives.

Methods/Methodology: To determine if the event made an impact on the attendees, all students who participated in the opening session interactive activities were asked to respond to the question "What interprofessional changes will you take back to your program, clinical experiences, and future practice following this session?" Responses were collected, de-identified, coded and analyzed for emergent themes using the six phase approach outlined by Braun and Clark (2006) Using Thematic Analysis in Psychology. Cronbach's alpha is used to measure inter-rater reliability.

Results: Themes emerging from a detailed thematic analysis of student responses include communication, student desire to initiate or continue interprofessional activities, desire for exposure to interprofessional clinical experiences and understanding of the importance of patient centered care.

Conclusions: Initial results indicate utilizing an approach that includes personal stories and reflection does make an impact on students and may compel them to action in a variety of ways.

B5iv**2:30 PM****Oral****Wilson**

178

PhotoVoice: A Method to Align Patient and Provider Values toward a Common GoodLisa Burkhart (*Loyola University Chicago*), Frances Vlasses (*Loyola University Chicago*), Marybeth Desmond (*Loyola University Chicago*)

Background/Rationale: The Interprofessional Education Collaborative identified four competencies to promote interprofessional collaborative practice (IPCP): values/ethics, roles, communication, and teamwork. The first competency, values/ethics, reflects the need for a shared purpose to support the common good of the patients served. This patient-centered approach requires a deeper understanding of patient perspectives and also aligning those perspectives to providers' perspectives.

Objectives:

1. Describe how the photovoice method can be used to address the IPCP values/ethics competency.
2. Describe participants' view of health/health behaviors, cultural/environment influences on health, and view of health care. Compare patient participants' and providers' perspectives of health/health behaviors, cultural/environment influences on health, and view of health care.

Methods: As part of a HRSA grant (UD7HP26040) to create nurse-led interprofessional teams to work collaboratively in an underserved community at a primary care clinic and a school-based health center, a qualitative method, called Photovoice, was used to reveal deeper values and challenges for patients who live in a low income, underserved community. This method of participative action research captures perspectives both pictorially and by interview, where participants are given a camera, take pictures over 2 weeks, and then discuss the pictures during a recorded interview. Patient/student participants at both the Family Practice Clinic (4) and the School Based Health Center (5) took pictures that related to their view of health and health behaviors, environmental and cultural perspectives of their health, and their view of health care. IPCP team members working with these participants were asked the same questions about their patients' lives.

Results: Findings present varied perspectives. This method of participative action research provided a deeper insight into our patients' lives and helped identify a clearer understanding of the "common good" underlying the values/ethics competency, as well as creating opportunities to affect IPCP care practices and group programming at both sites.

B6i**1:30 PM****Oral****Monroe**

582

Using Interprofessional Student Teams to Address Community Health Issues: A Childhood Asthma and Obesity Intervention ProjectLinda Hook (*University of the Incarnate Word*), Cynthia Nguyen (*University of the Incarnate Word*), Monica Ramirez (*University of the Incarnate Word*), Leticia Ybarra (*University of the Incarnate Word*)

Background/Rationale: Childhood asthma has significant health and economic consequences at multiple levels within our communities. Managing chronic complex conditions, like asthma, require the effective use of interprofessional teams. It is vital that academic institutions prepare future health care professionals to become effective members of interprofessional healthcare teams upon graduation. Community-based projects located in low socio-economic urban sectors provide an excellent opportunity to serve as a solid platform for interprofessional education. The university has a health center located within the EPN footprint.

Objectives:

1. Discuss role of allied health professional students in the implementation of community based practice research.
2. Discuss the operationalization of the IPE core competencies and the responses from the students.
3. Discuss future implications for IPE community based practice research.

Methods/Methodology: This quasi-experimental intervention project incorporated three evidence-based practices: Allergy and Allergy Foundation of America (AAFA) Wee Breathers (www.aafa.org) ; US Environmental Protection Agency (EPA) Asthma Home Environment Checklist (www.epa.gov); Social & Health Research Center's Bienestar, an age-appropriate diabetes prevention program (www.sahrc.org); The project consisted of 4-weekly small-group asthma and obesity education sessions with education for the families and children. A pre-and-post environmental home assessment was completed to determine the uptake from the educational interventions. The interprofessional student teams implemented the curriculum in the small group setting. The teams developed individual-specific teaching aids as needed. At the home assessments, the team reinforced the education and used the EPA tool to teach the families about asthma triggers. At each class, the families were provided families with supplies known to reduce environmental triggers, i.e., mattress covers, roach gel, and cleaning supplies.

Results: All sixteen families demonstrated changes in pre and post-tests of the evidence based curriculums; 10 out of 16 families made changes to household cleaning routine; the home assessment revealed that 8 of the children were sleeping in the parent's bed. A local furniture company, Ashley Furniture HomeStore, donated beds and bedding to the identified families. The students' survey results indicated positive responses and comments relating to the value of the experience. Results presented will include: project outcomes, student survey results, and results from families' pre-and-post environmental home assessment.

Conclusions: Community based interprofessional education and collaborative practice projects can be a "win-win" for both the community and the health care professional students. Additional research is needed to quantify the population health results, the experience gained and the cost/benefit associated in understanding how community-based research projects can align with the preparation of health professional students.

B6ii

1:50 PM

Oral

Monroe

599



An Interdisciplinary Case Based Approach to Promote Interprofessional Learning in among Undergraduate Students in a College of Allied Health Sciences

Tina Whalen (*University of Cincinnati*), Gideon Labiner (*University of Cincinnati*)

Background/Rationale: The University of Cincinnati has established that all baccalaureate programs fulfill Key Touchpoints in a sequenced and purposeful approach to meet the learning outcomes of the University's General Education Program. The CAHS Mid-Collegiate Touchpoint (MCTP) Conference came to fruition as a way to meet the goal of providing programming that allowed for student reflection that increases disciplinary proficiency and promotes contextual understanding. While programs have the latitude to meet these goals in their own way, in 2011 programs in the CAHS came together for its first MTCP event. Unfortunately, the speakers and activities which were centered on Medical Humanities did not receive positive responses on the student evaluations, so in early 2012 a committee of faculty and staff in CAHS set out to design an interdisciplinary event. Review of the literature reveals that students who participated in interdisciplinary education experiences reported that these experiences enhanced their understanding of their own professions. They also reported an increased appreciation for the knowledge, skill and perspectives of their interdisciplinary peers. (Rodger et al, 2004)

Objectives

1. Describe the benefits students gain from participating in Interprofessional Education experiences.
2. Identify core competencies relevant across varied health disciplines
3. Develop a strategy for the inclusion of your profession in an educational learning experience

Methods/Methodology: A half day conference was planned by an interdisciplinary committee of faculty and staff members who interviewed a patient with traumatic brain injury and her family to produce videos vignettes around which interactive group discussion questions and activities were written. The planning team also taped interviews with the patient's health care team. Additionally, the college coordinated with media specialists in both University Hospital and the Drake Center. These institutions made the ICU step down unit and neuro-rehabilitation gym available for filming the health professionals' interviews. Three hundred third and fourth year students attended the event and participated in interactive round table activities and discussions in cross-disciplinary groups that were facilitated by CAHS faculty and staff members.

Results: Students were asked to provide feedback on the conference. Surveys were collected. In 2012 of 286 participants, 99.3% responded affirmatively that the conference objectives were met. In the 2013 academic year, of 338 respondents, 95.3% also responded in the affirmative when asked about the program objectives and in 2014, 314 respondents affirmatively agreed 97.7% with the statement. During the 2013 and 2014 conferences, students were given pre and post assessment surveys asking for word association with the Core Interprofessional Domains included in the program objectives. While responses varied considerably, the results were collated into a word cloud which ranked the most frequent responses for each domain. On the pre and post survey students were asked two additional questions relating to their familiarity of other Allied Health Professions, along with the importance of communication among health care team members. The students post survey responses indicated an increased level of understanding of roles and awareness for healthcare team communication by the end of the conference.

Conclusions: This event proved to be a positive and powerful interdisciplinary experience. This educational event combined the expertise of former patients, community health practitioners and health education faculty to create a successful case based delivery method that succeeded in meeting its objectives of introducing the importance of successful collaboration and interdisciplinary "patient centered" care practices to future health care practitioners. This tenet is central to an integrated learning model and applicable to every health major's pre-professional and professional training curriculum.

B6iii

2:10 PM

Oral

Monroe

623

**Changes in Conflict Handling Preferences of Health Professional Students: The Impact of an Interprofessional Education and Collaborative Practice Experience**Monica Ramirez (*University of the Incarnate Word*)

Background/Rationale: Effective collaboration within teams of health professionals is essential for patient safety and for improving the quality of healthcare. Appropriate conflict engagement is considered a moral imperative in healthcare settings and a critical precursor to interprofessional collaboration. In this study we measured pre-post differences in conflict handling modes among a sample of 89 health professional students participating in an interprofessional education and collaborative practice (IPECP) initiative.

Methods: Participants were placed into interprofessional teams of 4-6 individuals consisting of no more than two students from the same profession. Student teams cared for patients in case-study, simulation, and clinical venues. A researcher-designed demographic inventory and the Thomas-Kilmann Conflict Mode Instrument (TKI) were used to survey 89 IPECP health professional students (health management=9; nursing=19; pharmacy=35; physical therapy=14; and optometry=12). Pre-test measures were collected prior to the 14 contact hour didactic component of the IPECP course. Post-test measurements were collected at the completion of the 24 contact hour IPECP clinical practicum. Pre- and post-intervention changes on student TKI scores were evaluated using one-way ANOVA and paired t-tests.

Results: Pre-IPECP statistical assessment indicated no differences in TKI handling mode preferences based on gender, or ethnicity. However, health administration students were less likely to prefer accommodating when compared to the students from the other 4 health professions ($p=0.043$). Within profession pre- post-IPECP comparisons indicated no statistically significant changes for optometry, pharmacy or physical therapy students. However health management students preferred collaborating more ($p=0.029$) and nursing preferred compromising more ($p=0.034$) and avoiding less ($p=0.020$) when compared to their pre-IPECP preferences. In aggregate, pre- post-IPECP comparisons indicated that participants were less likely to prefer avoiding as conflict handling mode ($p=0.001$) and males preferred compromising more than females ($p=0.003$).

Conclusions: The results of this study are encouraging as students in aggregate were less likely to prefer avoiding as a conflict handling strategy after participating in an IPECP experience. Further, though not uniform across professions, each of the significant changes within professions, (increase in collaborating and compromising and a decrease in avoiding) served to increase the overall preference of participants for operating in the cooperative dimension of the TKI model. Preferences in the cooperative dimension are well suited to the highly interdependent nature of interprofessional care teams as the preferences are associated with increased levels of trust and communication.

B6iv

2:30 PM

Oral

Monroe

638

**Creating a Culture of Interprofessional Collaboration: Structure and Roles Matter**Tracey Das Gupta (*Sunnybrook Health Sciences Centre*), Ru Taggar (*Sunnybrook Health Sciences Centre*)

Background/Rationale: A culture of interprofessional collaboration requires vision and strategic leadership. Creating the right structure, founded on organizational values, and aligned with corporate priorities enables all staff to optimize their roles and expertise, contributing to the mutual goal of high quality, person centred care.

Objectives:

1. Provide an overview of our strategic priorities
2. Highlight specific actions and deliverables within each priority
3. Describe the evaluation framework
4. Share preliminary results demonstrating the positive impact of infrastructure, leadership, and staff roles on interprofessional collaboration and quality person centred care

At Sunnybrook Health Sciences Centre, we have demonstrated our commitment to interprofessional collaboration through the development of a strategy which interfaces both education and practice. The strategy advances three key priorities; 1) enhancing organizational capacity, 2) embedding interprofessional principles, and 3) designing innovative models of interprofessional care. We have successfully restructured leadership roles and our supporting infrastructure for practice, education and research. Through the creation of an engagement forum we have developed broad organizational partnerships with staff, physicians, patients and students to achieve specific deliverables within each key priority.

B7i

1:30 PM

Oral

Buck Mountain

543

Brief, Encounter, Huddle, Debrief: Developing Collaborative Practice-Ready Healthcare Providers through an Interprofessional Discharge Planning Simulation with Standardized Patients

Stephen Jernigan (*University of Kansas Medical Center*), Jessica Kalender-Rich (*University of Kansas Medical Center*), Daniel Swagery (*University of Kansas Medical Center*), Dory Sabata (*University of Kansas Medical Center*), Susan Jackson (*University of Kansas Medical Center*)

Background/Rationale: Linking interprofessional education (IPE) and interprofessional collaborative practice (ICP) has become a focus for many educational programs and is the Nexus described by the National Center for Interprofessional Practice and Education, with the ultimate goal of achieving the Triple Aim. The Barney 2.5 simulation fosters the development of students' skills necessary for ICP in a realistic environment without risk to a real patient. In addition, interprofessional collaboration can be the focus of the experience without inappropriate dismissal of more content-related topics associated with the patient's health condition. This type of interprofessional educational opportunity helps to more closely link IPE to ICP for students.

Objectives:

1. Discuss the unique aspects of a discharge planning simulation using standardized patients to foster the development of collaborative practice-ready health care professionals.
2. Describe the components necessary to effectively implement this and similar interprofessional opportunities with students from multiple professions.

Methods: Barney 2.5 involves students and faculty mentors from the medicine, physical therapy, occupational therapy and speech language pathology professions. This simulation opportunity has taken place one day per month since October 2013. There are 5 rounds of the experience with two groups of interprofessional students and standardized patients engaging the experience simultaneously in each round, resulting in a total of 10 simulations for each day. Each simulation has the capacity for 1 learner from each of the 4 professions to participate in the discharge planning encounter with the standardized patient and his wife, for a total capacity of 40 students impacted each month. During the simulated encounter, the faculty mentors are observing the encounter through live video and audio feed.

The structure of the simulation affords the interprofessional students 15 minutes to "brief" as a team before the encounter with the standardized patient, 25 minutes for the actual patient encounter as a team, 10 minutes to "huddle" as a team after the encounter, and then 20 minutes for debriefing with interprofessional faculty mentors about the interprofessional aspects of the encounter. Prior to the simulation experience, students are sent the patient's "chart" to review, which includes profession-specific information for each of the professions involved with this simulation.

Results: Approximately 170 students have participated in this simulated standardized patient experience since inception. Medical students have been required to participate as part of their geriatric clerkship. Fewer students from physical therapy, occupational therapy and speech language pathology were involved initially due to voluntary participation; however, physical and occupational therapy now require students to participate as part of their curricula. During the facilitated interprofessional debriefing after the simulation, students often reveal their appreciation for the patient-centered collaborative approach to care and the insights gained about their student colleagues' professional roles and responsibilities. In addition, the debriefing sessions often lend to insightful dialogue regarding team structure, leadership, communication and the value of teamwork.

Conclusion: The Barney 2.5 discharge planning simulation using standardized patients is feasible and provides a robust opportunity for interprofessional collaborative practice and debriefing in a safe yet realistic patient-care environment.

B7ii

1:50 PM

Oral

Buck Mountain

551

**Don't Follow the Leader: Problematic Behaviors in an Interprofessional Standardized Patient Exercise**

Josette Rivera (*University of California, San Francisco*), Bridget O'Brien (*University of California, San Francisco*), Maria Wamsley (*University of California, San Francisco School of Medicine*), Yvette Coulter (*University of California, San Francisco*), Shelley Adler (*University of California, San Francisco*)

Background/Rationale: Effective interprofessional education (IPE) requires more than assembling students from multiple professions to complete a task together. In order to demonstrate learning about, from, and with one another, students need to exhibit behaviors and attitudes that facilitate IPE. There is relatively little observational data on students' interactions during IPE activities, making it challenging to design curricula that focus on areas of need. In this study, we address this gap by: (1) examining health professions students' behaviors during an IPE activity and (2) characterizing challenging behaviors.

Objectives:

1. Describe problematic behaviors of pre-licensure students during an interprofessional standardized patient exercise
2. Discuss the application of these findings to interprofessional education programs and curriculum development

Methods/Methodology: Our institution requires participation in an interprofessional standardized patient exercise (ISPE) of all third-year dentistry, physical therapy, and medical students; second-year nurse practitioner students; and fourth-year pharmacy students. Working in interprofessional teams of 4-5 students, team members discuss case information, interview the SP individually, then jointly formulate a treatment plan. Our multi-professional research team reviewed videos from 32 ISPE teams. We used a note-taking template to document key student behaviors and then developed a coding scheme to capture problematic behaviors. Two researchers independently coded notes using web-based qualitative software, and analyzed code frequencies and co-occurrences.

Results: The majority of challenging behaviors involved the team leader (e.g., dictating, not eliciting input, and ignoring others). Students did not explicitly address who would/should be the team leader, but the medical student most frequently assumed the leadership role. Effective collaboration was most clearly present when students taught each other about their roles and approach to the patient.

Conclusions: Although most students demonstrated learning about, from, and with each other during this exercise, the team leaders frequently exhibited challenging behaviors that impeded optimal collaboration. The findings underscore the need for development of leadership training in the context of IPE, and draw attention to addressing related issues such as professional culture and hierarchy even at the pre-licensure level.

B7iii

2:10 PM

Oral

Buck Mountain

557

**Building Collective Impact in Interprofessional Oral Health Education and Practice**

Anita Glicken (*University of Colorado School of Medicine*)

To address complex issues impacting patient health, new delivery models must engage a diverse primary care workforce in integrated care. This is particularly true in oral health, where a fragmented delivery system has divorced oral health from traditional medicine.

Oral health remains a major source of health care disparities and calls for engaging primary care clinicians such as physicians, nurses and physician assistants in screening and preventive oral health services.

This paper illustrates how a profession neutral online core curriculum, Smiles for Life, can help IPE programs build a culture in oral health that embraces diverse perspectives, builds a shared knowledge base and creates an infrastructure for engagement of resources to support innovative and change. The curriculum includes a built in assessment and tracking system that reports learner outcomes.

Over the past two years 18 professional organizations representing over six different health professions have endorsed the Smiles for Life Curriculum. Over 180,000 discrete users have completed some portion of the curriculum. In the first six months of the year, over 100,000 individuals visited the website, more than four times the number over the entire prior year.

The National Interprofessional Initiative on Oral Health (NIIOH) and the Smiles for Life Curriculum provide a case study of collective impact demonstrating how interprofessional education has created a movement to build shared understanding of oral health and primary care clinicians who are prepared to deliver oral health preventive services and who are effective at partnering with dental specialists and others to advance overall health. Smiles for Life, an online shared curricular tools, with built-in mechanisms for assessment and reporting of learner outcomes, builds a shared understanding that provides a foundation for embedding interprofessional oral health education across institutional education programs.

B7iv

2:30 PM

Oral

Buck Mountain

558



Lessons from the Development and Implementation of an Interprofessional Education (IPE) Program on the Collaborative Management of Low Back Pain

Chadwick Chung (*Canadian Memorial Chiropractic College*), Lorna Bain (*Southlake Regional Health Centre*), Deborah Kopansky-Giles (*Canadian Memorial Chiropractic College*), Judith Peranson (*St. Michael's Hospital*), Katherine Braybrook (*Southlake Regional Health Centre*), Monica Nijhawan (*Southlake Regional Health Centre*), David Makary (*Southlake Regional Health Centre*)

Background/Rationale: In 2012, the World Health Organization ranked low back pain (LBP) as one of the top four global burdens of disease. Despite its prevalence, LBP continues to be managed in a poorly coordinated manner. New educational paradigms have been proposed to train health professional students together about conditions which benefit from collaborative management. The purpose of this project was to develop an IPE program on the interprofessional approach to LBP and to evaluate its outcomes, both from learners' and facilitators' perspectives.

Objectives:

1. To describe the development and evaluation of an interprofessional education (IPE) module on the interprofessional assessment and management of low back pain in the primary care setting.
2. To illustrate an evaluative approach incorporating both student and facilitator perspectives of a module within a plan-do-study-act process.

Methods/Methodology: An IPE module was developed by mixed professional faculty including: chiropractic, medicine, medical radiation technology, nursing, occupational therapy, pharmacy, physiotherapy and radiology. Questionnaires with Likert scales and open ended questions were administered to students pre- and post- session. Faculty debriefing also occurred, enabling discussion around program strengths, weaknesses, and recommendations for improvement. The module was refined and delivered one year later using a similar evaluative process.

Results: Fifty-one learners from the above professions participated in the modules. 13 faculty members were involved in module development, implementation and evaluation. In both modules, mean change scores revealed that students enjoyed the sessions, that their understanding of the importance of collaborative management of LBP improved, and they better understood the roles and scopes of other providers. Positive outcomes were noted in all competency domains with the greatest improvements in: comfort in facilitating case conferences, team meetings, and working with other professions to effect change and resolve conflict. Facilitator debriefing sessions focused on enhancing curricular content based on student feedback, re-ordering of program topics and maximizing the clinical expertise and experience of the facilitators.

Conclusions: This IPE module on an interprofessional approach to LBP resulted in the acquisition of improved understanding and comfort in co-managing LBP amongst learners. There was minimal difference between the first and second module results suggesting program success and stability.

B8i

1:30 PM

45 min. Workshop

Shenandoah A/B

205



Preparing Clinical and University Faculty for IPE

Victoria Wood (*University of British Columbia*), Carrie De Palma (*University of British Columbia*), Christie Newton (*UBC College of Health Disciplines*)

Background/Rationale: Faculty members play an essential role in developing and delivering curricula that prepare students to collaborate effectively as health care providers. While faculty members engage in regular professional development to maintain best practices for teaching within their specific professions, most have little experience educating students of other disciplines (interprofessional education or IPE) or educating students in the art and science of collaborative practice. As health professional programs work to build capacity for IPE, faculty development (FD) is needed to ensure that faculty members are prepared to teach using interprofessional approaches. This workshop will present the development, implementation and evaluation of a faculty development program focused on interprofessional approaches to learning.

Objectives: Participants will gain hands on experience with the basic elements of a faculty development program grounded in IPE, so they may implement similar strategies in their own context. By the end of this workshop, participants will be able to:

- Describe the strategic implementation of a faculty development program focussing on IPE
- Identify interprofessional teaching competencies and strategies
- Apply the principles of interprofessional education to a faculty development program
- Assess the impact of a faculty development program devoted to IPE

Teaching Methods: Workshop participants will have the opportunity to learn about the Integrated Faculty Development Program implemented at the University of British Columbia. They will be exposed to the pedagogical model as well as the educational content of the program. They work through the foundational online module and then participate in a focused session on facilitating interprofessional groups of learners, which constitutes the first face-to-face experience in the FD program. Finally, workshop participants will identify ways to implement an FD program aimed at IPE within their own academic context.

B8ii

2:15 PM

45 min. Workshop

Shenandoah A/B

526

Preparing Faculty Preceptors for Interprofessional Education and Practice: An Interprofessional Objective Structured Teaching Experience (OSTE)

Jana Zaudke (*Department of Family Medicine*), Sarah Shrader (*University of Kansas*)

Background/Rationale: Contemporary training models must equip health professions' students with the interprofessional skills needed to deliver safe and effective care within an interprofessional healthcare team guided by interprofessional competencies. Classroom-based interprofessional curricula exist, but the emerging trend is development of intentional interprofessional clinical experiences. Since faculty preceptors are jointly affiliated with both education and practice worlds, they can serve as a nexus to simultaneously transform interprofessional education and practice. In order to scale up current interprofessional efforts, we need faculty preceptors developed to interact with interprofessional student teams at the point of clinical care.

A unique active-learning pedagogy for faculty development is the Objective Structured Teaching Experience/Evaluation (OSTE). OSTEs are a simulation where educators (in our case faculty preceptors) interact with standardized student-actors (in our case interprofessional students). Limited data are available regarding the use of OSTEs in medical education. To our knowledge, interprofessional OSTEs have not been reported in the literature and will provide a much needed tool for interprofessional faculty development.

We have developed an OSTE as a training tool for interprofessional faculty development. Through this high-fidelity simulation, faculty preceptors are presented with three scenarios that require them to practice the skills associated with interprofessional group facilitation and precepting.

After completion of the OSTE, faculty preceptors are debriefed, their performance scored via a checklist, and their satisfaction with the educational intervention queried. Several weeks post-OSTE, the faculty preceptors are invited back for a follow-up session to assess concepts learned and implemented into teaching and practice.

- Objectives:**
1. To provide background and methodology of the OSTE
 2. To enhance the participants' small group facilitation skills for interprofessional students through direct participation and observation of the OSTE
 3. To enhance skills needed to precept an interprofessional team of students through direct participation and observation of the OSTE
 4. To provide participants with the OSTE design material for use at their home institution

For this workshop, we intend to provide participants with our OSTE's design, logistics, assessment strategies, and lessons learned. Participants will be able to bring it back to their institution after completion of the workshop.

Teaching Methods: The first 30 minutes will be spent laying the ground work for the remaining 60 minutes of simulation and debriefing. For the simulation, participants will be broken into small groups, and within each group, the participants will play one of four roles: observer, coach, preceptor and students. Each small group will cycle through two simulations with the participants switching roles in between the first and second simulation. The first simulation will ask the preceptor to facilitate a group of reluctant interprofessional standardized students. The second will ask the preceptor to precept a dysfunctional team of interprofessional standardized students. After the simulations are complete, we will debrief the audience.

B9i

1:30 PM

45 min. Workshop

Pocahontas

175

Maintaining the Momentum: IPE Successes and Obstacles

Dawn Labarbera (*University of Saint Francis*), Deb Poling (*Indiana University-Purdue University Fort Wayne*), Kimberly Beran-Shepler (*Trine University*)

Background/Rationale: Interprofessional education (IPE) is an essential component of teamwork and collaboration as recommended by the Pew Health Professions Commission, the Institute of Healthcare Improvement and the Institute of Medicine. IPE is now mandated by accrediting organizations in healthcare education. The unique Fort Wayne Area Interprofessional Education Consortium (FWAIPEC) was formed in northeast Indiana in 2011 as a response to these recommendations and accreditation standards. FWAIPEC began with five different graduate medical education institutions representing programs for pharmacy, physician assistant, nurse practitioner, medical student and family practice residency. From a modest start serving 60 learners per activity, FWAIPEC has expanded to include occupational therapy and physical therapy from two additional universities and now serves approximately 250 students per activity. The consortium also has evolved to offer a second year curriculum. Keys to success and barriers to implementation will be discussed and examined in the session.

- Objectives:** The threefold purpose of this workshop is to
1. Identify ways to sustain and expand IPE endeavors.
 2. Discuss the obstacles to maintain and advance IPE undertakings.
 3. Brainstorm ideas to solve challenges and enhance IPE efforts.

Teaching Methods: During the workshop, participants will engage in a guided discussion about ways to maintain and progress IPE including examining obstacles to curriculum implementation and IPE efforts. The discussion will also include a directed exploration of the challenges that impact IPE and possible solutions to these obstacles. Participants will be encouraged to share their own opportunities, barriers, and solutions during the workshop

B9ii

2:15 PM

45 min. Workshop

Pocahontas

218



Innovative *in situ* Simulation Techniques as a Knowledge Reinforcement Practice for Interprofessional Collaborative Learning Using Scenario Self-Selection Techniques and Commonplace Technology Tools

Eva Laverne Manos (*University of Kansas - Center for Health Informatics*), Mitzi Scotten (*University of Kansas School of Medicine*), Kristy Johnston (*University of Kansas*), Dedrick Hooper (*University of Kansas*)

Background/Rationale: Unquestionably, teamwork and effective communication throughout the healthcare continuum are important for providing efficient, quality care that leads to excellence in patient outcomes. Poor communication is cited as a main cause of poor patient outcomes and errors in healthcare. The Joint Commission on Accreditation of Health Care Organizations (TJC) added standardized communication patient safety goal because communication breakdown is frequently implicated in serious adverse events.

Clear communication amongst the interprofessional team, including the patient/family/caregiver, is especially critical during transitions of care. Utilization of new approaches to interprofessional collaborative learning and reinforcement of the new knowledge about structured, standardized communication techniques is essential as migration from siloed care by each lone profession, to interprofessional collaborative practice. Teaching communication techniques is a foundational step toward starting, building, and sustaining Interprofessional Collaborative Practice (IPCP). Once professionals learn evidence-based, standardized, structured communication techniques the challenge is how to reinforce the learning. The reinforcement is necessary during the transitional change in culture where effective communication and collaborative practice, rather than siloed interaction, become the communication archetype in healthcare.

New techniques and approaches to sustaining IPCP communication learning will be taught in this hands-on interactive workshop. Techniques were developed during the Health and Human Services, Health Resources Service Administration (HHS/HRSA), Interprofessional Collaborative Acute care Practice (ICAP) grant project within the care setting. Evidence-based TeamSTEPPS® communication techniques were employed to standardize communication within a care team to increase clear effective communication and as a foundation for migration to a collaborative care model. Once this standardized communication was in place, reinforcement of the learned communication behaviors was accomplished with *in situ* simulation methods.

In situ techniques are commonly used for high-risk, high-technology simulations like code blue training. *In situ* methods are not common for high-risk low technology needs associated with focus on interprofessional collaborative communication techniques in healthcare.

Objectives:

1. Identify structured/standardized communication techniques to enhance interprofessional team communication
2. Describe structured/standardized communication techniques including TeamSTEPPS SBAR and CUS.
3. Apply impromptu *in-situ* simulation practices in the creation of interprofessional team-based learning for communication.

Evaluation: Closing the workshop, participants and preceptors, will focus on the process of identifying team communication needs, creating group specific recorded scenarios to meet the specific needs of a team, and incorporating *in situ* simulation to improve team interprofessional communication skills.

References:

- Agency for Healthcare Research and Quality. TeamSTEPPS Web site. <http://teamstepps.ahrq.gov/>. Bloom, B.S. (1971). Handbook on formative and summative evaluation of student learning.
- Committee on Quality of Health Care in America Institute of Medicine. (2000). To err is human: Building a safer health system L. T. Kohn, J. M. Corrigan & M. S. Donaldson (Eds.), Retrieved from http://www.nap.edu/openbook.php?record_id=9728
- Interprofessional Education Collaborative Expert Panel. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, DC; Interprofessional Education Collaborative 2011.
- Knowles, M. S. The Adult Learner: A Neglected Species. 3rd ed. Houston, TX: Gulf; 1984
- Kolb, D.A. Experiential Learning. Englewood Cliffs, NJ: Prentice Hall; 1984.
- Kolb, D. A., Boyatzis, R. E., & Mainemelis, C. (2001). Experiential learning theory: Previous research and new directions. Perspectives on thinking, learning, and cognitive styles, 1, 227-247.
- Manos, E. L. (2012 – Current). Interprofessional collaborative acute care practice: Pediatrics (ICAP-Peds). Grant funded by Health Resources & Services Administration. Grant Number UD7HP25056. University of Kansas School of Nursing. Kansas City, KS.
- Patterson, M. D., Blike, G. T., & Nadkarni, V. M.: *In situ* simulation: challenges and results. Advances in patient safety: New directions and alternative approaches 2008; 3.
- Rosen, M. A., Salas, E., Wilson, K. A., King, H. B., Salisbury, M., Augenstein, J. S., . . . Birnbach, D. J.: Measuring team performance in simulation-based training: adopting best practices for healthcare. Simulation in Healthcare, 2008; 3(1), 33-41.
- The Joint Commission on Accreditation of Healthcare Organizations. National Patient Safety Goals. 2006.

B10i	1:30 PM	Discussion	Appalachian	228
-------------	----------------	-------------------	--------------------	------------

Why We Should Include Social Work and Public Health in Interprofessional Education?

Teri Browne (*University of South Carolina*), Elizabeth Blake (*University of South Carolina*), Beverly Baliko (*University of South Carolina*), Christopher Goodman (*University of South Carolina*), Cheryl Addy (*University of South Carolina*), Aidyn Iachini (*University of South Carolina*)

Topic/Subject: This discussion group will focus on reasons to include social work and public health in IPE. This session will present an IPE model for universities interested in incorporating public health and social work students and faculty in their IPE programming, and examples of how to address social determinants of health in a large IPE class and community service activities.

Background/Rationale: Social determinants of health significantly impact the health status of individuals, families and communities. Therefore, it is critical that we train health profession students to reflect on this vital human dimension of care in order to improve patient services for vulnerable individuals. However, health professional education offers few models for such training and IPE programs rarely include professions such as public health and social work that are needed to fully address the social determinants of health. This discussion group will explore barriers to including social work and public health in IPE and collectively consider why we need to include social work and public health in IPE, and suggest ways to address this need.

Facilitation Methods: In this session, interprofessional faculty representing social work, public health, nursing, medicine and pharmacy will lead a discussion to present the content, and use structured questions to solicit attendee discussion on the topic after briefly presenting on a case example.

B10ii	2:15 PM	Discussion	Appalachian	31
--------------	----------------	-------------------	--------------------	-----------

Infusing Interprofessional Activities and Simulations into Health Care Professions Programs

Ellen Herlache-Pretzer (*Saginaw Valley State University*), Jean Prast (*Saginaw Valley State University*), Liat Gafni-Lachter (*Saginaw Valley State University*), Andrea Frederick (*Saginaw Valley State University*)

Interprofessional collaboration is vital for the provision of quality patient care. Thoughtfully-designed educational programs can help health professions students develop interprofessional competencies and capacities, including Values and Ethics, Roles and Responsibilities, Interprofessional Communication, and Teamwork (IPEC, 2011). The authors were involved in developing Interprofessional Education (IPE) activities and simulations to be infused into the curriculums of the various health professions programs in their College. This presentation will provide opportunities for participants to explore methods for implementing IPE activities and simulations into their own health professions programs.

B11i	1:30 PM	45 min. Workshop	Mill Mountain	411
-------------	----------------	-------------------------	----------------------	------------

The Science of Team Science: Research and Practice- Exploring Group Dynamics, Brain Function and Decision Making

Jeannie Garber (*Jefferson College of Health Sciences and Virginia Tech Carilion School of Medicine*), Sharon Ramey (*Virginia Tech Carilion Research Institute*), Read Montague (*Virginia Tech Carilion Research Institute*)

Background/Rationale: The Science of Team Science is a relatively new but emerging interprofessional field focused on enhancing the effectiveness of collaborative research. In 2008, the National Institutes of Health issued a landmark publication about the Science of Team Science. This new line of research has provided key findings on how group dynamics influence decision-making and brain function in ways that optimize or minimize teamwork. Application of these findings is critical to the ongoing study of organizations, teamwork and team training and their relationship to health outcomes. It is imperative that individuals and teams involved in educating healthcare providers, providing direct care and researching healthcare processes and outcomes are informed about and engaged in the Science of Team Science. A brief knowledge assessment of The Science of Team Science will be conducted using technology such as Poll Everywhere or i-Clickers. Participants will immediately create relationships and begin to explore potential Team Science research questions.

Teaching Methods: A brief didactic session highlighting key definitions, landmark publications, and recent Team Science research findings will be presented and adapted/alterd in real time to address any knowledge gaps identified in the knowledge assessment. The highlight of this workshop will be a visual display of a world-wide (London, Houston, Korea and Roanoke), live demonstration of a current teamwork/brain function study. Participants will be a part of a unique, innovative educational experience that connects the significance of team science, interprofessional collaboration and global research opportunities. A facilitated discussion will follow the didactic and live demonstration resulting in a list of potential Team Science collaborative project areas of interest. Participants will divide into smaller groups based on areas of interest and explore collaborative research opportunities. The final phase of the session will include a debrief activity that will culminate in take-home tangible ideas and potential partners for Team Science studies.

B11ii**2:15 PM****45 min. Workshop****Mill Mountain**

215

**Case-based Activities as a Starting Place for Interprofessional Education**

Victoria Kaprielian (*Campbell University School of Osteopathic Medicine*), Betty Lynne Johnson (*Campbell University College of Pharmacy and Health Sciences*), Emily Bloom (*Campbell University College of Pharmacy and Health Sciences*)

Background/Rationale: IPE is a key strategy in improving teamwork and communication. It provides crucial skills in the preparation of health care providers for the changing needs of health care delivery. Unfortunately, the logistics of matching calendars and curricula across several programs are often so complex that IPE initiatives may falter very early in the development process. Selected strategies may be helpful in overcoming these obstacles.

Case-based education is a highly effective strategy in the health professions, allowing learners to readily connect and apply lessons learned to realistic clinical scenarios. Design of cases for interprofessional education requires careful planning to ensure adequate understanding and engagement of all learner groups. Done well, case exercises can facilitate learning about different health professions as well as clinical content. This workshop will provide participants with an understanding of the scope of potential uses of cases for interprofessional education. Key aspects in case design will be covered, and participants will be guided through the process of designing cases appropriate to the learners at their home institutions. Discussion will address the many obstacles encountered in developing and implementing interprofessional education programs. Strategies will be generated for overcoming these.

The extracurricular Interprofessional Case Study will be described as a relatively easy and low-cost way of introducing IPE and a way to generate enthusiasm and interest to facilitate expansion in the required curriculum. Strategies will be discussed for case design to ensure engagement of all involved learner types.

Objectives:

1. Describe at least 3 models for interprofessional educational activities with health professions learners.
2. Discuss common obstacles to implementation of interprofessional learning activities, and identify strategies to address them.
3. Design a clinical case for use with at least 3 disciplines of health professions learners.

Teaching Methods: During introductions, participants will introduce themselves and their goals for session. If the group is large, needs assessment will be done by show of hands in response to questions.

Participants will brainstorm a list of potential partners for IPE (programs, types of learners). They will then break up into triads or foursomes, and discuss ideas for IPE at their own institutions. Presenters will circulate to prompt and guide as needed, then reconvene the group to briefly share and generate a list of ideas for the discussions.

The group will generate a list of obstacles to IPE, and brainstorm strategies to address them.

The interprofessional case study will be briefly described as a strategy to begin IPE. The participants will again break into triads/foursomes, to draft a case for 3 or more disciplines. Presenters will circulate to assist and guide as needed.

The group will reconvene to share case ideas, and generate a list of key points to remember from the session. Participants will be encouraged to identify next steps for when they return home. A handout will be provided identifying resources.

3:00 PM

Break – Exhibits Open
Crystal Ballroom

3:30 PM Concurrent Sessions C

C1

3:30 PM

Panel

Roanoke Ballroom A/B

184

**Bridging Interprofessional Education and Interprofessional Collaborative Practice Through TeamSTEPPS®**

Stephen Jernigan (*University of Kansas Medical Center*), Sarah Shrader (*University of Kansas Medical Center, School of Pharmacy*), Holly Wise (*Medical University of South Carolina*), Kelly Ragucci (*Medical University of South Carolina, College of Pharmacy*), Kristy Johnston (*University of Kansas Medical Center, Center for Interprofessional Education and Simulation*), Mary Mauldin (*Medical University of South Carolina*)

KUMC has implemented a campus-wide required series of IP activities called “Foundations of Interprofessional Collaborative Practice: An Introduction to TeamSTEPPS®” for students from 5 schools representing over 12 healthcare professions. These activities include face-to-face interprofessional interaction and collaboration around patient care scenarios and simulations using tools associated with TeamSTEPPS®.

MUSC has implemented a required, campus-wide IP course involving 6 colleges representing over 10 health care professions. Concepts associated with TeamSTEPPS® curriculum are currently being embedded within the course. In addition, they recently implemented an IP elective course that integrates TeamSTEPPS® training and experiential learning within a hospital-based quality improvement project. This course includes student observation and assessment of IP collaborative practice behaviors in clinical practice settings using the TeamSTEPPS® Team Performance Observation Tool.

Background/Rationale: TeamSTEPPS® is an evidence-based teamwork system created jointly by the Department of Defense’s Patient Safety Program and the Agency for Health Care Research and Quality for the purpose of improving patient safety and quality of care.⁽¹⁾ This practice-based teamwork system is changing the face of healthcare and allows for more effective interprofessional collaborative practice. The system is most often used to train licensed health care practitioners; limited data have been published regarding training of students in TeamSTEPPS®. In addition, the traditional TeamSTEPPS® training program has an emphasis on medicine-nursing collaboration; however, adaptation to include more professions and both direct and indirect patient care providers is important. Using information and experience from practice to inform education, we have identified that there is an opportunity to address these issues and bridge the gap between healthcare education and practice using TeamSTEPPS®. TeamSTEPPS® can be taught in the educational setting so that a wide-variety of healthcare students can be collaborative practice-ready health care professionals upon graduation.

There are a myriad of strategies to educate students in TeamSTEPPS®. However, certain approaches may have greater success than others, especially as it relates to translating from education to practice. Interprofessional simulation in the didactic setting and clinical observation and assessment are two effective, innovative strategies used by the University of Kansas Medical Center and the Medical University of South Carolina, respectively. Although these programs are different, their goal is the same, to use TeamSTEPPS® to effectively train students to engage interprofessionally in order to achieve the Triple Aim⁽²⁾ of healthcare and be collaborative practice-ready upon

Objectives:

1. Outline innovative approaches to bridging the gap between interprofessional education and collaborative practice for professionally diverse student populations in both the classroom and clinical settings.
2. Describe how to successfully plan and embed interprofessional TeamSTEPPS® education into curricula.
3. Discuss necessary logistical support, program integration, and barriers and opportunities associated with novel approaches to developing interprofessional collaborative practice-ready health care professionals.

Teaching Methods: This presentation will focus on a brief introduction to TeamSTEPPS® and the rationale for using TeamSTEPPS® in education, then expound primarily on each university’s innovative approach to using TeamSTEPPS® to bridge the gap between IP education and practice. Lastly, the presentation will give attendees facilitated opportunity to consider how their own environments and settings afford similar opportunities.

Implications: Embedding TeamSTEPPS® into interprofessional(IP) curricula provides students with a skill set that is widely used in practice and bridges the gap between IP education and practice. Training students in TeamSTEPPS® provides them with a strong foundation in teamwork. It also allows for role and responsibility clarification within patient-centered interprofessional teams. It provides opportunities to simulate and observe teams in practice settings and identify facilitators/barriers to best practice. Participants will learn how two academic medical centers have effectively and innovatively integrated TeamSTEPPS® into their IP curricula and can strategize how they can provide similar experiences to students at their institutions.

References:

1. TeamSTEPPS®. Agency for Healthcare Research and Quality, Rockville, MD. <http://teamstepps.ahrq.gov/>.
2. Triple Aim. Institute for Healthcare Improvement, Cambridge, MA. www.ihl.org.

C2i

3:30 PM

Oral

Roanoke Ballroom C/D

495

Medication Adherence: An Interprofessional Education Session Between Pharmacy and Medical Students

Stephanie Phelps (*University of Tennessee Health Science Center College of Pharmacy*), Trevor Sweatman (*The University of Tennessee Health Science Center College of Medicine*), Steve Nace (*The University of Tennessee Health Science Center College of Medicine*), Chasity Shelton (*The University of Tennessee Health Science Center College of Pharmacy*)

Background/Rationale: An interprofessional education session on medication adherence was conducted between first year pharmacy (P1=166) and medical (M1=167) students.

Methods: In Phase 1, students reflected on the others professionals' role in adherence. A P1 and M1 were paired to pick-up their 5 candy medications [(alendronate (1 x week), lisinopril (BID), metformin (TID), pravastatin QD), and warfarin (1 on Monday, Wednesday, Friday and ½ on Saturday and Sunday)] from the mock-pharmacy. The reflection served as "copay" for medication acquisition. Half of the P1 and M1 students were shorted one medication and told it was because the medication was not covered by insurance and the physician had not returned the call to change therapy; hence, they must return to pickup the remaining prescription. Students then completed a survey of their opinions about medication non-adherence. The P1 students verbally educated the M1 students on one medication and the M1 students assessed their performance. Students took the medication for 7 days while maintaining an administration log. In Phase 2, students were subdivided into groups of 10 with an even number of P1 and M1 students in each. Faculty from pharmacy and medicine facilitated the session. Students collaborated on a case to identify potential barriers to medication adherence; evidence of non-adherence; possible solutions to the patient's non-adherence; and their respective professional roles in ensuring adherence.

Results: Result of the pre-session survey indicated that the most frequent reason for non-adherence was forgetfulness (P1; 21.5%) and cost (M2; 26.3%). Other top reasons included cost (P1), regimen complexity (P1/M1), forgetfulness (M1), and number of concurrent medications (P1/M1). The session included lively discussion of role delineation, profession-specific barriers to addressing medication non-adherence, and the role of collaborative care and informatics in addressing this healthcare problem. The session concluded with discussion of what students learned through participation in this interprofessional activity.

C2ii

3:50 PM

Oral

Roanoke Ballroom C/D

498

An Interdisciplinary Case Conference with Medicine, Pharmacy, Nursing, and Social Work Students Focused on Severe and Persistent Mental Illness

Chris Paxos (*Northeast Ohio Medical University*), Sara Dugan (*Northeast Ohio Medical University*), Susan Bruce (*Northeast Ohio Medical University*)

Background/Rationale: Patients with severe and persistent mental illness die an estimated 25 years earlier than the general population. An interdisciplinary case conference was developed using a fictional case involving a patient with schizophrenia who develops elements of the metabolic syndrome. The purpose of the activity is to provide students with an interprofessional opportunity to explore caring for patients with serious mental illness.

Objectives:

1. Identify the primary care and mental health needs in patients with serious mental illness
2. Describe the case conference activity, including its development and format.
3. Discuss successes, challenges, and future opportunities for the case conference activity.

Methods/Methodology: Four faculty instructors conduct a 1.5 hour session 8 times per year at a community mental health clinic. Medicine, pharmacy, nursing, and social work students, representing four colleges from three universities, are divided into interprofessional groups of 7-8 students. The patient case and required readings are distributed prior to the session. Following a brief didactic lecture, each group develops a care plan specific to the case and answers questions regarding how different professions contribute to the patient's care. Each group presents their work to the entire class. The session ends with a tour of the clinic which has successfully integrated various disciplines.

Results: Students complete an evaluation at the end of the session. Pharmacy students also write a one page reflection following the activity. Evaluations have been positive with students reporting a greater understanding of why interprofessional teams should provide care in mentally ill patients. Based on feedback, modifications are made annually to improve the session.

Conclusions: Students evaluated the case conference focused on the care of patients with severe and persistent mental illness favorably. This may provide an example for other institutions interested in expanding interprofessional experiences to mental health.

C2iii

4:10 PM

Oral

Roanoke Ballroom C/D

501

How Trainees Respond to Challenging Interprofessional Communication: A Qualitative Study to Identify Training Opportunities Related to Conflict-oriented Communication

Bridget O'Brien (*University of California, San Francisco*), Kara Myers (*University of California, San Francisco*), Calvin Chou (*University of California, San Francisco*)

Background/Rationale: Interprofessional relationships, like all relationships, are prone to conflict. Skillful communication plays an important part in successful conflict management, but few health professions' training programs address this topic, and little is known about trainees' skills in this area. As teamwork and interprofessional practice become the norm in healthcare, explicit training in conflict management is essential, as the consequences of poorly managed conflict often affect patient safety and quality of care. Our study examines internal medicine (IM) and nurse practitioner (NP) resident responses to conflict-oriented interprofessional communication as part of a needs assessment.

Methods: Our research team reviewed 33 transcripts from 7 IM and 4 NP resident interactions with 2 standardized RNs and 1 social worker. One investigator trained the standardized professionals to deliver conflict-oriented statements directed toward a patient or the trainee's plan during a 5 minute interaction with trainees. We developed a coding scheme, based on existing frameworks for relationship-centered communication and review of a subset of transcripts to capture trainees' responses to these statements; applied the final coding scheme to all 33 transcripts and discussed coding differences to reach consensus; and reviewed coded data to identify opportunities for targeted conflict management training.

Results: We identified four main types of responses to conflict. Trainees used: cognitive responses to explain their perspective, agree/disagree, or suggest solutions; curious responses to seek more information about the situation or the professional's perspective through questioning; relationship-centered approaches to express empathy and support or offer partnership for problem-solving; and reframing strategies to emphasize a common goal (e.g. help the patient) rather than a dwelling on conflict. We found several missed opportunities for relationship-centered and reframing responses.

Conclusions: Trainees responded to conflict-oriented communication in diverse ways, some of which were more skillful and conciliatory than others. We identified a need for training that targets relationship-oriented and reframing strategies.

C2iv

4:30 PM

Oral

Roanoke Ballroom C/D

537

The Inter Health Professionals Alliance: Exploring Perceptions of a Student-led Interprofessional Education Initiative

Erika Dumke (*Virginia Commonwealth University*), Elizabeth Do (*Virginia Commonwealth University*), Zaneera Hassan (*Virginia Commonwealth University*), Lyubov Slashcheva (*Virginia Commonwealth University*), Lynn Vanderwielen (*University of Colorado Department of Family Medicine*), Sarah Barden (*Virginia Commonwealth University*)

Background/Rationale: In an effort to promote interprofessionalism on the Medical College of Virginia (MCV) Campus at Virginia Commonwealth University (VCU), a student-led organization known as the Inter Health Professionals Alliance (IHPA) was established. The goal of the IHPA is to develop an understanding and appreciation for interdisciplinary collaboration by fostering lasting relationships rooted in teamwork and collaboration. This study explored IHPA student members' perceptions of interprofessional education (IPE) and how these influence participation in optional, student-led interprofessional opportunities.

Objectives:

1. Describe a student-led extracurricular IPE initiative
2. Explore IHPA students' perceptions of benefits and barriers to IPE
3. Explore IHPA students' motivations and attitudes toward IPE in a student-led initiative

Methods: A mixed methods study design explored student perceptions of IPE and motivations to participate in IHPA. Student IHPA members participated in an online, anonymous survey administered via email. Qualitative and quantitative data were collected through the web-based survey and database tool, Research Electronic Data Capture (REDCap), in spring 2015.

Results: Survey data is currently being collected. Preliminary results indicate that students perceive participation in optional IPE activities as important and beneficial, focused on the opportunity to network and engage with other emerging healthcare professionals. In-depth analysis of results will be conducted upon data collection completion. Qualitative responses will be coded to identify emerging themes regarding student perceptions of IPE.

Conclusions: While students perceive benefits of IPE, motivations to participate and students' perceptions of what encompasses meaningful IPE may vary, which has the potential to impact rates of participation. Discussion of the implications of these findings and future directions will be conducted after completion of data collection and analysis.

C3i

3:30 PM

Oral

Roanoke Ballroom E-H

447

**Implementation of an IPE Certificate Program: The Fork in the Road**Kathryn Hayward (*Dalhousie University*), Shauna Houk (*Dalhousie University*), Adele Leblanc (*Dalhousie University*)

Background/Rationale: Over the past four years Dalhousie University has worked to advance and sustain interprofessional education (IPE) through collaboration between the health care programs. This has resulted in the implementation of a mandatory Certificate in Health Education for all students graduating from the faculty of health professions. The school of Nursing implemented a policy that included 8 experiences over a 4 year program, with 2 experiences at the immersion level and one within the practice setting required.

Objectives:

- To identify the complexities inherent in the delivery of an effective IPE program
- To identify ideas for creating positive IPE learning outcomes
- To discuss appropriate ways of evaluating IPE learning

Methods/Methodology: A comprehensive online evaluation was sent to all students in their final term of study. It consisted of a 5-point likert scale focused on the CIHC competencies

Results: 179 students received the evaluation and 54 students responded (30%) Evaluation of the program showed 61 % of students found they had a stronger commitment to practicing interprofessionally. 60 % found it helped them develop more positive attitudes related to the value of collaboration and team work. Only 37% found the program helped better prepare them for the working environment. 46% found it easy to accommodate the required number of experiences within the BscN Program. 81% prefer the experiences to be embedded in the nursing courses.

Conclusion: Implementation of mandatory IPE experiences across the curriculum has provided an opportunity to evaluate its impact on student learning. Although there is no baseline data to which we can compare the current findings, it would appear that the current strategies need to continue to evolve to better reflect the competencies, to prepare the students for the practice setting and to be seamlessly integrated into the nursing curriculum.

C3ii

3:50 PM

Oral

Roanoke Ballroom E-H

456

**Effect of Medical and Physical Therapy Near-Peer Small Group Preceptors for Clinical Skills and Professionalism**

Laura Lee Swisher (*University of South Florida, School of Physical Therapy & Rehabilitation Sciences*), David Ecker (*University of South Florida*), Rebecca Edgeworth (*University of South Florida, School of Physical Therapy & Rehabilitation Sciences*), Hugo Narvarte (*University of South Florida*), Heather Hartsell (*University of South Florida, School of Physical Therapy & Rehabilitation Sciences*), Patricia Teran-Yengle (*University of South Florida, School of Physical Therapy & Rehabilitation Sciences*), Matthew Lazinski (*University of South Florida, School of Physical Therapy & Rehabilitation Sciences*), Megan Heintz (*University of South Florida, School of Physical Therapy & Rehabilitation Sciences*), Steven Ambler (*School of Physical Therapy & Rehabilitation Sciences, Morsani College of Medicine, University of South Florida*)

Background/Rationale: Although positive outcomes of peer and near-peer tutoring have been described in professional education, limited attention has been given to their use in interprofessional education (IPE). In this presentation we report on the use of near-peer student preceptors (student preceptors a year or more ahead in their professional education) in an interprofessional course focusing on clinical skills, ethics, and professionalism. Doctoring is an integrated interprofessional course required for physical therapy (DPT) and medical students (MD) within the first year curricula at the University of South Florida. One central feature of the Doctoring course is the preceptored weekly interprofessional small group session. In the first year of Doctoring (2010), small groups were led by MD faculty preceptors assisted by fourth year near-peer medical student preceptors. In the following year, DPT clinical faculty also served as faculty preceptors. Based on pilot-testing in selected small groups in 2012, the DPT program implemented a requirement that all third year DPT students serve as near-peer Doctoring preceptors. This presentation provides an overview of our experience with near-peer student preceptors including outcomes, educational issues, challenges, and contributions to interprofessional education.

Methods/Methodology: A variety of data sources (student course reviews, student focus group and exit interviews, preceptors, and regular team meetings) provided feedback about near-peer student preceptors.

Results: MD and DPT near-peer preceptors received very positive feedback from faculty and students. The addition of DPT near-peer preceptors addressed DPT student concerns regarding DPT perspective, role socialization, and the clinical role of the physical therapist, especially for MD preceptored small groups. Preliminary results indicate that near-peer preceptors also consolidated their own interprofessional learning.

Conclusions: Near-peer preceptors can be an effective strategy for IPE. Professional role socialization and perspective may pose challenges for interprofessional preceptors. Further research should clarify contributions, limitations, and challenges associated with near-peer preceptoring in IPE.

C3iii

4:10 PM

Oral

Roanoke Ballroom E-H

457

**Teaching Interprofessional Collaborative Care Skills Using a Blended Learning Approach**

Maria Wamsley (*University of California San Francisco School of Medicine*), Cathi Dennehy (*University of California San Francisco School of Pharmacy*), Amber Fitzsimmons (*University of California, San Francisco*), Kirby Lee (*University of California San Francisco School of Pharmacy*), Josette Rivera (*University of California School of Medicine*), Angel Chen (*University of California San Francisco School of Nursing*), Rebecca Shunk (*University of California School of Medicine*)

Background/Rationale: There is growing recognition of the need to teach interprofessional (IP) collaborative competencies to health professions learners. Barriers to implementing curricula include scheduling, geographical constraints and resources. Asynchronous online learning may overcome these barriers. Studies support the effectiveness of online learning to teach IP concepts, but suggest that a blended learning approach may appeal more to learners. This report characterizes the content and learner satisfaction with a blended learning approach to teach core IP concepts.

Methods: We convened a group of faculty and learners from five health professions and reviewed existing IP competencies. We developed 5 ninety-minute online modules to teach early learners core concepts in IP collaborative practice: 1) core IP concepts, 2) roles and responsibilities, 3) effective IP communication, 4) conflict management, 5) leadership and membership. Each module includes interactive patient cases, video demonstrations and expert interviews and is paired with a facilitated small group session to enable learners to apply knowledge and practice skills. All first-year learners were required to participate in the curriculum and were surveyed after each session about achievement of learning objectives and the value of the curriculum.

Results: 582 learners participated in the first 2 modules/small group sessions. The mean learner rating of the overall value of the online module to learning about IPC was 3.15 for module 1 (SD=1.05; 1=poor, 5=excellent) and 3.01 for module 2 (SD=1.12). The mean rating of the face-to-face session for module 1 was 3.12 (SD=1.22) and for module 2 was 3.57 (SD=1.18). Most learners agreed or strongly agreed (81% - 91.4%) that they met individual learning objectives for the sessions. Additional data will be presented for student perceptions of subsequent modules/small group sessions.

Conclusions: Preliminary findings suggest that learners are satisfied with the online materials developed to teach IP collaborative care skills and that learning objectives are met using a blended learning approach.

C3iv

4:30 PM

Oral

Roanoke Ballroom E-H

458

**Measuring Collaborator Competencies: Using the Interprofessional Collaborator Assessment Rubric in the IPE Curriculum**

Sylvia Langlois (*University of Toronto*), Leila Lax (*University of Toronto*), Sharona Kanofsky (*University of Toronto*), Laura Murphy (*University Health Network*), Sara Promislow (*Hospital for Sick Children*), Dinesh Kumbhare (*University Health Network*)

Background/Rationale: Interprofessional education curricula aim to develop competencies related to communication, collaboration and foundational team values; however, faculty are often challenged to find methods of providing meaningful feedback and assessing student collaborative competency development. The modified Interprofessional Collaborator Assessment Rubric (ICAR) (Vernon, Hayward, Curtis & Murphy, 2013), a tool validated for medical learners, presents an interesting opportunity to consider measurement of collaborative behaviours.

Approximately 950 students from 7 health professions participate in the 3.5 day Interprofessional Pain Curriculum (IPC). During the IPC, interprofessional groups of students meet to discuss case management of patients/clients with pain in 2 three-hour facilitated small group sessions. Between these sessions, interprofessional teams meet to continue development of their collaborative management plan.

Methods: In the concluding session, facilitators led a structured assessment, feedback and debriefing. Using the ICAR, students completed a self-assessment and then 2 peer assessments. Facilitators completed the final ICAR question (global rating), and qualitative feedback for each team member. Students received their assessments, discussed their individual collaborator feedback in pairs and then more broadly in a facilitated debriefing on group process and collaboration. A convenience sample of 6 teams was selected for analysis.

Results: Results of comparative ratings for effective assessment of individual students as collaborators within a team and overall usability of ICAR will be presented. Correlations between ICAR self-assessments and peer assessments, as well as correlations of global ratings among self-, peer, and facilitators will be highlighted. Student reflections on the value of conducting ICAR individual and team debriefings to improve interprofessional collaboration will be explored. Implications for use of the ICAR in similar scenarios will also be considered.

Conclusions: The ICAR could be considered as a useful tool to assess student development of collaborative competencies in scenarios where students have the opportunity to work interprofessionally in longitudinal collaborative learning activities.



Integrating Oral and Systemic Health in an Inter-professional Dental Clinic Rotation

Catherine Demko (Case Western Reserve University, School of Dental Medicine), Kristin Victoroff (Case Western Reserve University, School of Dental Medicine), Carol Savrin (Case Western Reserve University, School of Dental Medicine), Jean Iannadrea (Case Western Reserve University, School of Dental Medicine), Andrews Pinto (Case Western Reserve University, School of Dental Medicine), Christine Musacchio (Case Western Reserve University, School of Dental Medicine)

Background/Rationale: Inter-professional clinical experiences are critical to enhance student competency in communicating and collaborating with other health professionals. As inter-professional clinical experiences are developed and implemented, it is important to assess the experiences of all participants, in order to gauge the educational and patient care impact and to plan program improvements. The CHOMP (Collaborative Home for Oral Health, Medical Review and Health Promotion) program is an inter-professional clinical rotation that pairs dental and nurse practitioner(NP) students during new patient visits in the dental school clinic. A description of the CHOMP program has been previously published (Victoroff et al. Curr Oral Health Reports 2014). The purpose of this abstract is to report on student, faculty and patient experiences in this inter-professional clinical rotation.

Objectives:

1. Recognize and discuss the differing perspectives, values, and experiences of professionals in other disciplines.
2. Compare evaluation measures among different participants in clinical inter-professional experiences.

Methods: Thirty-one dental and 26 NP students completed the 13-item Inter-professional Collaboration Scale (ICS, Kenaschuk C et al. BMC Health Services Research 2010)) and 16-item Self-Efficacy(SE, Mann K et al. J Interprof Care 2012) instrument after their CHOMP rotation. We compared the means of the ICS and Self-efficacy subscales between dental and NP students with independent t-tests. All students provided brief, open-ended feedback after each CHOMP experience. These written responses were analyzed to identify themes. Patients completed a 12-item post-visit survey assessing their satisfaction with the visit. Dental and NP CHOMP clinical instructors completed face-to-face interviews regarding their experiences in the program. Interviews were audiotaped and transcribed. The transcripts were analyzed to identify themes.

Results: Both student groups had similar ($p > .05$) and moderately favorable perceptions of the other group on the ICS. NP students reported greater Self-efficacy than dental students($p < .03$). Dental and NP students identified different tasks on which they were most confident, but the same three team-oriented tasks on which they were least confident. Analysis of the written student feedback identified three areas of emphasis; good clinical experience; valued learning from and about the other profession; and positive team interactions characterized by phrases such as 'helped me, worked together, working in tandem'. Most patients (54/56) reported being "very comfortable with both students"; 18 patients indicated the "NP provided a valuable service." Faculty members were positive regarding this clinical IPE and emphasized peer learning and time management during visits.

Conclusions: Students and faculty agreed that communication, collaboration and peer learning were attained. Importantly, patients were satisfied with their experience. Assessing program effect on all participants helps to target areas for improvement.



The Role of Behavioral Health Professionals in Facilitating Group Process and Skills in Interprofessional Student Teams

Sara Brown (*Jefferson College of Health Sciences, Carilion Health Care*), Richard Brown (*Carilion Clinic*), Mark Derbyshire (*Carilion Clinic*), Rebecca Ewell (*Carilion ClinicA*), Judy Cusumano (*Jefferson College of Health Sciences*), Laurie Seidel (*Jefferson College of Health Sciences*), Jennifer Slusher (*Jefferson College of Health Sciences*)

Background/Rationale: Team communication and skills are core competencies for health care professionals (IPEC, 2011). This presentation will describe the utilization of behavioral health professionals to facilitate group formation and process during a two-semester interprofessional education course to foster the development of group skills, communication, leadership, and collaborative competency.

Objectives:

1. Describe the role of behavioral health professionals in facilitating group process and skills in interprofessional student teams.
2. Discuss the benefits and challenges of utilizing behavioral health professionals to facilitate group process in interprofessional student teams.
3. Explore a curriculum plan for the development of group process and skills in health care students.
4. Explore the challenges and successes associated with the implementation of a behavioral science based model of interprofessional education

Methods/Methodology: This presentation will describe the collaboration between a college of health sciences and a medical school for first-year medical, physician assistant, and accelerated nursing students. A unique aspect of the interprofessional effort is the use of behavioral health professionals to facilitate group formation, effective feedback skills and ongoing processes. The facilitators help the students complete team building activities, discuss roles and values, create an interprofessional oath, practice conflict management, set personal leadership goals, practice a simulated health care team experience and choose and plan a service learning project. Additionally, the behavioral health professional's background in group dynamics and stages of group development is incorporated into curriculum planning and weekly evaluation.

Results/Conclusions: The use of behavioral health professionals to facilitate group process and formation is a unique model to aid health care students in achieving competency in working in teams and communication.

Reference:

Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for Interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.

C4iii

4:10 PM

Oral

Washington Lecture Hall

316



A Multi Campus Approach to an Interprofessional Education Workshop: Simulation of Interprofessional Team Meetings in Geriatrics

Diane Hadley (*University of the Sciences*), Neha J. Darrah (*University of Pennsylvania*), Lora Packel (*University of the Sciences*), John Seman (*University of Pennsylvania*), Eunhae Grace Kim (*University of Pennsylvania*), Varleisha Gibbs (*University of the Sciences*), Hyejin Kim (*University of Pennsylvania*), Christine Bradway (*University of Pennsylvania*), Zvi Gellis (*University of Pennsylvania*), Kathleen Egan (*University of Pennsylvania*), Cathy Poon (*University of the Sciences*), Maryann Forciea (*University of Pennsylvania*), Amy Corcoran (*Penn State College of Medicine*)

Background/Rationale: Interprofessional education (IPE) is now an expectation within health professional curricula. To help facilitate IPE, the Interprofessional Education Collaborative (IPEC) created four competencies to guide practice: values/ethics, roles/responsibility, interprofessional communication, and teams/teamwork.¹ This workshop, aligned with the IPEC competencies, engaged students in a simulated, interprofessional family meeting with a standardized patient surrogate (SPS) to discuss medical decision making for their loved one with advanced dementia.

Methods/Methodology: Students from seven healthcare disciplines, including pharmacy, medicine, physical therapy, occupational therapy, social work, chaplaincy, and nursing (undergraduate and advanced practice) were recruited from the University of the Sciences and University of Pennsylvania. During the two-hour workshop, students collaborated in interprofessional teams and participated in a simulated family meeting with a SPS. Because of the overwhelming interest in the workshop, students were divided into two groups: participants and observers. The participant groups directly interacted with the SPS while the observer groups watched live stream videos of the participant groups with a faculty facilitator. Students completed the Attitudes Toward Health Care Team Scale (ATHCT) before and after the workshop. 2. SPSS 20.0 was used for analyses.

Results: A total of 112 students (75 students - participants, 37 students- observers) comprised the study sample. After the workshop, the participating groups had higher scores on the ATHCT total scale, indicating more positive attitudes toward the importance of teamwork in health care than the observer group. To examine change in scores on the ATHCT, the difference between the mean pre-test scores and the mean post-test scores were calculated. There was significant difference (t-test: 2.822, .006) in mean changes between the participant group and the observation group.

Conclusion: The results suggest that a simulated, interprofessional workshop improves participants' attitudes towards teamwork in healthcare. Future research is needed on how workshops like this one directly impact patient care.

C4iv

4:30 PM

Oral

Washington Lecture Hall

150



The Rapid Evolution of a Large Longitudinal IPE Course through Continuous Quality Improvement

Mark Earnest (*University of Colorado Anschutz Medical Campus*), Wendy Madigosky (*University of Colorado Anschutz Medical Campus*), Kari Franson (*University of Colorado Skaggs School of Pharmacy*), Karen Gorton (*University of Colorado Anschutz Medical Campus*), Diane Brunson (*University of Colorado Anschutz Medical Campus*), Darcy Solanyk (*University of Colorado Anschutz Medical Campus*), Amy Nordon-Craft (*University of Colorado Anschutz Medical Campus*), Janice Hansen (*University of Colorado Anschutz Medical Campus*)

Objectives:

1. Describe the phases of development of a longitudinal IPE course involving over 650 students from 7 health professions per year.
2. Using a developmental evaluation approach, describe how an IPE curriculum rapidly evolved to optimally address the IPEC competencies.
3. Describe the lessons learned from the process that will inform other institutions undertaking similar work

The presenters will describe the rapid evolution of a longitudinal IPE course at the University of Colorado through 5 years of rapid change and refinement. The presenters will describe each stage in the course's development including four years where the curriculum changed radically in each year and a fifth year in which the final curricular product was refined and modified rather than fundamentally changed. Presenters will discuss the developmental approach to evaluation that was employed and the theories and models deployed at each stage of the program's development and the assessments and strategies which guided each stage of the development and the evolution of the course. Finally, the presenters will discuss the lessons learned from the process and what learnings may be applied in other settings.

An Evaluation Framework for Sensing the Tides, Riding the Waves, and Rippling the Impact of IPE

Karen Saewert (*Arizona State University*), Gerri Lamb (*Arizona State University*), Nina Karamehmedovic (*Arizona State University*), Robin Bonifas (*Arizona State University*), Liz Harrell (*Arizona State University; Student Health Outreach For Wellness*), Lisa Hines (*University of Arizona*), Teri Kennedy (*Arizona State University*), Michele Lundy (*University of Arizona, College of Medicine-Phoenix*), Donna Velasquez (*Arizona State University*), Kara Mangold (*Arizona State University*), Samantha Samples (*Arizona State University*)

Background/Rationale: Evaluation efforts are often fraught with tensions between accountabilities associated with an intended plan and its predetermined outcomes and emergent realities. Selecting an evaluation framework congruent with fast paced innovations within dynamic IPE/IPCP environments must tolerate uncertainty and ambiguity; account for patterns emerging from individual, group and system interactions; and support dynamic adaptations resulting from these interactions.

Objectives:

1. Describe developmental evaluation framework components used to navigate project accountabilities.
2. Discuss the complex, adaptive, and strategic learning outcomes associated with the use of a developmental evaluation framework.
3. Share project exemplars to contrast the project's intended and deliberate strategies with its unrealized, emergent, and realized strategies.

Methods/Methodology: The work of Henry Mintzberg (2007) and Michael Quinn Patton (2011) influenced the application and adaptation of a developmental framework to evaluate a Josiah Macy Jr. Foundation Primary Care Curriculum Implementation and Evaluation grant. This framework enhanced capacity for sensing undulating tides of rapid-cycle change while riding the exhilarating waves of its IPE/IPCP interventions and allowed the capture of small ripple actions with the resultant capacity to catalyze large reactions and impact.

Results: The juxtaposition of planned and deliberate strategy with unrealized (divergence), emergent (emergence) and realized (convergence) strategy illuminates the complex challenges of applying traditional evaluation frameworks in dynamic situations characterized by uncertainty and changing conditions, interacting systems and stakeholders.

Conclusions: An evaluation framework congruent with implementation of fast paced innovations within dynamic IPE/IPCP environments must tolerate uncertainty and ambiguity; account for patterns emerging from individual, group and system interactions; and support dynamic adaptations resulting from these interactions. Developmental evaluation is an effective approach for capturing the world in which IPE/IPCP lives.

References:

Mintzberg, H. (2007). *Tracking strategies: Toward a general theory*. New York: Oxford University Press.

Patton, M. Q. (2011). *Developmental evaluation: Applying complexity concepts to enhance innovation and use*. New York: Guilford Press.

C5ii

3:50 PM

Oral

Wilson

596



Simulation Learning Models to Support Competency-based Interprofessional Education for Students and Practitioners Across Disciplines and Sectors

Brenda Gamble (*University of Ontario Institute of Technology*), Helene-Marie Goulding (*University of Ontario Institute of Technology*), Leslie Graham (*Durham College*), Evelyn Moreau (*University of Ontario Institute of Technology*)

Background/Rationale: We have conceptualized interprofessional education (IPE) as an interactive activity involving three phases: 1) Exposure - the introduction of interprofessional competencies in the classroom. 2) Immersion - introduces students to other professions in the classroom and during their practicum placement. 3) Mastery - the incorporation of interprofessional competencies into daily professional practice. The purpose of this study is to develop and evaluate simulated learning models (SLM[s]) for use during the immersion phase of IPE to support the acquisition and development of interprofessional competencies. We include students enrolled in medical laboratory science, nursing, kinesiology and public health.

Methods: The sample includes 4 classrooms with approximately 250 learners enrolled in either year 2/3 of their programs. Data collection and analysis will be completed by March 2015. We will conduct a pre/post-test using a self-administered electronic validated questionnaire to compare students' attitudes towards interprofessional learning prior and after the application of the SMLs. Data analysis will include non-parametric analysis within and across professional programs. Focus groups (instructors/students) will be used to determine the appeal of the SMLs as a learning activity.

Results: In consultation with educators/practitioners/students, informed by the literature, and real life experiences we have produced and beta tested 4 video taped SLMs. Working collaboratively with university/college based Medical Laboratory Sciences, Nursing, Kinesiology, and Public Health programs, we are currently implementing the SLMs in the classroom. We will report on the application and the impact of the SMLs as an educational tool for the acquisition and development of interprofessional competencies.

Conclusions: Interprofessional learning is iterative and requires lifelong learning. It is anticipated that the successful application of SMLs will enhance the educational experience for students and better prepare them for their clinical practicums and interprofessional collaborative practice. SMLs can also be used for continuing education to update and refresh practitioner skills.

C5iii

4:10 PM

Oral

Wilson

605



Collaborative Practice in Continuing Care Settings: Supporting Front-line Providers Using a Collaborative Learning Model

Sharla King (*University of Alberta*), Steve Friesen (*Bethany Care Society*), Don McLeod (*Bethany Care Society*), Sandra Woodhead-Lyons (*Institute for Continuing Care Education and Research*), Gail Barrington (*Barrington Research Group*), Heather Moquin (*University of Alberta*), Taoting Li (*University of Alberta*)

Background/Rationale: Integrated team-based care delivery and collaborative practice requires a new way of supporting direct care providers, such as health care aides, in the workplace. Most of these providers have not been trained to work in a team care delivery structure (Berta, 2013). Continuing education opportunities focused on developing or enhancing teamwork for regulated and unregulated providers working in continuing care facilities is critical.

A collaborative learning model, called Learning Circles (LCs), was adopted at 10 continuing care sites across the province to address the need for providers to receive continuing education. In collaboration with organizational leaders, the project team supported the implementation of LCs with facilitator training and support. All sites identified interprofessional teamwork, collaboration, or leadership as important practice issues that prioritized learning objectives to be addressed through the LCs.

The purpose of this project was to create and evaluate the impact of collaborative learning structures and processes to identify and address interprofessional practice priorities across diverse continuing care environments.

Methods/Methodology: Ten continuing care sites agreed to participate in the project. LCs were conducted and evaluation data collection occurred at two time points: at the end of LC #3 and LC #6. At both times, participants completed a brief survey and were part of a focus group. Site management and LC facilitators were also interviewed. The evaluation was framed using Appreciative Inquiry (Preskill and Catsambas, 2006).

Results: Preliminary analysis indicated that the LCs were used to strengthen professional identities, clarify roles and develop teamwork skills.

Conclusions: Determining approaches to provide continuing education opportunities for direct care providers in continuing care is critical to support integrated team-based care. Through LCs, a collaborative education model, providers were able to prioritize and address practice learning that enhanced team competencies and collaboration, thus enhancing care to the residents.

C5iv

4:30 PM

Oral

Wilson

513



Using the Mnemonic b-SAFER to Deliver Safer Patient Handoffs

Donald Woodyard (*Indiana University Emergency Medicine*), Kelly Scolaro (*University of North Carolina*), Carol Durham (*University of North Carolina*), Jamie Woodyard (*St. Louis College of Pharmacy*)

Background/Rationale: Breakdowns in communication are the leading cause of sentinel events according to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Arguably, patient handoffs, defined by JCAHO as “the process of passing information from one person (or team) to another (along with authority and responsibility) [to] ensure continuity and safety of a patient’s care,” are the most prevalent points of communication and information transfer in healthcare. Studies show that ineffective handoffs lead to delays in treatment, increased lengths of stay, adverse events and patient dissatisfaction. Despite JCAHO Goal 2E, no uniform mechanism exists for delivering or teaching handoff.

Methods: As part of an Interprofessional Teamwork Course, we developed a module for teaching effective handoffs. The course included medical, nursing and pharmacy students and focused on medical error and effective communication. As part of the module, we included a unique handoff mnemonic, b-SAFER, to assist learners in delivering efficient handoffs interprofessionally. For this module, learners began with a two-station simulated series of handoffs. The conveyed information was captured in a checklist and shown to the class to begin the 45-minute didactic lecture on patient handoffs, barriers to effective handoffs and to introduce b-SAFER as a model for safer handoffs. The mnemonic represents: brief Background, Situation, Active Issues, Future Plan, Ensuring Understanding, Repeat for Clarity. Following the didactic session, students rotated through another round of simulated shift changes with a new set of patients.

Results: Data collected from the simulated shift changes permitted us to recognize communication gaps from the first round of handoffs. From the post lecture handoffs using b-SAFER, students (N=17) improved (mean score 43% pre and 77% post) and provided more relevant information during the handoffs with less overall data loss. The mnemonic b-SAFER is designed as a simpler format to deliver information more efficiently than other existing mnemonics.

C6i

3:30 PM

Oral

Monroe

280



Evidence of an INTERprofessional Values within INTRAprofessional Texts: A Corpus and Rhetorical Analysis of Personal Statements for Medical Residencies

Tom Smith (*Medical University of South Carolina*)

Background/Rationale: Our institution’s interprofessional education initiative aims to change formal and informal educational practices and clinical care environments; success includes the goal of shifting institutional culture, and thus individually held values. Traditional assessments may determine knowledge students have gained or their ability to apply this knowledge to hypothetical, simulated, or clinical circumstances. However, despite their importance, these assessments do not gauge the strength of interprofessionalism as a personally held value. Qualitatively assessing personal statements for residency--texts written for INTRAprofessional purposes--yields a “natural” assessment of the cultural impact of our INTERprofessional initiative. Over six years, has our institution altered students’ personal decisions to articulate inter-professional values for high-stakes intra-professional purposes?

Methods: With IRB approval, personal statements for medical residency were submitted anonymously and voluntarily. Students were aware only that the data were collected for a study of writing but not aware of a research question on interprofessionalism. Collected annually for 6 years, de-identified data were qualitatively analyzed using corpus and rhetorical analyses from the fields of linguistics and rhetoric (Swales, 1990; Scott, 1997, 2000, 2006; Scott & Tribble, 2006; Stubbs, 2007; Biber, Conrad & Cortes, 2003). Preliminary results with 3 years of data were presented at CAB IV in Vancouver.

Results: The incidence of discussion of interprofessional issues within the “natural” writing showed student endorsement and concern for IP work environments. The prevalence and rhetorical depth of such comments changed over the six-year study period. These changes indicate evolution toward more strongly held and more richly articulated interprofessional values within the institutional culture.

Conclusions: Evidence of interprofessional values in writing for intra-professional purposes suggests not only an increase in student knowledge but also an increase in commitment. This presentation offers a novel means for assessing interprofessional education programs’ impact on institutional culture.

C6ii

3:50 PM

Oral

Monroe

371

The Interprofessional and Interinstitutional Journey of Team Arizona: Advancing Integration and Impact through a Healthcare Team Summit

Robin Bonifas (*Arizona State University*), Michele Lundy (*University of Arizona, College of Medicine*), Lisa Hines (*University of Arizona*), Teri Kennedy (*Arizona State University*), Erin Nelson (*University of Arizona*), Tina Shepard (*Arizona State University*), Miriam Sell (*University of Arizona*), Jennifer Hartmark-Hill (*University of Arizona*)

Background/Rationale: Effective teamwork and communication among healthcare professionals is necessary for optimal patient safety and outcomes; however, delivery of interprofessional, interinstitutional education remains a daunting challenge. In Phoenix, the close proximity of healthcare professions colleges representing Arizona's three state universities has afforded a unique opportunity for shared interprofessional educational experiences. Building on five years of collaborative activities, faculty from each health discipline participated in the development, planning, training, and facilitation of a half-day interactive seminar. Students in medicine, pharmacy, nursing, social work, nutrition, physician assisting, occupational therapy, and physical therapy participated in activities to improve knowledge and value of other professions' roles and training requirements, build interprofessional communication skills, and develop teamwork approaches using a case-based discussion of a team-based patient care delivery scenario.

Methods/Methodology: 164 interdisciplinary health professions students completed pre and post evaluative surveys, which included demographic, knowledge-based, and attitudinal questions to detect changes in students' values and perceptions of interprofessional collaboration and understanding of team members' roles and training requirements. Paired samples t-tests were employed to assess change.

Results: Following workshop participation, students made statistically significant gains in their knowledge of other health professions' roles ($t = -9.350$) and training requirements ($t = -8.898$), as well as in seven of ten interprofessional values and attitudes. The largest gains were in the perception that interprofessional teams are more likely to treat patients as whole persons ($t = -4.747$), are more responsive to patients' emotional and financial needs ($t = -6.455$), and that working in teams promotes greater job satisfaction ($t = -4.577$). Limitations include overrepresentation of physicians and few social work and nutrition students.

Conclusions: A case-based interprofessional seminar is a promising approach for enabling students to improve knowledge of other health professions' roles and training requirements. In addition, it supports the development of values and attitudes that can aid interprofessional collaboration.

C6iii

4:10 PM

Oral

Monroe

377

Using Students as Health Coaches within an Interdisciplinary Team

Christopher Shelby (*Alliance Community Hospital and Northeast Ohio Medical University*)

Immersed in sweeping healthcare changes, institutions are seeking innovative ways to improve the health of the communities they serve without adding any additional cost to the system.

At Alliance Community Hospital (ACH) we have established an interprofessional healthcare team that utilizes pre-professional and professional students from two local universities to act as health coaches to high risk patients. Through a screening process, we have identified chronic disease patients that are improperly using the healthcare system. These patients are then asked to enroll in our Alliance Community Care Network (ACCN). The ACCN is an interdisciplinary team that includes: chaplain, dietician, health coach, pharmacist, physician, registered nurse, and a social worker that follows the patient throughout the continuum of care. The health coach provides weekly home visits with the patient to provide education, support, and to collect necessary information for the team on the patient's health status. This visit information is then relayed back to the team through interdisciplinary rounds and any patient needs can be addressed at that time.

Data is currently being collected on differences in healthcare utilization rates (emergency room visits, hospital admissions, etc.) and the patients' perceptions of their own health status (utilizing the CDC healthy days tool) prior to and during enrollment in the ACCN. Data collection and analysis is currently in process.

C7i**3:30 PM****Discussion****Buck Mountain****249****Is Everyone on the Same Page? The Role of Faculty in IPE**Tim Wood (*Western University of Health Sciences*), John Tegzes (*Western University of Health Sciences*)

Interprofessional education is rich because it brings individuals from various professions and backgrounds together in order to foster collaborative patient care. It is the diversity of experience and expertise that affect and enhance health outcomes. However, it also brings together individuals who see health care and prioritize patient needs through their own lens. Consistency of the student educational experience can be challenging with these different perspectives. So in order to ensure that faculty have similar knowledge, skills, and attitudes, faculty development efforts are important components to a successful IPE curriculum.

This facilitated discussion will include the pearls and pitfalls of ensuring consistency of faculty knowledge, skills, and attitudes as well as devise strategies for implementation.

C7ii**4:15 PM****Discussion****Buck Mountain****314****Communication Survey and Curriculum for Health Professional Students**Jan Froehlich (*University of New England*), Karen Pardue (*University of New England*), Dawne-Marie Dunbar (*University of New England*)

Background/Rationale: Many scholars note the importance of effective communication in the provision of quality healthcare. This study evaluated a communication survey and compared an established communication skills curriculum with a curriculum using repeated practice with listening partnerships (taking turns listening) on the development of communication skills as measured by the survey. The communication survey, administered to approximately 250 undergraduate students at the beginning and end of a multi-section Introduction to the Health Professions course, asks respondents to rate their agreement with statements about their communication skills on a 4-point scale. Additionally, 33 participants in the control group completed the survey at two weeks. ANOVA showed no significant difference in pre and two-weeks post, total survey scores in the control group suggesting the survey has test-retest reliability. A significant difference in pre and final post, total survey scores in both intervention and control groups suggests both curriculums positively influenced students' perceptions of their communication skills. Only repeated practice with listening partnerships influenced students' perceptions of their ability to listen with compassion. Since many students assigned themselves ratings of 4/4 on survey items both pre and post, the authors recommend increasing the sensitivity of the instrument and conducting ongoing evaluation of the influence of listening partnerships.

Facilitation Methods: The objective of this presentation is to share the findings of our study and to facilitate a dialogue on how to best teach effective communication skills to health professional students.

C8i

3:30 PM

45 min. Workshops

Shenandoah A/B

105

Beginning Interprofessional Education: How A One-Day Seminar Can Introduce IPE to Graduate and Undergraduate Students

Julie Strunk (*James Madison University*), Deborah Kipps-Vaughan (*James Madison University*), Elizabeth Richardson (*James Madison University*), Tammy Gilligan (*James Madison University*), Michele Kielty (*James Madison University*), Stacey Pavelko (*James Madison University*), Dannette Allen-Bronaugh (*James Madison University*)

Background/Rationale: This interactive workshop will explore how a one-day immersive interprofessional seminar can be used to assist graduate and undergraduate students in developing a professional and interprofessional identity. First, workshop presenters will describe the one-day interprofessional seminar developed by faculty from various departments across two colleges. Using case studies and assigned readings on collaborative teamwork, the seminar introduces undergraduate and graduate students to the core competencies of interprofessional communication and team based care for the delivery of services to children with disabilities. The same case studies will serve as a model for workshop participants to collaboratively develop a seminar appropriate for their individual work contexts.

Objectives:

1. Workshop presenters will describe how the various interprofessional faculty and student collaborations developed and evolved over time to ensure the success of the one-day seminar. Case studies used in the seminar will be presented and used to facilitate small group discussions. These discussions, facilitated by workshop presenters, will allow participants the opportunity to brainstorm potential collaborators within their individual work environments. These discussions will focus on the challenges and benefits of including both graduate and undergraduate students in interprofessional experiences with specific emphasis on working within the practices and ethical guidelines of each discipline.
2. Workshop presenters will share how they used The Attitudes toward Healthcare Teams Scale (ATHTS) to assess students' understanding of professional roles and responsibilities, the concepts of collaboration, and collaborative problem solving. Participants will discuss and identify ways to evaluate the effectiveness of interprofessional education (IPE), including the strengths and weaknesses of both survey and qualitative analysis of written feedback.
3. Workshop presenters will provide examples of funding used to support their one-day seminars. Participants will brainstorm and identify potential funding streams to support IPE within their work environment.

Session attendees will participate in both small and large group discussions. A total of 40 minutes will be allotted to discussion activities in which attendees will complete the learning objectives. Attendees will also work interprofessionally to solve a case study. Using the problem solving process introduced in the background section of the workshop, attendees will spend approximately 20 minutes discussing and solving the case.

C8ii

4:15 PM

45 min. Workshop

Shenandoah A/B

587

Building Collaborative Relationships: Working Together in an Interprofessional World

Tracy Christopherson (*Elsevier Clinical Solutions*), Michelle Troseth (*Elsevier Clinical Solutions*), Elizabeth Rider (*Institute for Professionalism and Ethical Practice, Boston Children's Hospital; Harvard Medical School*)

Background/Rationale: As healthcare reform evolves, delivering patient-centered, high quality, safe and effective care that meets the growing and complex needs of an aging population will require a healthcare workforce that is prepared to work collaboratively in interprofessional healthcare teams. Our current healthcare workforce has been trained as individual disciplines within separate education programs, unprepared to collaborate well in teams necessary in the complex healthcare settings today. For interprofessional collaborative practice to flourish and be sustained, the health professions must develop new competencies and skills that will enhance new ways of thinking and practicing. This interactive session will engage participants in learning the skills of partnership and dialogue as they explore the IPEC Core Competencies for Interprofessional Collaborative Practice¹.

Objectives:

1. Discuss the Core Competencies for Interprofessional Collaborative Practice and how they are being applied in various settings
2. Explain how the Principles of Partnership and Dialogue provide a foundation for interprofessional communication and teamwork
3. Apply the Principles of Partnership and Dialogue in small groups, discussing the four competency domains—Values/Ethics for Interprofessional Practice, Roles/ Responsibilities, Interprofessional Communication, and Teams/Teamwork—and how these may be applied to interprofessional collaboration and patient-centered care
4. Reflect together on the process of developing a collaborative relationship

Teaching Methods: This interactive workshop will provide participants with the opportunity to learn more about the Core Competencies for Interprofessional Collaborative Practice, and the Principles of Partnership and Dialogue as a foundation for interprofessional communication. Participants will have the opportunity to engage with each other in small, lively interprofessional groups to learn about the roles of their interprofessional colleagues, hear each other's perspectives, and collaborate on how they might apply the principles and competencies in practice. Participants will also participate in large group discussion and reflection on the process of collaborating together.

Reference:

1. Interprofessional Education Collaborative Expert Panel. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, D.C.: Interprofessional Education Collaborative, 2011.

C9i

3:30 PM

45 min. Workshop

Pocahontas

302



Poverty's Impact: An Interprofessional Simulation

Katherine Morris (*University of Maryland*), Joann Mirgon-Erb (*Universities at Shady Grove*), Wendy Stickle (*University of Maryland, College Park*), Cherelle Lawrence (*Universities at Shady Grove*), Mary Lang (*Universities at Shady Grove*), Kathie Dever (*University of Maryland, Baltimore-School of Nursing*), Adriana Guerra (*Salisbury University*), Marcie Povitsky (*Towson University College of Education*)

Background/Rationale: Experiential learning allows students to integrate various skills with knowledge gained from classroom studies. While training future professionals, a majority of time is spent teaching them within academic silos. It is essential that students learn from their peers among and across disciplines. This presentation reenacts a Poverty Simulation activity, which is one mechanism to demonstrate interprofessional educational opportunities that enable students to teach and learn about each other's professional skills and perspectives.

The Poverty Simulation is designed to sensitize participants to the challenges and barriers faced by low-income individuals and families. The students role-played the lives of individuals in a family. They had to meet the needs of their families; by providing food, housing, and necessities. Key stakeholders were essential in the planning and implementation of the event and included faculty from 5 different universities and 7 academic programs. Community partners were an integral component to this simulation as they role-played the service providers in the simulation.

Students from health sciences, social sciences, and education were organized into multidisciplinary groups to participate in this simulation. Students were able to learn about the professional perspectives of the varying disciplines through the role play and debriefing discussions.

In this workshop, participants will discover the process, lessons learned and value of this experience.

- Objectives:**
1. Demonstrate that an interactive activity conducted with various academic disciplines enables future professionals to develop necessary skills to effectively work in IPE teams.
 2. Illustrate how an experiential activity helps students integrate the perspectives of other professionals into their own service approach of working in the community to support clients and their families.
 3. Demonstrate strategies for developing and planning a successful IPE experiential activity.

Teaching Methods: Participants will be organized into groups consisting of interdisciplinary roles. Once in their groups, each participant will be assigned a role as a member of a low-income family. Interdisciplinary family teams will be given a role-play scenario and asked to create a family plan of action and a list of priorities to overcome an assigned challenge typically faced by low-income families. After the simulation, workshop participants will reconvene and debrief.

C9ii

4:15 PM

45 min. Workshop

Pocahontas

321



Engage Students and Empower Patients: Developing a Storytelling Toolkit in Interprofessional Healthcare Education, What's Your Story?

April Newton (*Rosalind Franklin University of Medicine and Science*), Catherine Gierman-Riblon (*Rosalind Franklin University of Medicine and Science*), Marilyn Hanson (*Rosalind Franklin University of Medicine and Science*), Megan Hartranft (*Rosalind Franklin University of Medicine and Science*), Susan Tappert (*Rosalind Franklin University of Medicine and Science*)

Background/Rationale: A national movement of "health care" storytelling was borne with the compelling patient advocacy stories of Sue Sheridan (2001), Sorrel King (2002), Julie Thao (2006), Dennis Quaid (2007), Steve and Lorna Rel (2008), and Joanna Rolek (2013). Their stories are ones of hope, challenges, and dreams to propel changes in health care practices for improving patient safety and patient outcomes.

Representatives from Rosalind Franklin University of Medicine and Science promoted interprofessional education (IPE) and engaged a student audience at a national health profession student conference via the format of storytelling. The stories were told by faculty clinicians, students, and a community patient advocate. Each person was allocated 8 to 10 minutes to share their personal narrative that framed concepts and ideas for the participants to understand IPE and interprofessional collaborative practice, to learn about the interprofessional collaborative practice competency domains, and to recognize the harm that can be created for patients without an interprofessional team of healthcare providers. During this event, the use of storytelling was an empowering means to convey concepts through experiences that are foundational to educating health profession students, providers, patients, and carers.

By using stories, individuals become part of the conversations as engaged listeners - moved with words, images, and experiences to recall common themes and elements. In this interactive workshop, participants will learn concepts of educational storytelling, develop their interprofessional story, and plan an educational activity while developing a storytelling toolkit.

- Objectives:**
1. Develop a personal story that includes concepts related to interprofessionalism.
 2. Identify how to utilize a personal story with students, colleagues, patients, families, and community members.
 3. Integrate the personal story into a plan to educate and empower patients, families, and caregivers to have their story heard by healthcare providers.

C10i	3:30 PM	Discussion	Appalachian	353
-------------	----------------	-------------------	--------------------	------------

 “Make it Work!” - How to Design Interprofessional Educational Experiences with Existing Resources

Brian Sick (*University of Minnesota*), Amy Pittenger (*University of Minnesota College of Pharmacy*), Mark Earnest (*University of Colorado Anschutz Medical Campus*), Veronica Young (*The University of Texas at Austin*), Heather Mead Kim (*University of Minnesota*)

Background/Rationale: Most organizations working on creating or developing their interprofessional education program do not have an abundance of resources by which to complete their work. Despite this constraint the learners deserve an excellent program. Therefore, programs need to find ways to design high impact, low burden interprofessional activities for their students. Each of the facilitators of this discussion group has designed activities that fit these criteria.

Objective: Participants will learn how to create their own successful high impact, low burden interprofessional activities.

Facilitation Methods: The facilitators will briefly share their activities and then invite discussion participants to share their activities. Realizing that the context in which a program function can drive the educational contact that is designed, we will present activities that include both academically-driven programs and community-directed programs. The goal of the discussion will be to develop a list of high impact, low burden activities applicable in many healthcare settings that will be shared with the participants.

C10ii	4:15 PM	Discussion	Appalachian	400
--------------	----------------	-------------------	--------------------	------------

 The Ripple Effect: A Multi-College Collaborative IPE Initiative

Patricia Marten-Daniel (*George Brown College*), Henk Demeris (*George Brown College*), Sylvia Summers (*George Brown College*), Elizabeth Hanna (*Bridgepoint Active Health*), Mandy Lowe (*Centre for Interprofessional Education, University of Toronto*)

Topic: The purpose of this discussion is to share insights, expectations and experiences gained on a journey of multi-college collaboration of a cross-Province Interprofessional Education (IPE) for Internationally Educated Nurses (IENs) Group Clinical Placement Program.

Background/Rationale: Beginning in spring 2010, in a collaborative partnership between George Brown College and the Toronto Rehabilitation Institute a 12-week group clinical placement program specifically tailored to IENs was developed and piloted with tremendous success. IENs were exposed to, and immersed in, interprofessional teams within a safe and supportive learning environment.

Due to the high degree of success of this program, a cross-college collaboration was developed to provide education and support in the implementation of the Group Clinical Placement Program Planning, Implementation, and Evaluation to IEN bridging programs in the province of Ontario. This project posed unique challenges from an IPE perspective including: integrating IPE into a traditionally uni-professional group placement model and tailoring learning to priorities of international learners who may previously have limited to no familiarity with IPE and interprofessional care. A critical partner in this endeavour is the Centre for Interprofessional Education, University of Toronto, Canada. The Centre played a key role in faculty development and support for the multi-college faculty partners in the program.

The voices of many of those involved will be used to share the unique story and experiences in implementing this program across the college IEN bridging programs in Ontario. Lessons learned in addressing the unique challenges and opportunities afforded in this program, including addressing logistics within a robust program designed for one profession, addressing the unique needs of internationally educated learners and supporting implementation of the program across the province will be shared and will benefit others looking to grow and sustain IPE.

Funding for the multi-college collaborative pilot was provided by the Ontario Ministry of Citizenship, Immigration and International Trade.

C11i 3:30 PM 45 min. Workshop Mill Mountain 488

 A New Model for the Assessment of Interprofessional Education: Structure, Function and Outcome

Brian Simmons (*University of Toronto and Sunnybrook Health Sciences Centre*), Susan J. Wagner (*University of Toronto*), Scott Reeves (*Kingston University, London and St. George's University of London*)

Background/Rationale: The interprofessional education (IPE) literature has expanded significantly in the past few years to provide a rich variety of evaluation studies of different IPE activities, however, efforts to produce rigorous assessment of IPE learning continues to be a challenge. At present, most IPE assessment is focused on learner self-assessment that only provides a perception of what the learner thinks s/he may have learned. These struggles with assessing IPE are rooted in a number of factors, however, despite these difficulties, the principles of assessment should be adhered to in any IPE activity.

Objectives:

- Identify key issues related to assessing performance in IPE
- Describe a new Structure-Function-Outcome Model of IPE assessment
- Reflect on the application of milestones and EPAs to this model

Teaching Methods: This workshop provides an exploration of key issues related to the assessment of IPE. It considers the processes of designing and implementing an IPE assessment focusing on what needs to be assessed, including the structure (individual), function (team) and outcome (task). This new three-pronged clinical competency continuum model is illustrated employing the concept of milestones and entrusted professional activities (EPAs) in a performance framework.

Using brief didactic presentations and maximal interactive reflection and discussion, this workshop will provide participants with the knowledge, skills and attitudes to reconceptualize and develop assessment relevant to IPE.

C11ii 4:15 PM 45 min. Workshop Mill Mountain 256

 Assessing the Value of the Interprofessional Collaborative Team Judgment Process Assessment Tool (IPCT-JPAT) as the Means for Evidence of Interprofessional Client-centered Team Collaborative Practice

Carole Orchard (*Western University, London, Ontario, Canada*), Monica Moran (*Central Queensland University*), Marion Jones (*Auckland University of Technology*), Lesley Bainbridge (*University of British Columbia*)

In this workshop participants will be given the opportunity to work with and test use of Version 1 of the IPCT-JPAT to determine how the CIHC Interprofessional Collaboration Competencies fit into each phase of the Judgment Process of the competency framework. Since the release of the Canadian Interprofessional Healthcare Collaborative (CIHC) IP Collaboration Competency Framework in 2010, the CIHC International Working Group has been focusing on development of a measurement instrument for the competencies. At ATBH VI in Pittsburgh it became clear that the group's work needed to re-focus back to team judgments made about care to create a meaningful measurement. The outcome will be recommendations by participants for further refinements to the IPCT-JPAT version 1.

Objectives:

1. To introduce participants to the integration of the CIHC IP Collaboration Competency Framework and the adapted Patient Safety Root Cause Analysis Framework into this IPCT-JPAT.
2. To discuss how the IPCT-JPAT can be used to define both practice and learning associated with IPC teams arriving at care plan judgments in both actual and simulated case-based learning.
3. To recommend additions, deletions, and/or changes to version 1 of the IPCT-JPAT for further refinement.

Teachng Methods: An overview of the IPCT-JPAT will be provided with a scoring sheet for its use followed by a short videoclip of a student team working through a case scenario. Participants will score the students' collaborative teamwork. This will be followed by a facilitator identifying her observations of the team's application of IPC competencies in their work.

Participants will be placed into small groups of 8-10 per table on entering the workshop.

5:30 – 7:30 PM **Welcome to Roanoke Reception**
 Historic Market Square & Center in the Square Rooftop (walking distance)
 Don't forget your name badge!

Thursday, October 1, 2015

7:00 AM	Registration/Exhibits Open North Entry Foyer/Crystal Ballroom
7:15 – 8:15 AM	Open Forum American Interprofessional Health Collaborative (AIHC) Roanoke Ballroom
7:15 – 8:15 AM	Open Forum Canadian Interprofessional Health Collaborative (CIHC) Washington Lecture Hall
8:30 AM	Plenary Panel The Role of the National Center: Rethinking IPE through New Models of Care <i>Barbara Brandt, Director, National Center for Interprofessional Practice and Education, University of Minnesota</i> <i>Maryjoan Ladden, Senior Program Officer, Human Capital Portfolio, Robert Wood Johnson Foundation</i> <i>Becky Spitzgo, Associate Administrator for Health Workforce, Health Resources and Services Administration, U.S. Department of Health and Human Services</i> <i>George Thibault, President, Josiah Macy Jr. Foundation</i> Roanoke Ballroom
10:00 AM	Break – Exhibits Open Crystal Ballroom

10:30 AM Concurrent Sessions D

D1	10:30 AM	Panel	Roanoke Ballroom A/B	366
----	----------	-------	----------------------	-----

 **Going Big: Integrating Interprofessional Curriculum Across Programs on Large Campuses**

Alan Dow (*Virginia Commonwealth University*), Burgunda Sweet (*University of Michigan*), Mark Earnest (*University of Colorado Anschutz Medical Campus*), Sharon Lanning (*Virginia Commonwealth University*)

Background/Rationale: Spurred by conviction and accrediting standards, institutions are striving to integrate interprofessional education across large populations of learners. Yet, these efforts are often hindered by barriers such as logistics, resources, and preceding organizational culture. In this session, leaders from three institutions (University of Colorado, University of Michigan, and Virginia Commonwealth University) will describe: 1) the successful integration of large-scale interprofessional curriculum at their institutions, 2) the expected and unexpected barriers to success, and 3) how they overcame the early and ongoing barriers to curricular integration. Each of their programs educates hundreds of learners from at least three professions in courses that are integrated into the curriculum.

Objectives:

- To describe three different approaches to successful integration of interprofessional curriculum across large populations of learners
- To illustrate some approaches to overcoming barriers associated with integrating interprofessional curriculum
- To compare and contrast successful approaches between institutions

Implications: Attendees will leave with insights into some potential models for interprofessional programs at their institutions and possible strategies for overcoming barriers to implementation and continuation of interprofessional programs. These lessons from the field will provide direction and support for attendees who have similar objectives and are encountering related challenges.

D2i

10:30 AM

Oral

Monroe

174

★ Proposed Interprofessional Collaboration: How to Integrate Patients, Family, and Community into Holistic Care

Cassandra Woodland (*A.T. Still University*), Jessica Randall (*Arizona School of Professional Psychology*), Sara Ceglio (*A.T. Still University*), Kathryn Weber (*A.T. Still University*)

Background/Rationale: The purpose of interprofessional education is the formation of a collaborative workforce that provides holistic health care for patient's individual needs. To address the increasing intricacies of care needs and delivery we have developed an approach to meeting patient driven goals.

Objectives: Current issues that reside within health care delivery stem from a lack of interprofessional collaboration, including miscommunication and repetition among care providers, increased medical errors, decreased understanding amongst providers and disjointed patient care. We created an example using a collaborative team consisting of all involved providers and the patient. A constant for each team is the patient acting as the director of their own care, and most important member of the team. Case conferences with all providers including the patient are held at various time intervals throughout care to ensure that the patient's concerns are addressed first and primarily. Advanced technologies for video conferencing and data sharing are used for providers that are unable to attend case conferences in person. Through this approach, face-to-face contact is optimized through round table meetings meant to symbolize all persons' equality. This model delivers provider efficacy and self-care while empowering patients with diversity considerations. By utilizing an interprofessional team for care, the patient is presented with the opportunity to dictate their own care. In order to ensure improved quality of care, evaluation methods are put into place to ensure the patient is satisfied and that providers are also remaining healthy to offer optimized care. Collaborative team care is critical for producing an efficient healthcare team and most importantly for providing and working with our patient to give the best goal directed care.

Conclusion: This health care model provides better teamwork, mutual respect, awareness and acceptance of learning from team members and patients, lifelong learning, and overall improved patient care.

D2ii

10:50 AM

Oral

Monroe

335

🔊 Patient Engagement Within Interprofessional Health Teams: A Bedside Perspective

Kelly N. Kilgour (*University of Ottawa, Faculty of Education*)

Background/Rationale: Health care organizations are keen to improve both interprofessional collaboration (IPC) and patient engagement – with the goal of enhancing patient outcomes. IPC involves health care workers from different professional backgrounds working together to deliver more safe, effective and comprehensive services; in recent years, IPC has become an important part of Canadian health care delivery. An even more recent development is the shift towards patient engagement in health decision making, empowering patients and taking advantage of their unique insights as recipients of the care. One new and promising approach to patient engagement is relationship-centered care (RCC). RCC combines relational theory, shared decision making, and complexity theory within the context of health care teams. While some research has been done on patient engagement, it generally takes the form of quantitative surveys or focuses solely upon the physician-patient dyad (Dagone, 2009; Harkness, 2005; Légaré et al., 2011, 2013). Further in-depth, qualitative research on patient engagement and RCC in the broader context of IPC is therefore essential for enhanced, quality patient care. This presentation will introduce the first cyclical phase - Exploring perceptions of IPC teamwork - of a three cyclical phase action research study which diversely bridges IPC and PE domains.

Objectives: By the end of this presentation, participants will be able to:

1. Recognize current literature surrounding patient engagement and interprofessional collaboration practices
2. Distinguish the impacts of interprofessional health care teams and the integration of patient engagements from the bedside perspectives of patients and family caregivers

Methodology: An action research study will be conducted with two separate IPC Medicine teams within a Canadian acute care hospital (study commencement is planned for late Spring/early Summer 2015). Action research provides an active, systematic framework for inquiry while supporting collaboration between researcher and diverse stakeholders (patients, family caregivers, staff, and administration)(Stringer, 2008). During the first cyclical phase, patients and family caregivers will be interviewed. The specific research objective is to gain an understanding of patients' and family caregivers' perceptions of IPC teams and their engagements, including shared decision making experiences, with the IPC teams. Semi-structured interviews with patients and family caregivers will be tap recorded and transcribed verbatim. Preliminary results will be presented based on the themes emerging from the data analyses.

Results & Conclusions: This research addresses an emerging but understudied issue of PE and RCC within the context of IPC. For this specific presentation, key preliminary results will be presented from patient and family caregiver interviews. If available from the respective hospital, these results will be compared to recent patient satisfaction surveys. Results of this study may assist health care professionals to gain a greater understanding of their IPC practices as well as patient engagement integration and impacts. In sum, participants will be introduced to patients and family caregivers' bedside perspectives of two IPC teams within an acute care hospital, their engagement with the team, and the shared decision making with respect to pertinent health decisions.

D2iii

11:10 AM

Oral

Monroe

338

**Positive Deviance: A useful Methodology for Evaluating Interprofessional Education Faculty**Meg Lagunas (*University of Washington, Seattle*)

Supporting the necessary growth of interprofessional education initiatives requires effective and creative evaluation and development of faculty. Positive deviance, a critical qualitative methodology, is an innovative approach to both evaluation and development of faculty. This methodology centers on the belief that for every problem there are outliers who regularly conquer the problem against the odds. Because positive deviance is an organic process that reveals that positives it's a valuable evaluation tool that can provide insightful, internal feedback that is specific to the interprofessional education initiative and faculty as well as leads naturally to the development of interventions.

To understand how positive deviance can be applied to an interprofessional education initiative, a theoretical case study is examined. The case study includes the pros and cons of using this methodology, such as the advantage of institution specific relevant feedback but at the cost of a moderate time investment. It also reviews the details of how to design a positive deviance project and the logistics of execution as well as demonstrates what types of resources are required. Finally, the case study serves as an example of what faculty and leaders of interprofessional education initiatives can expect for the type of feedback generated and how that feedback can be used as faculty development.

D2iv

11:30 AM

Oral

Monroe

368

**Enhancing Understanding of Partnerships with Patients/Clients: The Potential Role of Verbatim Theatre**

Jessica Teicher (*University of Toronto*), Amy Derochie (*University of Toronto*), Vibhuti Jethava (*University of Toronto*), Shara Nauth (*University of Toronto*), Sylvia Langlois (*University of Toronto*)

Background/Rationale: Patient partnership has come to forefront of both healthcare practice and education. While students understand the value of partnering with the patient/client conceptually, the practice of doing so is more challenging. Innovative ways to teach this healthcare approach may be effective in enabling students to apply their learning and promote better patient/client partnership. One method to consider is Verbatim Theatre, a type of script and ultimately performance that uses only direct quotations from interviews with individuals who have firsthand experience of the healthcare system and the empowerment derived from patient/client partnerships.

Methods: The student team developed interview questions in consultation with a faculty member with IPE expertise. Students then interviewed several individuals who had multiple experiences in the health care system due to a variety of chronic health challenges. Interview questions addressed how they perceived their role on the health care team, their participation in decision-making, observations of team interactions and experiences regarding advocacy. As well, the student team interviewed health care professionals to learn more about patient/client-centredness, interprofessional team interactions in practice settings and patient/client empowerment. They transcribed these interviews and used them to prepare scripts for a performance as part of an interprofessional workshop.

Results: The presenters will discuss the impact of the experience in interviewing and preparing scripts on their own understanding of patient/client centredness and interprofessionalism. The verbatim theatre scripted performance will be used as the basis for an interprofessional learning workshop where students will be able to engage in the lived experiences of the interviewed individuals and explore their perceptions about this healthcare-provider/patient relationship in an interprofessional context.

Conclusions: Verbatim theatre has potential to be a powerful tool to enhance student appreciation of the integral nature of the patient/client partnership through engagement with patient/client narratives.

D3i**10:30 AM****Discussion****Roanoke Ballroom E-H****459****Social Work Leadership on Interprofessional Health Care Teams**Joseph Merighi (*University of Minnesota*), Stacy Remke (*University of Minnesota*), Teri Browne (*University of South Carolina*)

Topic/Subject: Social work practice emphasizes the importance of client voices and perspectives, especially for individuals who are vulnerable or disenfranchised. This discussion group will explore how social workers can enhance the continuum of care for patients through interprofessional (IP) collaborations and improve partnerships between health care delivery systems, community stakeholders, and consumers.

Background/Rationale: Social workers have specialized knowledge and skills that position them well for participation on IP teams. In particular, social work practice is grounded in a set of competencies that focus on the primacy of person-centered care, collaboration among disciplines, client empowerment, and advocacy. Unfortunately, many health care providers have an incomplete understanding of social workers' academic training and professional expertise. This limited understanding often results in social workers not being able to use their range of skills on IP teams. The increasing focus on integrated behavioral health and social disparities in health and health care represent two areas in which social workers are well positioned to intervene with patients and exercise leadership on IP teams. Health care reform, changes in reimbursement, and new funding strategies for service delivery seem to point in a direction that will benefit from greater social work participation with regard to population health and accountable care. What is needed at this time is a bold strategy that recognizes and includes social workers as integral members of the IP team.

Facilitation Methods: The facilitators will begin by providing a brief overview of how social workers contribute to interprofessional practice and education. Clinical cases will be used to demonstrate how social workers strengthen IP teams, provide leadership on these teams, and improve health outcomes. In addition, participants will be asked to share their practice experiences regarding interprofessional collaborations with social workers.

Relevant Materials: Clinical cases will be distributed and discussed.

D3ii**11:15 AM****Discussion****Roanoke Ballroom E-H****483****Voices, Faces, and Relationships: Using Humanities to Facilitate IPE with the Rehabilitation Professions**Sarah Blanton (*Emory Rehabilitation Hospital*), Laura Lee Swisher (*University of South Florida*), Bruce Greenfield (*Emory University School of Medicine*), Nancy Kirsch (*Rutgers School of Health Related Professions*), Gail Jensen (*Creighton University*)

Topic/Subject: This Discussion Group explores how the humanities might facilitate interprofessional education (IPE) and interprofessional collaborative practice (IPCP). In addition, the Discussion Group will address how the humanities could further facilitate IPE and IPCP with and about rehabilitation professionals.

Background/Rationale: The complexities of health care require working together as a cohesive team, not in silos, protecting our "staked out professional territory" but collaboratively in a non-threatening environment. The humanities (art, literature, music) provide a shared neutral platform, supporting the team as they come together to reflect on tough, value-laden issues. A handful of journals is currently devoted to humanities in medicine and nursing. Noticeably absent from this group is a focused publication representing rehabilitation sciences where team-based care has a long legacy and tradition. In the current healthcare environment, the ability to see situations from multiple frames of reference, deal with uncertainty, and engage in critical self-reflection is more important than ever. The humanities offers an opportunity to explore the shared experience of the interpersonal relationship common to all disciplines. Art and literature, music and poetry, all provide avenues to delve deeply together in our search for meaning in the face of disability and suffering. This discussion group will focus on identifying and discussing key elements in the role of the humanities to facilitate IPE and IPCP and gain a greater understanding of the human experience of disability and healing.

Facilitation Methods: Group discussion will be facilitated through small-group and large format addressing questions and issues posed by the presenters and participants. The presenters will also provide illustrations and examples from the online Journal of Humanities in Rehabilitation as a basis for discussing how this type of material may facilitate IPE and IPCP.

Relevant Materials: The facilitators will share key ideas from the journey for the emerging online Journal of Humanities in Rehabilitation.

D4i

10:30 AM

Oral

Washington Lecture Hall

373

What Are the Challenges Associated with Interorganizational Collaboration to Improve Service Delivery for Children with Developmental Delay? Results from a Participatory-action Research

Emmanuelle Careau (CIRRIIS, CERSSPL-UL, Université Laval), Chantal Camden (Université de Sherbrooke), Audette Sylvestre (CIRRIIS, Université Laval)

Background/Rationale: Young children with developmental delay need complex social and health services requiring rapid and effective collaboration between many practitioners from different disciplines and organizations. In the Greater Quebec City area (Canada), many issues were noted concerning accessibility, continuity and efficacy of these services for this population. The aim of this participatory action research is to enhance interorganizational collaborative practice to improve services to young children with developmental delay and their parents. Specifically, in this first phase, we identified stakeholders' perceptions relating to interorganizational collaborative practice and documented the challenges to its effectiveness.

Method: Focus groups were conducted with 40 managers and practitioners from the six organizations involved; ten parents receiving services from these organizations participated in interviews. Focus groups and interviews were transcribed and a SWOT analysis was performed to identify the strength, weaknesses, opportunities and threat for collaboration. Practitioners completed a questionnaire measuring the frequency and quality of interactions and a social network analysis was performed.

Results: Results show that challenges associated with interorganizational collaboration are similar to interprofessional collaboration within one organization (expertise recognition, clarification of roles and responsibilities, positive collaborative leadership, effective communication, etc). However, geographical distance, lack of social contact and differences in organizational mandates and values complexify these issues. Practitioners also seem in a constant ethical dilemma between their desire to adequately address children and families' needs and the necessity to respect the criteria for service delivery established by the organization they belong to.

Conclusion: This study proposed an effective method to document interorganizational collaboration and understand its challenges. Results allowed to identify strengths, weaknesses, opportunities and threats of a regional collaborative network that are now used to collectively find relevant solutions to improve accessibility, coordination and quality of health and social care for children with developmental delay and their family.

D4ii

10:50 AM

Oral

Washington Lecture Hall

480

Partnering with Leaders to Enable Best Collaborative Practice for an Ambulatory Diabetes Care Clinical Team

Dean Lising (University of Toronto), Lynne Sinclair (University of Toronto), Maria Tassone (University of Toronto)

Background/Rationale: Practice-based interprofessional care (IPC) interventions have been demonstrated to produce positive health outcomes but further research is needed on IPC effectiveness in diverse scenarios. The Ontario government has recommended the design and development of IPC framework/models, with priority on optimization of scopes of practice in diabetes team-based collaborative care. There is potential opportunity for application of collaborative practice facilitation with diabetes care in an ambulatory setting.

Methods: An outpatient endocrine team with supportive leadership was selected as a pilot team at an urban academic teaching hospital. An external and literature scan of team assessment measures, IPC models and frameworks were explored for broad applicability to teams across the continuum of care. The Canadian Interprofessional Health Collaborative competency framework was utilized to develop key curriculum objectives. The facilitators worked with the team's leadership in order to structure the sessions and utilize a team pre-assessment to inform the content. A collaborative practice interactive curriculum was then created to cover collaborative practice foundations, team process, role optimization, communication, conflict competence and collaborative leadership. Various methodologies were utilized including appreciative inquiry facilitation of models of care, team process activities, scope of practice optimization over four three-hour workshops over 7 months.

Results: Quantitative and qualitative program evaluation demonstrated positive responses regarding expectations and achievement of learning objectives. Qualitative exploration of collaborative practice benefits included the application of IPC principles to practice, the importance of scopes of practice discussion with integration of models of care and team communication processes.

Conclusion: Given the importance of IPC across the continuum of care, a collaborative practice curriculum for clinicians was developed and implemented in an ambulatory care setting in collaboration with team leadership. Next steps include exploration of broad applicability of this curriculum needs for other teams across the continuum and multiple sectors, including longitudinal evaluation of sustainability.

D4iii

11:10 AM

Oral

Washington Lecture Hall

546



Interprofessional Simulation - Meeting the Needs of our Veterans

Susan Jones (*Jefferson College of Health Sciences*), Milena Staykova (*Jefferson College of Health Sciences*), George Steer (*Jefferson College of Health Sciences*), Chase Poulsen (*Jefferson College of Health Sciences*), Sara Nicely (*Jefferson College of Health Sciences*), David Trinkle (*Virginia Tech Carilion School of Medicine*), Bruce Johnson (*Virginia Tech Carilion School of Medicine*)

Background/Rationale: The White House Joining Forces' initiative focused the nation's attention to the needs of the past and present military service members and their families. Only 25% of the 23.8 million military veterans receive healthcare through the Department of Veterans Affairs (VA). This data reflects a critical trend for non-VA hospitals to act urgently in assessing and treating veterans. Healthcare providers should understand how the military service impacts veterans' health and their families. Academic institutions are responsible to prepare competent providers in meeting the needs of this population. The purpose of this research study is to evaluate the students perceived confidence level of identifying the special needs and resources for veterans during interprofessional (IP) simulation. Interprofessional Simulation provides the opportunity for students to collaborate with other disciplines to deliver quality care.

Method: In 2013 and 2014, two academic healthcare institutions collaborated to provide healthcare students from 11 disciplines the opportunity to address the needs across the continuum of care for veterans and their families. The interprofessional simulation model was utilized.

Results: Comparing the 2013 pre-survey results (μ 7.16) to post-survey results (μ 8.53), a 1.37-point difference in the means was noted. In 2014, comparing the pre-survey results (μ 8.1) to post-survey results (μ 8.7), a 0.6 point difference in the means was noted. An independent, a two-tails t-test with a $p=0.0007$ (in 2013) and $p=0.04$ (in 2014) concluded that there was a statistical difference in the pre-and post-intervention means and that the confidence level increased after the simulation activity. A Cronbach's alpha of 0.909 established the internal consistency in 2013. Nursing students experienced the highest change in confidence followed by respiratory therapy and medical students.

Conclusion: The IP education simulation was perceived as a beneficial strategy to help students from multiple specialties identifying the special needs and resources for veterans.

D4iv

11:30 AM

Oral

Washington Lecture Hall

614



Evidence-based Practice Beliefs Among Various Health Professional Students

Bernadette Melnyk (*The Ohio State University*), Lynn Gallagher-Ford (*The Ohio State University*), Michelle Harcha (*The Ohio State University*), Margaret Graham (*The Ohio State University*), Doug Post (*The Ohio State University*), Caitlin Slevin (*The Ohio State University*)

Background/Rationale: Evidence-based practice (EBP) is an approach to healthcare delivery that integrates the best evidence from research with a clinicians' expertise and a patient's preferences and values. While research indicates that EBP improves quality and safety of care, enhances patient outcomes, and decreases costs, it is not implemented consistently by healthcare providers.

Aim: To assess differences in EBP beliefs among health professional students from nine colleges and schools at a large public land grant university in the U.S. mid-west.

Methods: An anonymous, IRB approved online survey was conducted with 838 students before attending an interprofessional seminar on disclosing medical errors. Demographics and the 16-item EBP Beliefs Scale, which has construct validity and internal consistency greater than .80, were administered.

Results: 375 students completed the survey, a response rate of 44.7%. Students had the strongest EBP beliefs for the items: "I believe that EBP results in the best clinical care for patients," "I am sure evidence-based guidelines can improve clinical care," and "I am sure that implementing EBP will improve the care that I deliver to my patients." Students had the lowest scores for "I am clear about the steps of EBP," "I know how to implement EBP sufficiently enough to make practice changes," and "I am confident about my ability to implement EBP." While no significant difference on EBP beliefs was found between colleges, health and rehabilitation sciences and nursing students had the strongest beliefs about EBP whereas optometry had the lowest.

Conclusions: Health professional students must gain foundational knowledge and skills in EBP within an interprofessional framework at the start of their academic programing. Continued integration of EBP in interprofessional teams throughout health professional academic curricula will produce providers who yield better outcomes in healthcare quality, safety and costs.

**Strong Enough To Bend: Flexible Interprofessional Education Online Modules**

Jim Ballard (*UK Center for IPE*), Amy Blue (*University of Florida*), Andrea Pfeifle (*Indiana University*), Erik Black (*University of Florida*), Mary Mauldin (*MUSC*), Mavis Schorn (*Vanderbilt*), Heather Davidson (*Vanderbilt*), Rob Rockhold (*University of Mississippi*), Jeffery Borckardt (*MUSC*), James Norton (*University of Kentucky*)

Background/Rationale: Blended learning offers the potential for bridging academics and practice as one way to overcome some barriers associated with IPE. With funding from Josiah Macy Jr. Foundation the Southeastern Consortium for Interprofessional Education (SEC-IPE), composed of leadership from the University of Kentucky, University of Florida, Medical University of South Carolina, Vanderbilt University and University of Mississippi Medical Center developed two case-based module series that can be implemented in multiple delivery formats (blended, face to face, online/synchronous or asynchronous). Focused on Patient Safety and Transitions of Care, these modules are designed for implementation during early and mid-clinical or experiential education to bridge the gap between students' experiences with didactic, largely campus-based, IPE and clinical training allowing for the integration of knowledge, skills, and attitudes needed for interprofessional collaborative practice in early clinical training. Evaluation of the modules across five institutions indicates general satisfaction and learning outcomes across delivery formats, thus suggesting they provide a useful and flexible educational resource for interprofessional teaching and learning.

Objectives:

1. Describe two case-based learning modules that can be implemented in multiple formats
2. Strategize on how to implement one of these series within one of four potential delivery formats, and
3. Describe the process for downloading modules in formats compatible with two learning management systems and an alternative format.

Methods: SEC-IPE leadership will provide an overview of the modules, including a summary of evaluation data gathered to date (30 min.). Utilizing the TOC modules, participants will work together in four facilitated groups to develop an implementation strategy for the modules in four conditions: 1) face to face, 2) blended, 3) online synchronous and, 4) online asynchronous (40 min.). Teams will reconvene to share strategies, discuss challenges and opportunities encountered. Presenters will describe three ways the learning objects can be obtained by participants (20 min.)

Objectives: 1. Describe two case-based learning modules that can be implemented in multiple formats, 2. Strategize on how to implement one of these series within one of four potential delivery formats, and 3) Describe the process for downloading modules in formats compatible with two learning management systems and an alternative format.

D6i

10:30 AM

Discussion

Shenandoah A

219

**Establishing and Expanding Interprofessional Student Societies**

Lauren Dahlquist (*University of Nebraska Medical Center*), Noam Berlin (*University of Toronto*), Dean Collier (*University of Nebraska Medical Center*), Devin Nickol (*University of Nebraska Medical Center*), Sylvia Langlois (*University of Toronto*)

Topic: This discussion group focuses on the interactions between students, faculty, and community that are important for establishing or expanding interprofessional student societies. Student facilitators from two institutions, one in the United States and the other in Canada, will outline the four stages of a common approach they have taken to develop interprofessional learning activities outside of the classroom and work with faculty to integrate them into the didactic and clinical curricula. Student participants will have the unique opportunity to discuss the challenges faced by interprofessional student societies from different institutions in different countries and the strategies used to overcome them. Administrators and faculty are highly encouraged to attend and discuss the role students play in shaping collaborative learning and practice, and motivate student participation at their institutions by this novel approach. Using a series of worksheets, all participants will assimilate the knowledge gained from collaborating across borders to formulate an agenda for establishing or expanding interprofessional student societies at their respective institutions.

Background/Rationale: The University of Nebraska Interprofessional Society (UNIPS) and Interprofessional Healthcare Students Association (IPHSA) at the University of Toronto were founded to promote development of interprofessional activities using a novel approach. Students and faculty work together to propose activities, implement them through extracurricular student groups, and then evaluate, modify, and integrate them into the curricula. Based on this approach, participants will discuss how to establish or expand a student-led interprofessional society at their own institutions.

Objectives: Following the discussion, participants will have formulated an agenda that 1) identifies interprofessional learning and practice needs at their institutions and 2) determines opportunities for improving interprofessional learning and practice through partnerships with faculty, and the community.

Facilitation Methods: Participants will be divided into small groups for the initial discussion. Facilitators will briefly outline four stages that are important for the creation and expansion of interprofessional student societies, based on the experience of UNIPS and IPHSA. First, institutional needs and resources will be identified on a personalized level to form goals and missions. Second, the necessary structure and logistics to build a student-led and faculty-mentored collaborative society will be examined. Third, development and/or improvement of campus and community extracurricular activities and their execution using shared resources and shared leadership will be highlighted. Fourth, facilitators will discuss how extracurricular activities are evaluated and integrated into curricula as a joint faculty and student effort. In between each stage, participants will be allotted time to brainstorm and discuss ideas in small group to develop their agendas using the provided relevant materials. Finally, participants can volunteer to share their agenda for establishing or expanding an interprofessional student society during a large group discussion.

Relevant Materials: Facilitators will provide a worksheet for participants to complete prior to the discussion group to assess the interprofessional needs and resources at their institution. During small group, participants will incorporate this information into an agenda worksheet comprised of the four stages important for implementing and expanding a student-led interprofessional society. The discussion session will conclude with participants sharing agenda items with the large group for further discussion and amendment.

D6ii

11:15 AM

Discussion

Shenandoah A

613

Developing Interprofessional Health Care Providers: Initiating Collaborations from Classroom to Clinic

Dory Sabata (*University of Kansas Medical Center*), Shelley Bhattacharya (*University of Kansas Medical Center*), Mandi Sehgal (*University of Kansas Medical Center*), Stephen Jernigan (*University of Kansas Medical Center*), Myra Hyatt (*University of Kansas Medical Center*), Laura Zahner (*University of Kansas Medical Center*)

Topic/Subject: This discussion group will focus on sharing strategies for developing interprofessional collaborations from classroom activities to clinical practice settings.

By the end of this session, participants will be able to:

- Identify a model for delivering interprofessional education
- Describe at least two communication tools for interprofessional collaborative practice
- Recognize at least three potential challenges to developing interprofessional collaborations

Background/Rationale: The Core Competencies for Interprofessional Collaborative Practice (2011) document has provided a framework for emerging models of interprofessional education and practice. Yet, continued discussion is needed regarding how models and programs are developing to align with these competencies to prepare students and clinicians for interprofessional collaborative practice. Presenters in this session have been involved in the development of an interprofessional teaching clinic that later developed interprofessional curriculum to be used in conjunction with the clinical experience. The intent was to better prepare student for interprofessional practice by having tools and practicing together.

Facilitation Methods: Presenter will share examples of how they came together for interprofessional practice and developed interprofessional education for their students. In small groups, the presenters will facilitate discussion among attendees interested in establishing interprofessional education or interprofessional practices. The large group discussion will conclude by summarizing plans of all in attendance, identifying possible obstacles, and sharing successful approaches.

Relevant Materials: Presenters will share websites for communication tools and sample interprofessional curriculum. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.

D7i

10:30 AM

Discussion

Buck Mountain

503

Turning Challenges into Opportunities: How Can We Synchronize Change to Implement IPE Across Professional Schools and Institutions

Elizabeth Tanner (*Johns Hopkins School of Nursing*), Laura Hanyok (*Johns Hopkins School of Medicine*), Anne Lin (*Notre Dame of Maryland University School of Pharmacy*)

The purpose of this discussion group is to engage participants in a deliberation of challenges faced when integrating IPE into organizational structures as well as innovative strategies to successfully overcome those challenges. We will share issues faced by our three professional programs in integrating IPE in a school of medicine, nursing and pharmacy, as well as the issues encountered in working across universities as the three schools reside in two different universities. Participants in attendance will be invited to share their challenges as well. The barriers faced by our universities are common to many health professional programs across the United States, since accreditation requirements now mandate a curricula to include IPE. In this session we will facilitate a discussion of the challenges that we all have in common as well as those unique to institutions. Attendees will share lessons learned about how challenges can be transitioned into opportunities to successfully synchronize necessary curricular changes to move the IPE agenda forward. The facilitation method for this session will include small break out groups to address the following topics: integrating IPE learning activities into curricula with significant differences; curricular scheduling issues; faculty development; variability in decision making procedures (across schools and across universities). The small groups will summarize discussion results with the entire discussion group, followed by a group discussion of recommendations and solutions and lessons learned. A total group summary will be compiled.

- Objectives:**
1. Discuss challenges of integrating IPE competencies into organizational structures within different health professions schools and across institutions.
 2. Compare and contrast lessons learned among participants about synchronizing change in: integrating IPE learning activities, addressing curricular scheduling issues, organizing faculty development, addressing variability in decision making procedures.
 3. Share recommendations among discussion group participants for addressing organizational change and obtaining leadership, faculty and student support.



A Team Approach for Tobacco Training: Health Education Experiences as Interprofessional Collaboration Opportunities

Barbara Richardson (*University of Florida*), Kathy Nichols (*University of Florida*), Syraj Syed (*University of Florida*)

Topic: The Area Health Education Centers (AHEC) program at the University of Florida has long facilitated the AHEC Tobacco Training and Cessation– Initial Training (ATTAC-IT) program: an interprofessional teaming and learning experience for first-year health professions students. UF AHEC has partnered with faculty across our Colleges of Dentistry, Medicine, Nursing, Pharmacy, Public Health and Health Professions and Health and Human Performance to provide 750-800 students annually the opportunity to collaborate across disciplines on tobacco treatment and dependence. Not only are these students trained in tobacco control, but they are also prepared in interprofessional teams to deliver tobacco prevention curricula to middle school student classrooms.

This cross-disciplinary approach to team-based and community-based health education has been most successful as a model for interprofessional learning. The purpose of today's session is to discuss the benefits, challenges and best practices associated with utilizing an experiential team teaching model for interprofessional collaboration. Process evaluation of health professions students' co-constructive and peer-led strategy development for how best to deliver tobacco prevention curricula to middle school students has yielded qualitative data on the efficacy of this model for interprofessional teaming. Session participants will engage in discussion regarding their potential experiences with using similar models.

Background/Rationale: Preparing a knowledge base to deliver an instructional content has long been considered an efficient way to learn the content base itself. It is on this premise that the ATTAC-IT model for interprofessional education was developed. This model is a combination of both asynchronous and didactic learning, coupled with a team-based and peer-led component that establishes the interprofessional teaching team as the “owner” of the tobacco prevention curriculum, while also placing the onus on the team to deliver that curriculum successfully.

Today, UF AHEC seeks to collaborate with colleagues relative to their experiences with this type of method for interprofessional collaboration to work toward establishing a set of competencies and best practices for utilizing team teaching as an effective learning modality for interprofessional education.

Objectives:

- Participants will understand the benefits of implementing a health education program comprised of cross-disciplinary teaching teams that can provide the opportunity for effective interprofessional collaboration.
- Participants will share their experiences with various levels of utilizing team-based collaboration models to help their interprofessional student groups learn across their disciplines.
- Participants will learn the importance of utilizing a population-level health issue, such as tobacco dependence, to establish the relevance and connectivity of various health care professions across the continuum of care.

Facilitation Methods:

- Facilitators will provide background and perspective on the evolution of the ATTAC-IT program.
- Facilitators will describe the program evaluation, data collection methods and how this annual data has been utilized to refine the program approach.
- Facilitators will engage participants on their own programmatic efforts, specifically:
 - To what extent are your interprofessional education methods peer-based and co-constructive? What has been your experience in utilizing this method?
 - To what extent do your interprofessional education methods prepare students to deliver instructional content? What has been your experience in utilizing this method?
 - To what extent have your interprofessional education methods focused on community-based health education? What has been your experience in utilizing this method?

D8i

10:30 AM

90 min. Workshop

Shenandoah B

517

**Exploring Cultural Competency: Sharing our Interprofessional Experiential Workshop**Emily Akerson (*James Madison University*), Anne Stewart (*James Madison University*), Marsha Mays-Bernard (*James Madison University*)

Background/Rationale: Cultural competency is identified as a specific competency for successful interprofessional collaborative practice (IPEC, 2011). The Building Cultural Competency Workshop (BCCW) at James Madison University has been included as a required experience for over 2,600 health professions students over the last 10 years. A comprehensive review of the BCCW was completed during the summer 2012 by an interprofessional team. The team adopted the definition of cultural competency from “Cultural Competence Education for Students in Medicine and Public Health: Report of an Expert Panel” (July 2012) which reads “Cultural competence is defined in the broader context of diversity and inclusion as the active, intentional, and ongoing engagement with diversity to increase one’s awareness, content knowledge, cognitive sophistication, and empathetic understanding of the complex ways individuals interact with systems and institutions.” (Milem, 2005)

The BCCW explores issues of diversity, power, and privilege. Participants are invited to examine personal, professional and institutional values that influence their thoughts, feelings, and actions through a series of shared readings, video and group presentations, activities and respectful discussion. Resources are provided for successful facilitation and implementation of the workshop and ongoing study.

Objectives:

- Describe the rationale for addressing interprofessional cultural competency in coursework or trainings.
- Participate in 5 creative experiential activities to facilitate interprofessional cultural competency.
- Develop a plan for implementing strategies in their course or trainings.
- Examine evaluation results and discuss considerations for future assessment.

Teaching Methods: This highly interactive session will allow participants to engage in, reflect on, and share responses to experiential learning activities from a workshop designed to build interprofessional cultural competencies. Participants will collaborate in small groups to propose strategies for workshops and activities in their home institutions. As a result, participants will develop a toolkit for training students in the lifelong process of building cultural competency.

D9i

10:30 AM

45 min. Workshop

Pocahontas

567

**Taking the Mystery Out of the Interprofessional Objective Structured Clinical Examination (iOSCE): A Tale of Two Models**Susan J. Wagner (*University of Toronto*), John Tegzes (*Western University of Health Sciences*), Sheree Aston (*Western University of Health Sciences*), Brian Simmons (*University of Toronto and Sunnybrook Health Sciences Centre*), David Dickter (*Western University of Health Sciences*), Scott Reeves (*Kingston University and St. George's, University of London*)

Background/Rationale: Interprofessional education (IPE) competency frameworks have been developed that provide a description of the knowledge, skills, behaviours and attitudes required to achieve these goals and to improve health outcomes. Assessing the outcomes for these IPE competencies, however, remains a challenge. The Objective Structured Clinical Examination (OSCE) is used to assess the performance of individual learners and has been developed as an interprofessional or team OSCE to assess IPE competencies in groups.

Objectives:

- Identify challenges in assessing IPE performance
- Design an iOSCE station that incorporates several IPE competencies
- Plan an iOSCE blueprint to assess multiple IPE competencies
- Describe a model of iOSCE delivery

Teaching Methods: This hands-on workshop will focus on defining intended outcomes, development and delivery of the interprofessional OSCE or iOSCE to assess IPE competencies based on research findings and experiences from the University of Toronto, Canada and Western University, U.S.A.

This session will be maximally interactive by providing minimal didactic presentation and involving participants in individual, small and whole group (think – pair- share) practice and discussion throughout the session. Following a theory burst on performance assessment of IPE competency frameworks, participants will consider the challenges of an iOSCE. Then they will observe simulated iOSCE DVD scenarios from each university. Participants will then design and discuss iOSCE stations that incorporate IPE competencies. Finally, they will examine delivery options that are key to this process.

D9ii

11:15 AM

45 min. Workshop

Pocahontas

533

**Lost in Translation: Faculty Development for Communicating Concepts in Interprofessional Education**

Maria Wamsley (*University of California, San Francisco School of Medicine*), Amber Fitzsimmons (*University of California, San Francisco*), William Weppner (*University of Washington School of Medicine, Boise VAMC*), Amber Fisher (*Idaho State University, Boise VAMC*), Elena Speroff (*Boise VAMC*), Rebecca Brienza (*Yale School of Medicine*)

Background/Rationale: Interprofessional collaborative care skills are increasingly recognized as core competencies for learners in the health professions and interprofessional education is being integrated into classroom and workplace settings for both pre-licensure and post-graduate learners. One significant barrier to teaching core competencies in interprofessional collaboration is a lack of faculty training and expertise on effectively teaching collaborative care skills to interprofessional learners. This applies to faculty who are supervising trainees in their own profession, as well as increasingly common cross-supervision and teaching relationships.

Objectives:

1. Demonstrate strategies to effectively facilitate communication and collaboration in interprofessional teams.
2. Apply an evaluation tool that has been used successfully for assessing communication in interprofessional teams.
3. Practice skills in celebrating successes and addressing challenging situations in interprofessional education. Teaching methods

Teaching Methods: This interactive workshop will explore challenges, successes and opportunities for improved communication and teamwork in interprofessional classroom settings and ambulatory and inpatient clinical practice settings. Small group work will focus on problem-solving approaches to facilitating communication and evaluating team function, using “trigger tapes” – short videos depicting representative scenarios of successful (or problematic) communication in didactic, ambulatory, and inpatient settings. Our interprofessional team of facilitators will assist attendees in using a nine-point evaluation tool to understand communication domains and formulate a means of addressing them constructively. In addition, we will review a toolkit of techniques and specific language to help facilitate interprofessional communication and allow for meaningful feedback. This session is designed to mimic a faculty development workshop “in-action” and as a result of participation, attendees will be able to return to their home institutions knowing how to effectively use trigger tapes, small group discussion and an interprofessional communication evaluation tool, to enhance faculty skills to ultimately improve communication and collaboration in interprofessional teams.

This session will be interactive and will utilize trigger tapes of common challenges in interprofessional communication in classroom, ambulatory and inpatient settings. Participants will break into small groups to discuss how to approach each teaching scenario to improve interprofessional collaboration and capitalize on the “teachable moment.” The workshop will use a “train the trainer” model with the goal of providing participants with skills to use workshop materials at their home institutions. This workshop will emphasize adequate time for discussion by participants in this important, but emerging area of interprofessional education and team function.

D10i

10:30 AM

Discussion

Appalachian

327

**Occupational Therapy and Athletic Transition Coordinators: Is this Unconventional Partnership Feasible?**Elsebeth Birman (*University of the Sciences Student*), Varleisha Gibbs (*University of the Sciences in Philadelphia*)

Background/Rationale: While there is research highlighting the benefits of occupational therapy intervention for individuals going a transition process, there are minimal opportunities supporting the role of occupational therapists working with athletic transition coordinators to enhance client outcomes. Therefore, athletic transition and occupational therapists are an unconventional partnership that requires exploration.

An average professional athlete's career is over by age 33, and for some more physically demanding sports it can be over as young as 28 (Hadavi, 2011). Competitive athletics play an influential role in the participants' lives. There are approximately 420,000 National Collegiate Athletic Association (NCAA) student athletes. Countless student athletes, especially at the elite division I level, have aspirations of playing professionally. Unfortunately, only about 2% of the

420,000 student athletes continue their competitive career after college. The remaining 98% of student athletes will live the rest of their lives without the presence of competitive athletics in the capacity that it once was. Many of these individuals do not have a contingency plan if they do not have the opportunity to play professionally. Current methods for assisting such individuals do not include a proper evidence based practices. While athletic transition coordinators have expertise in the area of athletics, occupational therapists have the training and expertise in the area of theory and evidence-based practice. (Manfred, 2012) Their partnership could set a gold standard for work in this area.

Facilitation Method: Through presentation of current literature, specific examples of existing transition programs, and sharing of personal accounts participants will:

- Discuss the role and scope of occupational therapist and athletic transition coordinators
- Identify the various responsibilities of each profession
- Discuss strategies to collaborate between the two unconventional professions
- Identify how the IPEC core competencies can be used to create opportunities for two cohorts of learners to participate in IPE experiences
- Discuss potential methods to develop student experiences around the concept
- Discuss potential barriers and limitations of such a collaboration

Relevant materials to be shared: Athlete interviews, Literature review, Student perspective

D10ii

11:15 AM

Discussion

Appalachian

435

**Integrating Interprofessional Education into Uniprofessional Curricula: The Ultimate Jigsaw Puzzle**

Sylvia Langlois (*University of Toronto*), Zoraida Beekhoo (*University of Toronto*), Karen Burgess (*University of Toronto*), Mark Bonta (*University of Toronto*), Shelley Craig (*University of Toronto*), Sharona Kanofsky (*University of Toronto*), Lynda Mainwaring (*University of Toronto*), Kieng Tan (*Michener Institute*), Maria Tassone (*University Health Network*), Susan J. Wagner (*University of Toronto*), Noam Berlin (*University of Toronto*)

Topic: The value of interprofessional education (IPE) for students in the health science professions is widely accepted in higher education. IPE is recognized as a key initiative to address the complexity of health concerns experienced by North American health care systems and to enable students to prepare for a more collaborative practice model. A wide variety of worthwhile opportunities exist to provide students with authentic and relevant educational experiences to promote an understanding of collaborative practice. Yet key logistical barriers experienced by many higher learning institutions often hinder full integration of an IPE curriculum into uniprofessional curricula; this, in turn, causes students to see efforts as less valued and learning opportunities as add-ons. This roundtable discussion will explore strategies and consider opportunities.

Objectives:

- Discuss the value of IPE curriculum integration in academic and experiential learning
- Explore examples of integration of IPE core competencies into uniprofessional curricula
- Consider curriculum integration strategies

Facilitation Methods: Introduction: Curriculum experts from many North American institutions are considering integration of IPE curriculum into uniprofessional programs. Discussing options together will identify what has worked to date, as well as potential opportunities to enhance integration.

Roundtable discussions: Facilitators (including faculty and student) will facilitate discussions addressing the following questions:

1. What methods have educational programs employed to integrate IPE?
2. What strategies have been most successful? Why?
3. What else is being or could be explored?
4. What are the enablers and challenges of integration?
5. How can these enablers be enhanced and challenges overcome?

Large group interactive discussion: 1. Summary of ideas
2. Consideration of best strategies to enhance integration of IPE

Relevant Materials: Examples of curriculum integration used by one large university with eleven health science profession programs will be shared.

D11

10:30 AM

90 min. Workshop

Mill Mountain

59

**Cultivating Interprofessional Communication through Written Consultation**

John Tegzes (*Western University of Health Sciences*), Jasmine Yumori (*Western University of Health Sciences*), Katy Avila (*Western University of Health Sciences*), Jenny Tjahjono (*Western University of Health Sciences*)

Background/Rationale: Interprofessional collaboration in healthcare relies heavily on written communication. Formal, written consultation requests are often the method used between professions. In our interprofessional education (IPE) program we use the written consultation request process as an exercise for students to learn and develop effective interprofessional written communication skills. Incorporated into the process is a crucial feedback exercise to further enhance written communication skills that promote collaboration and lifelong learning.

Objectives:

- Recognize the importance of effective, collaborative written communication skills
- Design a collaborative interprofessional case exercise to use in their own IPE curricula
- Compose a consultation request and letter involving multiple professions focused on relationship-centered care
- Create effective feedback opportunities within an interprofessional academic exercise

Teaching Methods: This interactive workshop will start out with a brief lecture-demonstration. Our primary teaching method involves an attendee-centered approach, where attendees will work in groups to:

- Develop an interprofessional case
- Complete a consultation letter incorporating other health care professions
- Provide feedback regarding the effectiveness of other letters

12:00 PM Lunch (Ticket Required)
Roanoke Ballroom C/D

Special IPE Reports

Report of the Recommendations from the April 2015 Conference on Enhancing Health Professions Education through Technology convened by the Josiah Macy Jr. Foundation

George Thibault, President, Josiah Macy Jr. Foundation

Stephen C. Schoenbaum, Special Advisor to the President, Josiah Macy Jr. Foundation

Report of the Recommendations from the Institute of Medicine Committee on Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes

Barbara Brandt, Director, National Center for Interprofessional Practice and Education, University of Minnesota

Patricia Cuff, Director, Global Forum on Innovation in Health Professional Education, Senior Program Officer, Academy of Medicine, Washington D.C.

Brenda Zierler, Professor and Co-Director, Center for Health Sciences Interprofessional Education, Practice and Research, Director of Faculty Development, Institute for Simulation and Interprofessional Studies - University of Washington

1:30 PM Concurrent Sessions E

E1 1:30 PM Panel Roanoke Ballroom A/B 468

Generating Evidence for Genuine Change: Realistic Approaches to IPE Assessment

Jennifer Danielson (University of Washington School of Pharmacy), Mayumi Willgerodt (University of Washington), Doug Brock (University of Washington), Peggy Odegard (University of Washington), Erin Blakeney (University of Washington)

Background/Rationale: Survey-style tools continue to dominate assessment of learner attitudes and knowledge about roles and teams in healthcare. Pre-post assessments remain the principal endpoint in demonstrating learning outcomes in interprofessional (IP) collaborations. Yet, methods that assess lasting integration of learning with demonstrated change in practice behavior within teams remain elusive. Emerging developmental evaluation approaches increasingly integrate assessment and training to strengthen learning while not burdening students with separate assessments. This program showcases 3 pragmatic, yet novel, assessment methods piloted at the University of Washington.

Objectives:

1. Identify metrics obtainable from currently collected data or embedded evaluations that can be used to measure impact of IPE overtime.
2. Discuss potential entrustable practice activities that demonstrate development of collaborative practice behavior.
3. Distinguish the need for innovative thinking about evaluation methods that merge learning with assessment.

Agenda:

1. Introduction: mixed methods, pragmatic assessment in IPE
2. Description: 3 assessment methods
 - a. Embedded metrics: presentation followed by small group discussion of key performance indicators that are currently available or easily imbedded in evaluation data that can be used to measure change over time in a professional program
 - b. Entrustable practice activities (EPAs): presentation followed by small group discussion about assessing team behavior in practice or clinical experiences
 - c. Longitudinal assessment: presentation followed by small group discussion about repeated measurement of students over an entire curriculum to identify effective educational offerings and critical times of development
3. Wrap-up: description of developmental evaluation methods that integrate teaching with assessment to increase educational benefit and reduce survey burden for students

Implications: Initial results show these integrated assessment methods, which are effective and practical, have potential for broad use in a variety of settings. Similar techniques could be used elsewhere to measure development of competency in team-based practice and impact of implementing IPE curricula over time.

**Student Involvement in Interprofessional Curriculum Development - The Student Perspective**

Kenji Tanabe (*University of Colorado School of Medicine*), Aubrey Jones (*University of Colorado School of Pharmacy*), Mark Earnest (*University of Colorado Anschutz Medical Campus*), Wendy Madigosky (*University of Colorado Anschutz Medical Campus*)

Background/Rationale: The growing consensus that collaborative interprofessional practice is necessary to improve patient outcomes has led to the widespread adoption of interprofessional educational (IPE) programs in health professions training. IPE programs often face difficulty with implementation, as students may not recognize or accept the importance of the curriculum. In this abstract we present the benefits of involving students in the ongoing curriculum development of an IPE program at University of Colorado Denver Anschutz Medical Campus, from our perspective as these students.

Objective: Explain the potential benefits of involving students in the course improvement process for an interprofessional education program.

Methods: In 2012 the University of Colorado Anschutz Medical Center rolled out a one-year interprofessional education (IPE) program required for all first and second year health professional students on its shared campus. Briefly, the program consisted of weekly team-based learning sessions focused in three competency domains: ethics and values, teamwork and collaboration, and quality and safety. All medical, dental, nursing, physical therapy, physician assistant, and pharmacy students participated. Each program also elected two students to serve as student representatives for the IPE course. IPE student representatives provided feedback to the faculty leaders and course instructors after each weekly session in the form of a 30 minute "debrief." As student representatives we also gathered feedback from our classmates on an ongoing basis and advocated for the course.

Results: This close student/faculty partnership provided significant benefits. First, the weekly debrief sessions, which brought together student representatives and faculty to converse and ultimately agree on suggestions for improving the course, empowered the student representatives with an intimate knowledge of course development and improvement process. This in turn allowed the student representatives to present strong, actionable feedback to the course faculty. Students were only invited to provide feedback on course execution, but were empowered to develop solutions for improvement. Familiarity with the course allowed students to act as advocates and provide sound explanations to peers for aspects of the course that were less popular.

In addition to the direct impact on the course itself, student representatives received a valuable experience in academic education. Representatives learned firsthand how to translate broad course goals into actionable curricula while accommodating the numerous stakeholders in an interprofessional, academic course. Student representatives were also able to actively use and practice the skills they were learning in the IPE course. For example, the IPE course content in structured feedback methods and conflict resolution strategies both proved useful in giving public feedback during the debriefs. Many students have aspirations to teach within their respective professions and this experience has provided them with a strong model and the confidence to carry this goal forward.

Conclusion: As health professions education programs continue to adopt IPE our experience suggests that engaging a group of elected student representatives in the ongoing curricular improvement process is of immense value. Not only do student representatives have unique insight and a strong voice amongst their peers, but they also have the opportunity to collectively develop as leaders eager to advance interprofessional care.

E2ii

1:50 PM

Oral

Monroe

412



Promoting Communication and Collaboration in First Year Students Representing Six Health Professions through a World Café Activity

Margaret Purden (*Ingram School of Nursing, McGill University*), Cynthia Perlman (*School of Physical and Occupational Therapy, McGill University*), Melanie Mondou (*Faculty of Medicine, McGill University*), Helene Ezer (*Ingram School of Nursing, McGill University*), Mark Daly (*McGill University Health Centre*), Kelly Root (*School of Communications Science and Disorders, McGill University*), Liliane Asseraf-Pasin (*School of Physical and Occupational Therapy, McGill University*), Joanna Caron (*Faculty of Medicine, McGill University*)

Background/Rationale: Although teamwork and communication are core competencies of the Canadian Interprofessional Health Collaborative framework (2010), little is known about pedagogical approaches to promote these skills in first year students. Objectives: To promote communication and collaboration using an interactive teamwork activity for first year students in the health professions.

Objectives:

1. Appreciate how a world café activity may be used promote communication and collaboration in interprofessional groups of learners
2. Understand the components of a health promotion activity
3. Learn strategies to debrief an interprofessional student activity

Methods: A health promotion activity brought together groups of three to four students from the different professions to design a health promotion project that was then presented to their peers in a world café activity. Forty-four groups of first year students from six different professions (n=626) were assigned to work together. At the world café student groups were assigned to a table with two other groups and established communication rules for group work, presented their project to their colleagues and selected one project to advance to the second round. Students were then responsible for presenting the selected project to a new group of peers at a different table and repeated the voting process. At the end of the session, facilitators elicited students' reactions to the format and lessons learned about team communication. Students completed the 20-item Group Self-Assessment on Interprofessional Practice (adapted from Bruyere) a measure of group cohesiveness, and an evaluation of the activity.

Results: Students mean scores on the 5 point scale of the group self-assessment tool ranged from 3.84 a leader of the group is clearly identified to 4.89 members respect and support one another. The results were also compared across the six professions. The students provided useful recommendations to improve the session.

Implications: A world café activity that enables students to experience teamwork, to discover the contributions of other professionals, and to learn how to communicate ideas effectively to colleagues is valuable and appropriate even for students who are in the early stages of their professional education.

E2iii

2:10 PM

Oral

Monroe

418

**Preparing Faculty to Debrief: The value of Simulated Student Teamwork Scenarios**

Mark Daly (*McGill University Health Centre*), Margaret Purden (*Ingram School of Nursing, McGill University*), Liliane Asseraf-Pasin (*School of Physical and Occupational Therapy, McGill University*), Cynthia Perlman (*School of Physical and Occupational Therapy, McGill University*), Melanie Mondou (*Faculty of Medicine, McGill University*), Kelly Root (*School of Communications Science and Disorders, McGill University*), Helene Ezer (*Ingram School of Nursing, McGill University*), Linda Crelinsten (*Arnold and Blema Steinberg Medical Simulation Centre, McGill University*), Nick Burton (*Arnold and Blema Steinberg Medical Simulation Centre, McGill University*)

Background/Rationale: Simulated learning activities are emerging as a valuable pedagogical tool to promote interprofessional collaboration and teamwork in health care students from the different professions. Faculty facilitators who can effectively guide students in a debrief of an interprofessional group activity can greatly optimize students' learning. However, most faculty have limited experience with simulated interprofessional learning activities.

Objectives:

1. Appreciate how a simulated case with student actors may be used advance the debriefing skills of faculty with interprofessional groups of student learners
2. Understand the components simulated student case activity
3. Learn strategies to debrief an interprofessional simulation activity

Methods: Faculty facilitators viewed two 5 minute videos of a group of student actors from five different health professions interviewing a standardized patient and then a standardized family member. After each clip facilitators participated in a small group discussion of how they would guide the students in a debrief of each encounter. The groups shared their strategies with the larger group and received feedback. A final video showed the students in a huddle to develop a plan of care. Once again the facilitators shared their ideas in their individual groups and then in the larger forum. The plenary wrap up included a review of debriefing strategies from the literature along with best practices identified by experts at the Simulation centre. Facilitators completed an evaluation of the preparatory activity and listed lessons learned.

Results: Overall, the simulation learning activity was useful in advancing facilitators' debriefing repertoire and increasing their level of comfort. The results were also compared across the different professions. Facilitators provided suggestions to improve the preparatory session.

Implications: A simulated learning activity that provides facilitators with an opportunity to observe the activity and to discuss a variety of debriefing strategies is an innovative way to develop faculty to facilitate interprofessional simulated learning activities.

E2iv

2:30 PM

Oral

Monroe

565

**Integrated Interprofessional Education: The Student Perspective**

Christopher McLaughlin (*Virginia Tech Carilion School of Medicine*), David Trinkle (*Virginia Tech Carilion School of Medicine*)

Interprofessional learning and education is being actively integrated into medical, nursing, physician assistant, and allied health curriculums. Virginia Tech Carilion School of Medicine (VTCOSM) is the first school in the country to have a fully integrated interprofessional learning experience throughout all four years of medical school. Interprofessionalism at VTCOSM is the study and practice of the roles between various healthcare providers, with the goal of having the professions learn to work together and respect one another's roles on the health care team before entering the workforce. VTCOSM collaborates with Jefferson College of Health Sciences (JCHS) to bring students of all healthcare professions together in the Interprofessionalism Domain. Using student input, surveys, and materials from the Interprofessionalism Domain of VTCOSM, the successes and difficulties of interprofessionalism in undergraduate medical education will be examined. A survey of current literature regarding interprofessionalism in health education will also add to a comprehensive picture of interprofessional learning as it stands today. This will allow us to form inclusive solutions from past experience and new projections for future directions in interprofessional education.

Background/Rationale: The student voice in interprofessional education has yet to be examined from an academic perspective, yet it is integral to the success of interprofessional education. This is especially true in pre-professional programs, such as those at Jefferson College of Health Sciences and Virginia Tech Carilion School of Medicine. The student feedback and input at VTCOSM provides a real world meter for the status of a fully integrated interprofessionalism curriculum, and would provide a learning opportunity for other academic institutions to see what is and is not working in pre-professional interprofessional education.

Objectives:

1. Explore the costs and benefits of an Interprofessionalism Domain from a student's perspective.
2. Identify factors that have contributed, both positively and negatively, to a fully integrated Interprofessionalism curriculum at Virginia Tech Carilion School of Medicine
3. Examine the current state of Interprofessional Learning and Education in medical and allied health curriculums, drawing from experiences with the VTCOSM/JCHS collaboration and current literature.

E3i

1:30 PM

Oral

Roanoke Ballroom E-H

414

**Interprofessional Ethics Education Using Team Based Learning (TBL)**

Glover Jackie (*University of Colorado Center for Bioethics and Humanities*), Janice Hanson (*University of Colorado School of Medicine*), Wendy Madigosky (*University of Colorado School of Medicine*), Kari Franson (*University of Colorado School of Pharmacy*), Diane Brunson (*University of Colorado School of Dental Medicine*), Darcy Solanyk (*University of Colorado Physician Assistants Program*), Amy Nordon-Craft (*University of Colorado Physician Therapy Program*), Karen Gorton (*University of Colorado College of Nursing*), Mark Earnest (*University of Colorado School of Medicine*)

Background/Rationale: Practitioners from the various health professions rarely have the opportunity to understand other health professions and their perspectives of what is best for patients, a problem that can be addressed by learning ethics in an interprofessional environment. The University of Colorado began their Interprofessional Education Program in 1998 with a required interprofessional ethics course called "Ethics in the Health Professions." In 2014, the ethics content was integrated into a new course called Interprofessional Education and Development (IPED). The IPED course integrates three domains – Team Work and Collaboration, Safety and Quality and Values and Ethics.

Objectives:

1. Describe the evolution of interprofessional ethics curricular content from small group discussion to TBL.
2. Compare and contrast assessment and evaluation data.
3. Discuss the pros and cons of each methodology

Methods: The "Ethics in the Health Professions" course employed a small group discussion learning methodology with 1-2 faculty preceptors assigned to each small group with largely open-ended discussion. The assessment was based on participation in discussion and several individual written case analyses. The new IPED course uses a Team Based Learning (TBL) learning methodology which entails structured application exercises and 1-2 facilitators for every 4-5 groups. The assessment is based on performance on an individual multiple choice exam (iRAT – individual readiness assurance test) and a team multiple choice exam (tRAT – team readiness assurance test) and a final multiple choice exam. The presentation will compare and contrast the two learning methodologies including a discussion of the rationale behind the change, a description of each curriculum, assessment data, and comparative evaluation data from both students and faculty.

E3ii

1:50 PM

Oral

Roanoke Ballroom E-H

427

**Individual and Team Outcomes from an Interprofessional Course Focusing on Teamwork/ Collaboration, Values/Ethics, and Safety/Quality at the University of Colorado**

Wendy Madigosky (*University of Colorado*), Mark Earnest (*University of Colorado Anschutz Medical Campus*), Kari Franson (*University of Colorado Skaggs School of Pharmacy*), Jackie Glover (*University of Colorado*), Darcy Solanyk (*University of Colorado*), Amy Barton (*University of Colorado*), Diane Brunson (*University of Colorado*), Karen Gorton (*University of Colorado*), Amy Nordon-Craft (*University of Colorado*)

Background/Rationale: In 2014, the University of Colorado Anschutz Medical Campus launched a revised IPE curriculum for first and second year students from six health professions. This course, Interprofessional Education and Development (IPED), introduces 3 content domains - teamwork/collaboration, values/ethics, and safety/quality. Sixteen two hour sessions were implemented with eight in the spring semester of first year and eight in the fall semester of second year. Sessions used team-based learning (TBL) methodology with students working in interprofessional teams to learn course content and apply skills.

Objectives:

1. Describe individual outcomes across 6 professions and 3 content domains including satisfaction, knowledge and skill acquisition
2. Describe interprofessional team performance outcomes across content domains
3. Cite lessons learned from this new content focus (teamwork/collaboration, values/ethics, safety/quality), teaching method (team-based learning), and assessments.

Methods/Methodology: Student knowledge was assessed through individual readiness assurance tests (iRATs) and comprehensive final exams at the end of each semester. Team knowledge and skill were assessed through team readiness assurance tests (tRATs), team activity products, and a capstone presentation. Students also provided peer feedback and evaluated each session, facilitators and the course overall.

Results: 99% of the students demonstrated knowledge acquisition across all three content domains. tRAT scores, session products and final capstone presentations demonstrated that 100% of teams acquired the expected knowledge and skills. Student evaluations indicated increased satisfaction with session pre-work and the testing process over time, and demonstrated variability in course satisfaction and appreciation of peer feedback by profession.

Conclusions: The revised structure and methods of the IPED course at the University of Colorado Anschutz Medical Campus are successful in developing baseline knowledge and skills in interprofessional content domains of teamwork/collaboration, values/ethics, and safety/quality. Interesting differences in performance and satisfaction were demonstrated across professions and content domains.

E3iii

2:10 PM

Oral

Roanoke Ballroom E-H

429

**Fostering Interprofessional Learning Through a Common Reading: “My Stroke of Insight”**

Patricia McGinnis (*Richard Stockton College of NJ*), Mary Padden (*Richard Stockton College of NJ*), Margaret Slusser (*Richard Stockton College of NJ*), Marylou Galantino (*Richard Stockton College of NJ*)

Background/Rationale: Interprofessional education (IPE) can be cultivated in many ways. One challenge is to structure activities to engage students from varied pre-professional and professional programs. The objectives of this presentation are to: 1) Describe a new approach to IP learning across a School of Health Sciences (SHS), and 2) Present outcomes and lessons learned from this activity.

Methods: SHS faculty in all undergraduate pre-professional and graduate professional programs implemented a Common Reading “My Stroke of Insight” by Jill Bolte Taylor, incorporating a variety of activities including class discussions and reflective assignments. The semester culminated with a School-wide interactive IP panel discussion with faculty and students, to exemplify the core competencies of interprofessional communication, teams and team work, roles and responsibilities, and values and ethics in a lively discussion of interprofessional collaborative practice. Media services recorded the session for future use by SHS programs.

Results: A 5-point Likert scale (Excellent – Poor) was used to measure success in meeting select IPE objectives. The percentage of rankings follow: Teams (excellent = 66.7%, good =30.0%); IP communication (excellent=76.7%, good=21.1%); Values (excellent=62.2%, good=28.9%); Roles (excellent=63.7%, good =26.45%). Open ended responses revealed students most valued hearing perspectives from several different professions and how they cooperate as a team for the best interests of the patient.

Conclusion: Students and faculty from undergraduate pre-professional programs and graduate professional programs in the SHS fostered deeper understanding of IP communication, collaboration, roles, and team work from a common reading. Selecting a reading with broad appeal to varied student levels and backgrounds was a key consideration for this and future offerings of this new approach to facilitating IPE and IPCP. Four student outcomes were chosen for this offering; additional outcomes will be added in subsequent years.

Engaging the Nexus: Using Tools within Healthcare Education and Clinical Practice Settings to Strengthen IPECP and Achieve the Triple Aim

Christa Cerra (*Schools of the Health Sciences Health Policy Institute, University of Pittsburgh; Renaissance Family Practice, University of Pittsburgh Medical Center*), Diana Drake (*School of Nursing, University of Minnesota*), Brian Sick (*Medical School, University of Minnesota*), Jean King (*College of Education and Human Development, University of Minnesota*), Mary Chesney (*School of Nursing, University of Minnesota*), May Nawal Lutfiyya (*Academic Health Center, National Center for Interprofessional Practice and Education, University of Minnesota*)

Background/Rationale: The Nexus, as defined by the National Center for Interprofessional Practice and Education, is the alignment of healthcare delivery with interprofessional education.[1] Development and maturation of the Nexus is viewed by experts in the field of interprofessional education and collaborative practice (IPECP) as an innovative strategy for achieving the Triple Aim [2] (i.e., improving the patient experience of care, improving the health of populations, and improving the per capita cost of healthcare).

To strengthen the Nexus, new IPECP-related practice models have been emerging across the nation. In 2013, an IPECP pilot project was developed and implemented in a clinical practice setting for a pre- and post-licensure healthcare provider population.[3] The project was a five-week long course that consisted of two face-to-face sessions and five on-line modules. The course supplied basic knowledge on the field of IPECP, and offered opportunities to apply knowledge gained through structured, team-based experiences. The long-term goal of the project was to have a positive impact on site-level outcomes, as defined by the Triple Aim.

This is a presentation on the use of five tools found within the Nexus of the project site. These tools were used for the development, implementation and evaluation of the 2013 pilot project. Listeners will be encouraged to consider application of the five tools to existing and future projects found within their own Nexus settings.

A 5-minute question and answer period will follow.

Methods: The following five tools were discerned for use in the development, implementation, and evaluation the 2013 IPECP pilot project: a) face-to-face interviews with healthcare educators and clinicians in the field of IPECP for recommendations on use of content, teaching strategies, and evaluation methodologies, b) assessment of the project site for strengths and weaknesses to teach, learn, and practice interprofessionally, using an IPECP site assessment tool,[4] c) informal collection of anonymous comments concerning attitudes towards IPECP from post-licensure providers at the practice site, d) visits to Nexus practice-sites engaged in developing patient-centered, team-based models of care, and e) ongoing input from experts in the field during the implementation phase of the project.

Results: Use of the five tools discerned within the Nexus of the project site yielded the following outcomes for use in the 2013 pilot project: a) interviews with experts generated six thematic concepts and requirements for project design, implementation, and evaluation, b) use of the site assessment tool identified level of site readiness to engage in an IPECP-related project, c) anonymous comments from post-licensure providers focused the intervention on areas of site weakness, d) visits to practice sites implementing IPECP underscored the value of tailoring the IPECP intervention to the unique needs of the practice site, and e) modifications to the project were made based on continuing input from experts in the field.

Conclusion: This presentation reports on the use of five tools found within the Nexus of a 2013 project site. These tools have application to current and future projects within other Nexus settings. Their use can further the development of IPECP, and support achievement of site-level outcomes, as defined by the Triple Aim.

References:

1. National Center for Interprofessional Education and Practice, Learn About the Nexus. Available from <https://nexusipe.org/about-nexus>
2. Berwick D, Nolan T, Whittington J. The Triple Aim: Care, health, and cost. *Health Affairs*. 2008; 27: 759-769. PMID:18474969 <http://dx.doi.org/10.1377/hlthaff.27.3.759>
3. Cerra, C., Drake, D., Sick, B., King, J., Chesney, M., & Lutfiyya, M.N., 2014. Building the foundation for culture change through the design, implementation, and assessment of an interprofessional education intervention. *Journal of Nursing Education and Practice*, 5(1), 46-57. doi: 10.5430/jnep.v5n1p46
4. Regents of the University of Minnesota. InSITE (developed by Sick, B.). 2013. Minneapolis, Minnesota: Regents of the University of Minnesota.

E4i

1:30 PM

Oral

Washington Lecture Hall

29



Examination of the Effects of Interprofessional Collaboration on Health Care Provider and Team Productivity: An Important Consideration in Health Human Resources Planning

Kelly Lackie (*Dalhousie University*), Gail Tomblin Murphy (*Dalhousie University*)

Background/Rationale: Competency-based health human resources planning (CB-HHRP) is about having the right number and skill mix of health care providers (HCPs) in the right place at the right time to meet care requirements. When undertaking CB-HHRP it is important to consider how HCPs work together and the impact team delivered care has on productivity. IPCP has been promoted as a means to create HHR efficiencies and enhance the quality of care; therefore, when undertaking CB-HHRP it is reasonable to establish if IPC occurs, the extent to which it occurs, and how it affects productivity. The purpose of this study is to discover HCPs' understandings about IPC and their perceived level of efficiency when working with their primary health care (PHC) team; to determine the extent to which HCPs demonstrate IPC competencies; and, to explore whether self-assessment of IPC competencies changed HCPs' sense of being productive.

Objectives:

1. Examine the impact of IPCP on HCP and team productivity.
2. Provide contextual understanding of the importance of IPCP in CB-HHRP.
3. Discuss implications for future IPCP research.

Methods: Utilizing a sequentially embedded mixed-methods design, semi-structured interviews were performed prior to and after the IPC competency self-assessments. Thematic analysis was undertaken in the analysis of the interview data. Self-assessment was completed using the Interprofessional Collaborator Assessment Rubric (ICAR); mean and SD were evaluated for each competency category per HCP group; ANCOVA allowed for comparisons between groups.

Results: Data analysis in progress.

Conclusions: This research provides a full description of IPC and its affect on productivity, which assists in understanding whether HCPs do what they say they could/would do in relation to IPC and productivity. The findings provide contextual understanding of IPC and productivity in the PHC setting that will be useful to HHRP and the HCPs who work in collaborative teams.

E4ii

1:50 PM

Oral

Washington Lecture Hall

41



Using Non-Physician Prescribing as a Mechanism to Facilitate Collaborative Care? A Comparative Analysis of Ontario and Saskatchewan

Olena Kapral (*Johnson-Shoyama Graduate School of Public Policy, University of Regina*)

Background/Rationale: Various provinces have enhanced the scopes of practice of pharmacists and nurse practitioners (NPs) to reduce the clinical burden on physicians and facilitate collaborative care among health care providers. Some studies have evaluated the clinical implications of enhanced scopes of practice but there has been no system-level analysis. It is important to understand the broader implications of these regulatory changes to determine their effectiveness in facilitating collaborative care. This study aims to understand the implications of existing health organizations on the enhancement of scopes of practices as a primary health care (PHC) reform initiatives.

Methods/Methodology: A comparative case study design was used to establish a narrative of the events that influenced the decision to enhance the scope of practice of pharmacists and NPs in Saskatchewan and Ontario. These provinces have implemented different regulatory frameworks and have committed to support team-based care, providing an optimal point of comparison for this study. Data was collected from publicly-available documents from relevant government and professional association websites and online archives, which were then analyzed using the method of discourse analysis.

Results/Conclusion: The similarities and differences of the enhanced scopes of practices used in both provinces will be discussed. Results demonstrate that the differences of scopes of practice in both provinces emerged as a result of the pre-existing regulatory frameworks, as well as the nature of the discussion among stakeholders in each province. While enhances scopes of practice have allowed pharmacists and NPs in both provinces to be more responsive to their patients' needs, there is limited evidence to suggest that it has facilitated collaborative care. These results provide a deeper understanding of the purpose and nature of the regulatory frameworks, which will enhance the ability of provincial jurisdictions to achieve desired policy objectives, from increasing scopes of practice to facilitating more collaborative care.

E4iii

2:10 PM

Oral

Washington Lecture Hall

97



Enhancing the IPE Competencies of Teamwork and Role Perception through Peer-to Peer Collaborative Learning

Amanda I. Rodriguez (*Texas Tech University Health Sciences Center*), Steven Zupancic (*Texas Tech University Health Sciences Center*), R. Lisa Popp (*Texas Tech University Health Sciences Center*)

Background/Rationale: Dizziness is a common reported symptom and can be difficult to independently diagnose due to its complex nature. Many providers are unaware of the resources and roles of each member on the balance care team. Thereby, development of an interprofessional educational learning event (IPELE) that focused on the management of vestibular and balance disorders was implemented. The purpose of this pilot study was to determine if interprofessional education has an effect on didactic and teamwork perception scores in medical, audiology and physical therapy students.

Methods: Students across three campuses completed pre-IPELE assessments: an eight-question vestibular didactic assessment and the Generic Role Perception Questionnaire (GRPQ). Following, a short didactic lecture, students were assigned into 16 interprofessional groups while two groups at distant campuses contained only physical therapy students. All groups completed four mock cases, performed a hands-on-activity, and determined diagnosis and plan for management. The purpose of this portion was to encourage peer-to-peer collaboration, learning, and teaching. Each group was assigned a faculty facilitator from allied health, nursing, pharmacy and medicine to encourage group discussion. The two assessment tools were then administered post-IPELE.

Results: Participation in the IPELE resulted in improved understanding of the roles and responsibilities of students from other professions for medical students as seen by significantly higher ($p < 0.0001$) GRPQ post scores when compared to pre-scores. However, the IPELE did not alter perceptions in the allied health students ($p = 0.44$). This interprofessional learning model did enhance student's didactic knowledge of dizziness diagnosis and management regardless of profession in both intraprofessional and interprofessional groups.

Conclusions: 1. The improved GRPQ scores in medical but not allied health students, suggests that medical students may need more exposure to interprofessional activities than currently provided.
2. A peer-to-peer collaborative model of learning can be beneficial in learning clinically complex disorders.

E4iv

2:30 PM

Oral

Washington Lecture Hall

139



Centering Women and Newborns in Health Human Resources Planning: Addressing Health Needs and Improving Patient-centered Care Through Collaborative Approaches

Annette Elliott Rose (*Dalhousie University*), Gail Tomblin Murphy (*Dalhousie University*), John Gilbert (*University of British Columbia*, Co-Chair, *Canadian Interprofessional Health Collaborative*)

Background/Rationale: In the midst of a global health human resources (HHR) crisis and with increasing health needs, new ways of designing health care in all clinical settings, including primary maternity health care, is required. In an effort to address current HHR and health system challenges, needs-based HHR places people at the centre of HHR planning by focusing on their health needs to estimate the health services required. To date, no study has used needs-based HHR planning specifically for maternal and newborn care in Canada. The purpose of this presentation is to describe the theoretical underpinnings, design, results and policy, practice and planning implications of a sequential quantitative-qualitative mixed methods study aimed at identifying the primary maternity health care needs of women and newborns.

Methods: Informed by established HHR frameworks, data from two data sources, the Canadian Community Health Survey and the NS Atlee Perinatal Database were analyzed to determine predictors of the health needs of women and newborns. Focus groups and interviews with women, health care providers and health leaders were analyzed using thematic analysis.

Results: Using multiple regression analysis, a number of predictors associated with a broad definition of health were found to increase maternal and newborn health needs. Qualitative analysis identified that women, health leaders and providers recognize a lack of patient-centredness in our current system influenced by differing philosophical approaches, professionalization and health care funding models. Integrated findings informed health needs scenarios. In an effort to improve patient-centeredness, strategies to increase interprofessional and intersectoral collaboration and full scope practice will be highlighted.

Conclusions: It is anticipated that integrated findings from this research will inform HHR and primary maternity health care planning in Nova Scotia by identifying the health needs of women and newborns and in turn, informing interprofessional maternal and newborn care delivery models.

E5i**1:30 PM****Discussion****Wilson**

593



Ethics Education and Practice and IPE/IPCP: Opportunities for Synergy

Sarah Shannon (*University of Washington*)

Topic: Institutional ethics committees and ethics consultation services offer a unique opportunity to capitalize on an existing, robust area of interprofessional practice. This session will explore opportunities to create synergies between ethics and IPE/IPCP.

Background/Rationale: Institutional ethics committees and ethics consultation services have traditionally been interprofessional, including physicians, nurses, social workers, theologians, philosophers, lay members, lawyers and others. The Joint Commission requires that ethics consultation be available to clinicians, patients and families for assistance in sorting through difficult questions in health care such as end-of-life decision-making, determining decisional capacity in situations of emerging dementia, or balancing the values of protecting safety while respecting the right to autonomy. Ethics can also include organizational issues such as involuntary psychiatric holds in emergency room or medical unit settings, large scale disclosure of medical errors, or rationing of scarce resources during times of shortage. Interprofessional conflict is a common feature of ethics. In addition, ethics education for healthcare professionals is an opportunity for IPE due to shared professional and bioethical values.

Facilitation Methods:

- This discussion session provides an opportunity for conference attendees who actively participate in either ethics education or ethics consultation to discuss synergies between ethics and IPE/IPCP.
- The facilitator is an experienced ethics educator and ethics consultant who is also active in the American Society for Bioethics & Humanities (ASBH).
- Participants will discuss five potential models for synergy between ethics and IPE/IPCP: ethics as curriculum thread, ethics as topic vector, ethics as practice specialty, ethics as practice experience, and ethics as organizing framework.

Relevant Materials:

- Key reference materials from ASBH
- Examples of each model for synergy between ethics and IPE/IPCP

E5ii

2:15 PM

Discussion

Wilson

611

Interprofessional Multi-patient Clinical Simulation Focused on Roles, Value and Communication as Part of a Team During Beside Rounds

Erin Thomas (*The Ohio State University*), Stephanie Justice (*The Ohio State University*), Lisa Rohrig (*The Ohio State University*), Stephanie Burlingame (*The Ohio State University*), Hilaneh Vandia (*The Ohio State University*), Janice Wilcox (*The Ohio State University*), Georgianna Sergakis (*The Ohio State University*), Marcia Nahikian-Nelms (*The Ohio State University*), Julie Legg (*The Ohio State University*), Melinda Rybski (*The Ohio State University*), Carolyn McClerking (*The Ohio State University*)

Topic/Subject: Developing an inter-professional simulation program can be very challenging. This educational session will showcase a successful interprofessional simulation program detailing the process and outcomes. Outcome data will include pre and post surveys, observation of participants and focus groups notes. With the perspective of an interprofessional panel, we will encourage participants to develop strategies for interprofessional simulation experiences for their institutions utilizing the resources available. Recommendation for future IPE experiences will be discussed.

Background/Rationale: Interprofessional education (IPE) is an important approach for preparing students to work in a collaborative team environment. The World Health Organization (2010) and Institute of Medicine (2003) are just a few of the organizations that support IPE. The Inter-Professional Simulation Enhancement Project (IPSEP) transforms a traditional clinical education setting into a realistic acute care patient environment promoting collaborative learning among multiple diverse healthcare professional students. These experiences incorporated students from nine health and social science programs including medicine, medical dietetics nursing, nurse practitioner, occupational therapy, pharmacy, physical therapy, respiratory therapy and social work. Students interact to develop collaborative intervention for two complex patient cases in a carefully designed scenario. The objectives of the IPSEP simulations include increasing respect and understanding of other health science professions and developing teamwork and communication skills.

Facilitation Methods:

- Presentation of a sample case (including short video) with audience feedback and discussion
- Facilitated questions on case development and communication pathways:
 - A focus on how to use aspects of a case to facilitate communication between disciplines
 - Discussion of how to incorporate a student and facilitator orientation to improve expectations and learning
- Group identification of successful strategies, barriers and problem-solving steps to overcome
 - Strategies on how to overcome scheduling issues with multiple disciplines
 - Choosing appropriate level of student for participation in the simulation experience

Relevant Materials:

- Sample cases
- Student orientation materials – ISBAR video, powerpoint, student review materials
- Student evaluation – how to utilize pre and post RIPLS surveys, assignments pre and post e.g. reflections
- Communication Collaboration documents between facilitators
- Ideas future case development – e.g. identifying medical errors, HIMS, Social work
- Facilitator Growth and Development – Grants, training

E6i

1:30 PM

90 min. Workshop

Shenandoah A

81



Bridging the Gap: Lessons from Theory and Evidence for Building Effective Interprofessional Education

Memoona Hasnain (*University of Illinois at Chicago*), Eve Colson (*Yale School of Medicine*), Alan Dow (*Virginia Commonwealth University*), Laura Hanyok (*Johns Hopkins University School of Medicine*), Ted James (*University of Vermont*), Kelly Karpa (*Pennsylvania State University*), Wendy Madigowsky (*University of Colorado Anschutz Medical Campus*), Sarah Peyre (*University of Rochester*), Mayumi Willgerodt (*University of Washington Bothell*)

The goal of this interactive workshop is to actively engage participants in a critical thinking process to apply principles for curriculum development and organizational change for systematically and effectively planning and implementing Interprofessional Education (IPE).

Background/Rationale: Developing and implementing effective interprofessional educational programs faces a two-pronged challenge. First, like other curricula, it is necessary to develop IPE curricula using established educational theories and principles. Second, the process of implementing IPE requires organizational change. Implementation of IPE is fraught with obstacles due to multiple organizational and cultural barriers. Based on significant experience designing and implementing IPE, the presenters will draw from our own experience, from theory and evidence in the literature to present a framework and lessons learned about successfully implementing IPE. We will present Kern's Framework for curriculum development as a model for designing IPE experiences, and Kotter's Framework for organizational change as a model for successfully integrating IPE experiences. Participants will discuss and apply these principles at their home institution and how the two models can be used in conjunction to successfully develop and implement IPE experiences.

Objectives: At the completion of this workshop, participants will be able to:

1. Discuss Kern's 6-step framework for curriculum development;
2. Discuss Kotter's 8-steps framework for effectively managing the change process;
3. Analyze specific institutional barriers to IPE implementation; and,
4. Develop an action plan for successful IPE implementation at their own institutions.

Teaching Methods: The workshop will be organized around principles of adult learning, using multiple teaching methods, including individual reflection, small group discussion & problem-solving, large group sharing of ideas and action planning in pairs. Participants will leave with concrete ideas about key process elements in design of an IPE curriculum based on Kern and effective strategies for successful implementation of the curriculum based on Kotter.

E7i	1:30 PM	Discussion	Buck Mountain	528
------------	----------------	-------------------	----------------------	-----

Utilizing Standardized Patients to Promote Interprofessional Education: A Case Study Using Mr. Atkins

Shannon Cole (*Vanderbilt University School of Nursing*), Pamela Waynick-Rogers (*Vanderbilt University School of Nursing*), Heather Davidson (*Vanderbilt University School of Medicine*), Darlene Whetzel (*Vanderbilt University School of Medicine*), Heather Lofton (*Vanderbilt University School of Medicine*), Allison Provine (*Vanderbilt University Medical Center*), Paula Foster (*Vanderbilt University School of Nursing*)

Topic/Subject: Discussion will focus on the use of standardized patients for assessing interprofessional team dynamics, interviewing skills and problem solving.

Background/Rationale: Utilizing standardized patients in interprofessional educational programs (IPE) has great potential for developing creative approaches to promoting team learning and assessment. The Vanderbilt Program in Interprofessional Learning (VPIL) places medical, nursing, pharmacy and social work students on teams in primary care and subspecialty clinics to work and learn together one half-day per week over two years. Essential to assessing the student teams is the use of standardized patients (SPs). As part of the first year curriculum, student teams encounter a SP three times.

During the encounter, the interprofessional students interview the SP individually, as a team to devise a plan for the SP, and meet with the SP to discuss the plan. With each encounter, the SPs condition worsens both psychologically and physically. Faculty representing all four professions observe the students as individuals and as teams with the use of remote viewing and provide “real time” feedback. This learning activity allows students to practice interviewing techniques, promotes team cohesion, and allows students to work through conflict resolution as they discuss the case and propose a treatment plan.

The objective will be to utilize the VPIL SP encounter as a case study to promote discussion about how SP can enhance acquisition of IPE competencies.

Facilitation Methods:

- Facilitators will provide a brief overview of the VPIL SP encounter, protocol and lessons learned.
- Participants will next be split into small groups and have an opportunity to view a student-SP interaction and use the current VPIL feedback tool to assess student skills and team dynamics.
- Each group will evaluate the case studies in order to identify the interprofessional aspects of the case along with ways to enhance how IPE competencies can be more effectively assessed.
- The facilitators will ask each group to brainstorm additional SP cases and protocols that could be utilized in IPE settings. Relevant Materials

Facilitators will ask the audience to view short video clips of student-SP interactions and use the VPIL feedback tool during our case discussion.

E7ii	2:15 PM	Discussion	Buck Mountain	292
-------------	----------------	-------------------	----------------------	-----

Dentistry and Dental Hygiene: Reflections on a Move from Parallel and Hierarchical to Interprofessional Practice

Gisele Gaudet-Amigo (*University of Alberta*), Marianne Howell (*University of Alberta*), Minn Yoon (*University of Alberta*)

Topic/Subject: This session will provide a forum to discuss interprofessional practice between professions (for example, Dentistry and Dental Hygiene), who historically have worked in a hierarchical and parallel manner. With an increasing emphasis on interprofessional practice within accreditation and health professions practice standards, educational programs are obligated to include interprofessional learning experiences and competencies. Within the group discussion, we would like to explore potential mechanisms that can be used in educational settings, including affiliated clinical environments, to model and support interprofessional practice. The discussion will be facilitated through the use of a case, followed by the presentation of open ended questions, with prompts, to encourage and lead the discussion. A summary of the discussion will be compiled and shared with participants.

Upon completion of participating in this session, participants will be able to:

1. Differentiate hierarchical and parallel practice from interprofessional collaborative practice;
2. Identify scenarios where interprofessional practice has the potential to exist;
3. Define strategies to create authentic interprofessional collaborative practice.

E8**1:30 PM****90 min. Workshop****Shenandoah B**

606

** Surviving the Shipwreck Together: An Interactive, Interprofessional Role Playing Game for Teams**

Sandra Ellis (*Sunnybrook Health Sciences Centre*), Tracey Das Gupta (*Sunnybrook Health Sciences Centre*), Siobhan Donaghy (*Sunnybrook Health Sciences Centre*), Elizabeth McLaney (*Sunnybrook Health Sciences Centre*)

This workshop provides participants with the opportunity to experience a highly interactive role playing game designed to promote team learning in interprofessional collaboration. Facilitation and debriefing approaches will also be discussed. This activity was developed for use with learners in leadership, clinical or support service roles and has been used effectively with students.

Background/Rationale: At Sunnybrook Health Sciences Centre, the Interprofessional Collaboration Steering Committee created 'Surviving the Shipwreck' as an experiential learning activity to advance knowledge about core competencies for team collaboration. Game based learning, and gamification were selected as educational strategies because these approaches have been shown to build more confidence in learners' application of knowledge than traditional classroom instruction. The game challenges participants to quickly choose a limited number of items to take with them on a lifeboat to a desert island, before their leaking ship sinks. Choices are from a predetermined list and will aid in their survival. In some cases there is an association between items. Participants are instructed to make their choices based upon a character they are assigned. Following a round of individual choices, the entire group must come to a consensus about their shared choices. A debriefing session led by co-facilitators then supports participants to reflect on their experience by applying core competencies for team collaboration. Evaluations indicate that this game is an effective means of conveying significant information in an interactive and engaging manner.

- Objectives:**
1. Learn how game based learning and gamification can be used to promote learning in interprofessional collaboration
 2. Experience a game created to aid in team building and the development of core competencies for interprofessional team collaboration
 3. Explore facilitation and debriefing approaches

E9

1:30 PM

90 min. Workshop

Pocahontas

77

**Interprofessional Professionalism: From Theory, to Research, to Application!**

Luke Mortensen (*American Association of Colleges of Osteopathic Medicine*), Jody Frost (*American Physical Therapy Association*), Jennifer Adams (*American Association of Colleges of Pharmacy*), Catherine Grus (*American Psychological Association*), Dana Hammer (*University of Washington*), Kathy McGuinn (*American Association of Colleges of Nursing*), John Nishimoto (*Marshall B. Ketchum University*), Loretta Nunez (*American Speech-Language-Hearing Association*), Anthony Palatta (*American Dental Education Association*), Colette Scott (*National Board of Medical Examiners*), John Tegzes (*Western University of Health Sciences*), John Bentley (*University of Mississippi*), Alexis Ruffin (*Association of American Medical Colleges*), Neil Harvison (*American Occupational Therapy Association*), Libby Ross (*American Physical Therapy Association*)

Background/Rationale: Interprofessional health professions' education and practice environments where students and professionals representing multiple health professions collaborate, is an integral component for future healthcare delivery models (IOM 2001, 2003, 2009, 2013). In 2006, a group of 7 health profession organizations began to explore how professionalism is defined, taught, measured, and evaluated. Initially, the purpose was to identify public-domain educational and assessment tools to promote professionalism. Many parallel, overlapping efforts to support professionalism within professions existed, but little work had been done to develop a professionalism framework across professions.

By 2009, the Interprofessional Professionalism Collaborative (IPC) was formed and consists of 13 health professions and one assessment organization. The IPC defined a unique construct for interprofessional professionalism (IPP) focusing on observable behaviors that illustrate the elements of professionalism uniquely relevant to collaborations across a variety of health professionals. Over a three-year period, the IPC developed a 26-item behavioral assessment for use by preceptors/supervisors to rate how well a student under their supervision is demonstrating professionalism when interacting with other health professionals. The Interprofessional Professionalism Assessment pilot study was conducted with 25 US academic institutions and 11 health professions from September 2013 to May 2015. Additionally, the IPC is engaged in developing an IPP toolkit targeted at entry into the health professions.

This interactive hands-on session, targeting all participant levels, is the third in a series of workshops presented by the IPC. This is the first session in which attendees will actual engage in assessing IPP behaviors using the IPA. Participants will assess and discuss Interprofessional professionalism (IPP) behaviors in either a practice or education case vignette situation, followed by cross case analysis and discussion to determine the efficacy of the IPA's use in both environments. For the first time, preliminary research results from the IPA pilot study will be shared.

Objectives: By the end of this session, the participant will...

1. Discuss the development of and the preliminary research results from the Interprofessional Professionalism Assessment (IPA) pilot study.
2. Analyze and discuss interprofessional professionalism behaviors evidenced in written case vignette situations in practice and in education.
3. Probe through cross case analyses, two case vignettes applying interprofessional professionalism behaviors to determine the efficacy of the IPA's use in education and practice.

Facilitation Methods/Work Plan:

1. Phase I – Interprofessional Professionalism Assessment Power Point Presentation)
2. Phase II – Exploration of Two Case Vignettes in Small Groups
3. Phase III – Cross Case Analyses as a Plenary
4. Phase IV – Closing Summary Remarks

E10i**1:30 PM****Discussion****Appalachain****542****Introspection and Perception: Self Awareness and Team Performance**

Rhoda Murray (*Jefferson College of Health Sciences*), Jeannie Garber (*Jefferson College of Health Sciences*), Patty Vari (*Jefferson College of Health Sciences*), Kathleen Williams (*Jefferson College of Health Sciences*)

Topic/Subject: The Institute of Medicine provides substantial evidence that interprofessional collaboration and teamwork positively impact healthcare outcomes. Teaching future healthcare providers to become self aware assists them in becoming effective team members. Self assessment creates an opportunity to understand and adjust behaviors that may result in improved team dynamics. It is vital that interprofessional students understand their communication style, natural tendencies, preferred environments and predictable behaviors in relation to others. Awareness of this information allows for improved communication and team performance.

Background/Rationale: The purpose of this workshop is to demonstrate how the DiSC® personal assessment tool results in increased self-awareness and impacts team function. The DiSC® assessment tool is a standardized tool that is widely used by educational institutions, corporations, and healthcare organizations to create self awareness, build relationships and enhance productivity.

Objectives: Upon completion of this workshop, the attendees will:

1. Describe how the Disc tool is used and interpreted.
2. Discuss how the DISC assessment tool was used as an interprofessional graduate student orientation activity.
3. Evaluate their level of self awareness, and performance in a group activity.

Facilitation Methods: This workshop will include a brief didactic on the use and interpretation of the DISC tool as well as how it was used in an interprofessional graduate student orientation activity. Participants will complete a modified paper/pencil DISC assessment, and use real time results to engage in a group activity. A facilitated debrief of the group activity will allow participants to reflect on their dominant tendencies in the context of relationship building and collaborative problem solving. Participants will gain personal insight and knowledge of how an assessment tool may be useful in their team settings.

E10ii**2:15 PM****Discussion****Appalachain****560****The Need for Common Language & Understanding: Exposure v Immersion**

Lynda Eccott (*University of British Columbia*), Sylvia Langlois (*University of Toronto*)

Topic: There is a growing need to develop interprofessional (IPE) learning activities that prepare health and human service professionals that are collaborative-practice ready. At the same time, programs struggle with knowing how much IPE is enough and the characteristics of quality IPE for the beginner (exposure) versus the more advanced (immersion) level of learner.

Background/Rationale: Determining how to differentiate an exposure learning activity from an immersion activity has been based primarily on intuition and experience. Although novel and meaningful interprofessional learning activities are being developed across institutions and interprofessional curricula, multiple frameworks, including the inclusion of interprofessional competencies and other criteria are being used to describe what constitutes an exposure learning experience from an immersion experience. Without common understanding on these pedagogical issues, it is difficult to know what the optimal progression of learning should be in order to graduate a professional that is collaborative-ready. This meeting brings together educational experts that can debate this issue.

Facilitation Methods: Using their own exposure/immersion competency frameworks to guide the discussion, two facilitators aim to meet the following objectives:

- Discuss the criteria and types of learning strategies that differentiate an exposure from an immersion interprofessional activity
- Discuss the complexity of the competencies associated with exposure and immersion learning activities that are necessary to create a collaborative practitioner.
- Discuss and share institutional frameworks that aim to classify interprofessional learning

Relevant Materials: • Overview of literature discussing competency development and its relevance to interprofessional learning
• Overview of interprofessional competency frameworks and their applicability to interprofessional curricula

E11	1:30 PM	90 min. Workshop	Mill Mountain	318
------------	----------------	-------------------------	----------------------	-----

 Transformational Leadership: Creating a Culture of Cross-Institutional IPE Collaboration

David Farmer (*University of North Texas Health Science Center*), Diane Hawley (*Harris College of Nursing and Health Sciences, Texas Christian University*), Susan Weeks (*Harris College of Nursing and Health Sciences, Texas Christian University*)

Background/Rationale: Transformational leadership techniques are being utilized to create a culture change from health profession and institutional silos to IPE collaboration in Fort Worth, Texas. An innovative cross-institutional collaboration brings together faculty and health professions students from The University of North Texas Health Science Center (UNTHSC) and Texas Christian University (TCU). Faced with the growing need to teach and assess interprofessional team skills, leaders at these institutions have created a unique partnership to promote cross-institutional interprofessional faculty development, curriculum planning, shared IPE student activities and experiences.

This cross-institutional collaboration has allowed for the development of integrated health professions student teams broadening the interprofessional experiences for students and faculty of both institutions. New IPE opportunities develop as cross-institutional interprofessional faculty build relationships through shared faculty development and working together to plan student IPE activities.

Objectives: Participants will be able to:

1. Identify potential opportunities, benefits and challenges of cross-institutional collaborations to advance IPE.
2. Discuss transformational leadership strategies to facilitate cross-institutional collaboration.
3. Evaluate resources needed and methods to overcome barriers to successful cross-institutional collaborations.

Teaching Methods: The session will describe this unique cross-institutional collaboration by institutional representatives directly involved in the development of this partnership. The transformational leadership strategies used to advance this work will be discussed. Challenges, benefits, supporting resources, and success strategies used to advance the strategic objectives of this cross-institution IPE collaboration will be identified.

Small group interaction will allow participants to brainstorm opportunities, identify and share their own challenges, potential benefits, and success strategies to advance interprofessional education through cross-institution collaboration. Through the small group interaction, best practices that emerge from the small group dialogue will be shared with the larger group. The focus of the session will be the facilitation of active and meaningful dialogue and debate highlighted strategies for effective cross-institution collaboration.

3:00 – 4:00 PM Poster Session
Crystal Foyerr

3:00 – 5:00 PM Student Health Care Team Challenge
Wilson

4:00 PM Concurrent Sessions F

F1i	4:00 PM	Symposium	Roanoke Ballroom A/B	188
------------	----------------	------------------	-----------------------------	-----

Improving Transitions of Care from Discharge to Follow-up: An Inter-professional Approach Using Telemedicine

Mitzi Scotten (*University of Kansas School of Medicine*)

Background/Rationale: Patients admitted to the hospital in the 21st century face many challenges including a general higher acuity and shorter hospital stays with earlier discharges. Most patients leave with ongoing medical needs and medical questions from families do not end simply because a discharge occurs. Telemedicine has created the ideal mode of delivery by allowing members of an inpatient team to continue to communicate with patients and their families in the critical time immediately following discharge from the hospital.

Description: The design of a workable, inter-professional discharge model to provide improved transition of patients from the hospital to their first follow up with their medical provider is being pursued at the University of Kansas Medical Center. A panel consisting of members of the Inter-professional Collaborative Acute-Care Practice-Pediatric Project (ICAP-Peds) team will present ongoing work on improving discharge from the Pediatric inpatient service. The ICAP transitional care model is designed to identify patients at risk of developing problems after discharge from the pediatric inpatient unit. Inter-professional team members, including the patient and family as participatory members, discuss the potential for use of the telehealth component of the project during bedside rounds. The telehealth follow-up utilizes tablet technology (iPad®) to connect the inpatient team with the family after discharge. Families are chosen because of being at-risk for readmission, living several hours away, or various other reasons for needing ongoing follow-up. Telehealth calls are used as a communication tool to bridge the post-discharge chasm of distance and time to contact the patient and family between hospital discharge and the first follow-up visit with their primary healthcare provider. Telehealth calls are always interprofessional and include two or more professions, and range from one to several follow-up calls depending on the patient and family needs as well as the healthcare team defined needs.

F2i	4:00 PM	Oral	Monroe	545
------------	----------------	-------------	---------------	-----

Therapeutic Clowning and Music Therapy Bring Creative Solutions to Health Care Through Interactive Interprofessional Education

Helen Donnelly (*Holland Bloorview Kids Rehabilitation Hospital*), Elizabeth McLaney (*Sunnybrook Health Sciences Centre*), Darlene Hubley (*Holland Bloorview Kids Rehabilitation Hospital*), Helen Chang-Dawson (*Sunnybrook Health Sciences Centre*), Andrea Lamont (*Holland Bloorview Kids Rehabilitation Hospital*)

Background/Rationale: Creativity and the arts have recently been established as a certificate stream within the University of Toronto (UofT) Interprofessional Education (IPE) curriculum. As two hospitals with well-established Creative Arts Therapies programs, Holland Bloorview Kids Rehabilitation Hospital and Sunnybrook Health Sciences Centre identified an opportunity to co-create a 'Creativity' themed IPE workshop for students.

Methods/Methodology: Curriculum for the workshop was designed to be highly experiential and feature perspectives from therapeutic clowning and music therapy. Activities included: reflection on the meaning of creativity, improvisation/communication exercises, mural creation, sculpting and case scenarios. Live music and use of a creative arts studio provided a container for the creative physical space and aesthetic.

Results: In preparing the workshop, facilitators noted it was effective to modify case scenarios to reflect diverse contributions by the professions attending. Small group facilitation combined with authenticity and humour were enabling, and having Creative Arts Therapists as facilitators role model risk taking behaviours was noted to be powerful in terms of supporting distributed participation among attendees.

Evaluations indicated that combining creative arts therapies with IPE supported wellness and divergent thinking. Qualitative comments noted attendees feeling 'refreshed' and 'inspired,' reporting increased respect for flexibility and creativity, and the realizing that creativity is not just about the 'fine arts,' but rather an approach to problem-solving applicable by many professions within their scopes of practice to enhance the collaborative care they provide.

Conclusions: Although the workshop was developed for students and accredited by UofT, staff expressed a strong interest in this topic. Future possibilities include adapting the curriculum to support continuing education for staff, wellness, and faculty development.

Based on this pilot, leveraging creativity and the arts to support interprofessional learning has shown considerable promise. Qualitative evaluations, staff and committee feedback suggest sufficient interest to make this a sustainable, adaptable and high quality interprofessional offering.



A Patient-Centered Approach to Understanding Factors Associated with High-Healthcare Resource Utilization

Regina Bentley (*Texas A Health Science Center*), Ruth Bush (*Texas A Health Science Center*), Angela Nguyen (*Texas A Health Science Center*), Stephanie Karam (*Texas A Health Science Center*), Lance Robinson (*Texas A Health Science Center*), Jeannie Nguyen (*Texas A Health Science Center*), Drew Robinson (*Texas A Health Science Center*), Clarence Kee (*Texas A Health Science Center*)

Background/Rationale: The identification of patients who are high-utilizers of health care is crucial to understanding needs and resources in order to educate, improve care, and decrease costs. The primary goal of this study was to explore how interprofessional medical teams (IPMT) can improve patient care and measure the impact that they can have on the community as patient advocates. Additionally, the IPMT of health professions gained hands on experience communicating with patients, and a more profound understanding of the different backgrounds and barriers to access to healthcare different populations experience.

This unique experience allowed for critical insight into the needs of future patients and allowed the IPMT to become more mature health care providers. The healthcare industry benefited through the identification of commonalities among super-utilizers of healthcare, thus ensuring limited resources can be used appropriately. The IPMT of different health professionals built interpersonal connections, which is crucial in team-based care. Each team member serves a different but essential role in the management of patients. The IPMT consisted of pharmacy, nursing and medical students as well as faculty mentors.

Objectives:

1. Identify an innovative approach to the development and implementation of an interprofessional medical team in a shared patient-centered problem-solving project.
2. Understand the benefits and lessons learned from this community project.
3. Be aware of the outcomes of shared patient-centered problem-solving by an interprofessional medical team.

Methods/Methodology: A pilot group of 5 to 8 patients and their families/ dependents was sought to begin this project. Following identification of the pilot group informed consent for participation in this pilot project will be obtained and the medical records reviewed. We will obtain baseline clinical characteristics, demographic data, and healthcare utilization for the proceeding 12 to 24 months prior to entry into the study. Recorded data will include chronic diseases and other medical conditions. These patients will be observed over a 5 month period.

To determine healthcare utilization, we will include office visits, phone calls, and hospital/urgent care/emergency room visits into the dataset as evidence of healthcare encounters. Data will be gathered on type and number of diagnoses, number of clinic visits/telephone calls/hospitalizations, total hospital days, emergency room visits, and percentage of primary care doctors visit cancellations/no-shows to determine healthcare utilization.

Results:

- a. Decrease the number of visits (from the previous year) that the patient makes to the ER, hospital or clinic during the six months of the study.
- b. Decrease cost of patient's healthcare from the previous year
- c. Increase patient's education of community resources available
- d. Interprofessional team of students will become aware of each other's roles and responsibilities.
- e. Interprofessional team of students will collaborate to create a plan of care for patients who are super-utilizers of the healthcare system.

Conclusions: Even though IPE changes attitudes and perceptions of students about interprofessional teamwork and collaboration, and improves clinical decision making skills, only a minority of universities employ this active learning strategy. Incorporating specifically designed active learning experiences for a variety of healthcare professionals in the curricula addressing the four competencies of IPE (Values/Ethics, Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork) may result in intentionally and effectively improving the functioning of healthcare teams, thus providing high quality, patient-centered care (IPEC, 2011; Schmitt, Blue, Aschenbrener, & Viggiano, 2011). It is the desire at our University to evaluate data from interprofessional activities that improve patient outcomes.

References:

1. Ateah, C. A., Snow, W., Wener, P., MacDonald, L., Metge, C., Davis, P., Anderson, J. (2011). Stereotyping as a barrier to collaboration: Does interprofessional education make a difference? *Nurse Education Today*, 31, 208-213.
2. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.
3. Schmitt, M., Blue, A., Aschenbrener, C.A., & Viggiano, T. R. (2011). Core competencies for interprofessional collaborative practice: Reforming health care by transforming health professionals' education. *Academic Medicine*, 86(11), 1351.

F2iii

4:40 PM

Oral

Monroe

598



Interprofessional Processes Accelerates Healthcare Integration

Evelyn Clingerman (*Grand Valley State University*)

Background/Rationale: Integrated quality healthcare requires sustainable effective changes that add value and reduce costs. Providers, payers, health care and educational systems must be responsible and accountable for co-producing integrated care. For the most part, organizations are comprised of separate but interconnected components that work toward joint tasks that are facilitated by highly specialized healthcare professionals. Organizational fragmentation, professionalization and specialization make it challenging to develop teams and achieve interprofessional collaboration or coordination among professionals and various organizational sectors. Few studies report the voices of healthcare leaders who are responsible for co-producing integrated care in this landscape. Thus, there is an urgent need to assess healthcare leaders perceptions of healthcare integration and the interprofessional processes that support integrated care within and across systems.

Methods/Methodology: The interest of this work was to investigate the nature of interprofessional work and integrated care amongst healthcare organizations and networks. A qualitative descriptive approach (Sandelowski, 2000, 2010) was selected to investigate healthcare leaders individual perceptions on this topic. Following IRB approval, data were collected from twenty C-suite level leaders of small, medium and large sized organizations in the Midwestern region of the United States. Using semi-structured interviews (45 – 90 minutes) and following an interview guide we explored the primary topics. Interviews were digitally recorded and transcribed. Four members of a research team read and re-read all interviews and conducted inductive qualitative content analysis that involved identifying data bits or phrases and arranging them into categories or codes that were then placed into a table and grouped into plausible categories. The categories suggested relatedness and or shared meanings, which were later collapsed into clusters (Weber, 1990). Data were validated during team meetings.

Results: The following data analysis focuses on how interprofessional work supported integrated care at several levels within and across systems. Healthcare leaders' perceptions were characterized by the categories of: managing a polarity; overcoming limitations; and promoting facilitators. The data categories aggregated into three clusters including developing a sense of collaboration, encouraging ownership and pride and creating a partnership mindset.

Conclusions: This qualitative study revealed interprofessional processes that healthcare leaders recognized as essential in developing integrated systems at multiple levels. Understanding these processes can inform leaders who are developing the next generation of healthcare leaders and can inform efforts to further advance interprofessional work to advance integrated healthcare.

F2iv

5:00 PM

Oral

Monroe

552



LIFEsan - Living Independently Fully Engaged - An Interfacility Transition Service Providing High Quality Health Care and a Unique Opportunity for Interprofessional Education

Darlene Hubley (*Holland Bloorview Kids Rehabilitation Hospital*), Dolly Menna-Dack (*Holland Bloorview Kids Rehabilitation Hospital*), Joanne Maxwell (*Holland Bloorview Kids Rehabilitation Hospital*), Tracy Paulenko (*University Health Network & University of Toronto*)

Background/Rationale: Persons with childhood disabilities are living longer and have more opportunities for education, employment and independent living. However, there has been a paucity of health care providers who have the expertise to support young adults living with childhood-onset or acquired disabilities. Individuals are faced with the dilemma of “nowhere to go” for the specialized rehabilitation services they require.

This presentation will describe a highly innovative, interfacility service that addresses the transition needs of youth with childhood-onset disabilities. We will also illustrate the value of educating the next generation of health care providers through comprehensive interprofessional education (IPE) experiences.

Methods: Holland Bloorview Kids Rehabilitation Hospital in partnership with the University Health Network created a dynamic, interorganizational service called “LIFEsan” to meet the health care needs of youth who are transitioning from pediatric to adult rehabilitation services. The LIFEsan Service has also established solid connections with community partners, such as the Anne Johnston Health Station.

The LIFEsan team is interprofessional and highly collaborative. It is an ideal learning environment to model collaborative patient-centred care. Interprofessional Education Leaders from both organizations work with the LIFEsan team to plan and deliver IPE structured clinical placements that align with the University of Toronto, Centre for Interprofessional Education curriculum.

Results: A qualitative evaluation of interprofessional learnings and its impact on patient care was conducted. The Interdisciplinary Education Perception Scale (Leucht et al., 1990) was also used to assess change in attitudes towards interprofessional teamwork. Key learnings will be shared.

Conclusion: This model of care has been highly successful in supporting youth in transitioning from pediatric to adult rehabilitation services and has expanded to other community partners. Learners who are on clinical placement in either organization have valued the unique opportunity to learn together through meaningful interprofessional education.

F3i**4:00 PM****Oral****Roanoke Ballroom E-H****25****Does Motivational Interviewing Work?**Shannon Cohen (*Department of Veterans Affairs Medical Center*)

Background/Rationale: Motivational interviewing is an effective tool in promoting adherence to healthy lifestyle recommendations and strengthens patient self-management skills. The purpose of this presentation is to share health outcome data, outline practical strategies to encourage momentum toward health behavior change, and highlight the interdisciplinary work of the health promotion disease prevention program, psychology, and primary care teams at the Department of Veterans Affairs Medical Center in Salem, Virginia.

Methods: This retrospective, longitudinal study reviewed Veteran health outcomes (N=1,865) following use of motivational interviewing and use of a collaborative goal setting tool. The association among patient adherence, goal setting, and decision support on body mass index (BMI), glycated hemoglobin (HbA1c), and low-density lipoprotein (LDL) was examined using generalized estimating equations with exponential regression.

Results: Use of motivational interviewing and collaborative goal setting was a significant predictor of HbA1c and LDL. The highest risk category for cardiovascular disease declined from 42.9% to 24.2% during the course of the study. Reduction in HbA1c values for the sample population was statistically significant but not clinically significant; the values remained close to the ADA goal of ≤ 7.0 during the entire study thus there was not a lot of room for improvement. The study showed that use of motivational interviewing skills, collaboration, and consistent care was effective in improving diabetes control and cholesterol status. Body mass index remained essentially unchanged.

Conclusion: Findings included significant sustained reduction in LDL and improvement in diabetic control over the 5 year study period. Motivational interviewing and collaborative goal setting are valuable tools in patient engagement. Veterans are at high risk for cardiovascular disease and this study showed that simple interventions can make an impact on lifestyle behaviors and adherence.

F3ii**4:20 PM****Oral****Roanoke Ballroom E-H****78****The Voice of the Elder Teacher and the Clinical Partner on an Interprofessional Team**Rebecca McGill (*St. Catherine University*), Karen Sames (*St. Catherine University*)

Background/Rationale: The University collaborated with a clinical partner to enhance students' uniprofessional education by providing an interprofessional experience in a gerontology context focusing on the elder teacher as the center of the team. The project goals were to improve students' teamwork skills, improve the vitality of their elder teacher, benefit both the university and the partner organizations, and create a sustainable model of interprofessional education for undergraduate and graduate students. The unique voices in this project are that of the resident which we call the "elder teacher". A second important voice is that of the IPE team mentor who is an employee of the Carondelet Village, the clinical partner site.

Methods/Methodology: Seventeen students formed three interprofessional teams and worked with an elder teacher (resident) of the facility to learn with, from, and about each other. The student teams were supported by clinical mentors and faculty mentors. The students experienced a two-week didactic course focusing on teamwork followed by 14 weeks of clinical immersion in a long-term care setting. Evaluation included tools found in the literature; an assessment developed by the planning team; and student assignments, meeting summaries, and observer field notes were analyzed.

Results: Students improved the vitality of their elder teachers. Additionally, they reported learning about other professions, practiced client-centered interventions, and became more holistic in their thinking. The organization realized great benefits according to staff and leadership.

Conclusions: The project was beneficial to both partner organizations and for all participants. The project will be expanded next academic year to impact more students and elder teachers.

F3iii

4:40 PM

Oral

Roanoke Ballroom E-H

586



Where the Rubber Meets the Road: EMR Optimization for Collaborative Practice

Julia Havey (*Loyola University Health System Trinity*), Frances Vlasses (*Loyola University Chicago*)

Background/Rationale: Redesigning models of healthcare delivery is critically dependent on the meaningful use of the electronic medical record (EMR). At Loyola University Chicago, the Health Resources and Services Administration (HRSA) has funded a multi-year project to convert clinical practices to interprofessional patient-centered medical homes while incorporating interprofessional teams of learners. In order to support and document interprofessional provider/patient accomplishments, existing EMR tools were optimized to support proactive population health management, documentation and the ability to data mine for research, registries and outcome metric development.

Methods: Using a participatory action research framework, clinicians, faculty and a senior clinical analyst participated in a three tiered workgroup process to identify and capture elements of active multidisciplinary care. Focused analysis was undertaken to identify gaps in current work flow. Additional consideration incorporated goals for physician productivity, clinic operation, patient flow and financial obligations. Documentation was built and revised based on user input.

Results: Specific note templates were constructed to standardize content while mirroring interprofessional practice components. These include: scripts to capture proactive engagement with patient regardless of face to face visit; documentation developed to capture patient generated goals; capturing social determinants of health; templates to capture the specific contribution of each discipline including associated assessment; goals; time to achievement; intervention and plan displayed individually and as multi-disciplinary plan of care. Team engagement yielded "ownership" of both the process and the product. Insuring that the EMR development followed their workflow requirements.

Conclusions: Thoughtful engaged interprofessional discussion including clinical information analysts can yield an effective EMR to optimize team performance. Creative use of existing tools, optimizing workflows and a group vision of documentation reflecting clinical discussion of patient care pathways filled the gaps created by traditional EMR functionality in order to reach population health goals.

F3iv

5:00 PM

Oral

Roanoke Ballroom E-H

187



Seeing the Interprofessional Team through the Eyes of a Breast Cancer Survivor

Sara Allain (*QEI/Dalhousie University*), Kathryn Hayward (*Dalhousie University*), Kimberly Sponagle (*Dalhousie University*)

Background/Rationale: As a result of the increasing complexity of diagnostic and treatment recommendations related to breast cancer management, it has become ever more important for practitioners to work in interprofessional, patient-centered, teams when planning and delivering care. It is recognized that students from different professions must learn about, with and from each other in order to be better prepared to work together within an interprofessional health care environment. As the client is an integral member of this health care team, it is equally important for students to learn from, with and about the client.

Objectives:

1. To recognize the value of incorporating clients in interprofessional student learning.
2. To identify the complexities inherent in engaging the client and community voice.
3. To describe the design and implementation of a unique interprofessional learning experience.

Methods/Methodology: Over two weeks, students worked both independently and in interprofessional teams through a blended learning format consisting of online modules and discussions, followed by a face-to-face interaction. A breast cancer survivor joined each team during the face-to-face session where guided discussions were utilized to examine an anonymous client case. Teams were presented with new information using an electronic chart and stop time technique. Students evaluated the program using a 5 point likert scale focused on the CIHC competencies.

Results: 83.0% of respondents had a better understanding of how other professionals might work with their professions in this area of practice. 87.4% reported they had a stronger commitment to the value of delivering respectful patient/family/community centered care. 82.6% stated the mini course would impact their future practice.

Conclusion: Working directly with breast cancer survivors in an interprofessional environment is an excellent way for students to gain appreciation for the role of the client, their own professional role, each other's role and the importance of working together.

F4i

4:00 PM

Oral

Washington Lecture Hall

380



Online Interprofessional Simulation Approach Overcomes Common Barriers of Schedule Coordination, Physical Space, and Faculty Time

Kelli Kramer-Jackman (*University of Kansas*), Dory Sabata (*University of Kansas Medical Center*), Heather Gibbs (*University of Kansas*), Judy Bielby (*University of Kansas*), Sarah Shrader (*University of Kansas*)

Background/Rationale: Coordinating student schedules, physical space, and faculty time are commonly reported barriers to successful interprofessional education (IPE). Online technologies can be utilized as a team simulation environment to address these common barriers. The Interprofessional Plan of Care - Simulated E-hHealth Delivery System (IPOC-SEEDS) simulation was created to provide interprofessional healthcare students from Graduate Nursing, Health Information Management, Nutrition and Dietetics, Occupational Therapy, and Pharmacy an online experience of a collaborative team plan of care meeting with simultaneous team electronic health record (EHR) utilization.

Objectives:

1. Describe how online technologies, including EHRs and web-conferencing systems, can be utilized as a simulation environment for interprofessional student teams.
2. Discuss how online simulation environment technologies can support overcoming common IPE barriers of coordinating schedules, physical space, and faculty time.

Methods/Methodology: Students participate in a progressive case developed by interprofessional faculty and based on a National League for Nursing ACES case of a geriatric veteran male with type two diabetes. Each fall and spring, over three weeks, the simulation is run. First, students are assigned to interprofessional teams and then with technology coordinate their own team meeting times. Next, students review uniprofessional recordings and the EHR patient chart before documenting their individual visit with patient. Then students meet synchronously as an interprofessional team to develop and document their plan of care. Finally, students video record and debrief the simulation as a team (without faculty). IPOC-SEEDS students gain interprofessional teamwork and communication skills based on Department of Defense TeamSTEPPS and Interprofessional Education Collaborative (IPEC) competencies. In addition, they are introduced to online technologies of an EHR and a web-conferencing system. These technologies provide the platform for the simulation addressing the common IPE barriers in a unique way from the traditional method of in-person simulation.

Results: Results and technology modifications for the fall 2013 (N= 100), spring 2014 (N=106), fall 2014 (N=237) simulations will be discussed, focusing on the common IP barriers and resulting successes. Overall, simulation evaluations, student-led debriefing evaluations, in-person student feedback, and faculty feedback support the online simulation and technology evolutions.

Conclusions: Online simulation environment technology can support overcoming common IPE barriers of coordinating schedules, physical space, and faculty time. The instructional design and assessment of the simulation enabled students to participate in an interprofessional team and provided a high-quality IPE experience.

F4ii

4:20 PM

Oral

Washington Lecture Hall

409



Team Debrief Evolution: From Presumption to Competency Based

Jeannie Garber (*Jefferson College of Health Sciences and Virginia Tech Carilion School of Medicine*), Jennifer Slusher (*Jefferson College of Health Sciences and Virginia Tech Carilion School of Medicine*), Judy Cusamano (*Jefferson College of Health Sciences and Virginia Tech Carilion School of Medicine*), David Trinkle (*Virginia Tech Carilion School of Medicine*), Wilton Kennedy (*Jefferson College of Health Sciences and Virginia Tech Carilion School of Medicine*)

Debriefing is a professional discussion guided by standards that helps us understand what happened, why something happened and what can be done to change what happened. The debrief process used in an interprofessional leadership curriculum for medical, nursing and physician assistant students has evolved from an assumption/presumption discussion to a competency based process. This year long interprofessional course includes small group activities, a service learning project, and clinical simulation. Each of these activities culminates in a debrief process. During the first years of the course, debriefing was an unstructured, informal discussion. In the third and fourth year of the curriculum, the Guided Team Self Correction (GTSC) debrief process was introduced and utilized for all team activities. This model focused on the evaluation of information exchange, communication delivery, supporting behaviors, team leadership/followership and recognition of one's own strengths. Although this method provided improved structure and purpose, it lacked specificity to course objectives and to expected interprofessional behaviors. In this fifth year of the curriculum, a new debrief process is being implemented. The debrief method is a merging of components from the presumed discussion and the GTSC debrief with an additional focus on interprofessional competencies and behaviors. The new competency based debrief tool is organized by competency and guided by questions for both self and team assessment. The implementation of this tool is intended to provide a structured, yet fluid process for students to analyze their teamwork resulting in increased self awareness and improved team function. Patients expect their healthcare team to function in a way that leads to the best clinical outcome possible. The use of this competency based process will help students and faculty move toward critically evaluating and influencing the behaviors that ultimately impact patient outcomes.

F4iii

4:40 PM

Oral

Washington Lecture Hall

442

**Application of a Theoretical Framework for Interprofessional Learning**

Ellen Luebbbers (*Case Western Reserve University School of Medicine*), Todd Fennimore (*Case Western Reserve University School of Medicine*), Njoke Thomas (*Weatherhead School of Management*), Patricia Underwood (*Frances Payne Bolton School of Nursing*), David Aron (*Case Western Reserve University School of Medicine*)

Background/Rationale: Interprofessional education is most frequently described as ‘learning about, from and with each other’ (WHO, 2010). The lack of agreement on the mechanisms of how this type of learning happens creates uncertainty about how best to design and assess learning experiences. An interprofessional workshop for early learners is conducted twice a year at Case Western Reserve University. Over 400 students from 4 professional schools come together in small groups, each with a trained facilitator, for interactive case based activities. All students are required to write post session reflective essays.

Methods: We used a grounded theory approach to analyze students’ reflective essays. Analysis was conducted by a design team member and a qualitative analysis expert who had no prior involvement in developing the training. A preliminary coding scheme was iteratively developed from themes that surfaced in our review of a subsample of essays. When theoretical saturation was achieved and all salient themes were captured inter-rater reliability was established through an independent third rater analysis. There was a high degree of agreement between preliminary and independently generated codes. Themes were integrated into a unified theoretical model. We conducted a search of existing learning models for comparison.

Results: Our model proposes that learning across the professions is achieved through a process in an interactional field we call dialectical learning. We identified 6 themes including specific inputs and processes, catalysts and outcomes in our setting. Our findings were most consistent with the Integrated Model for Effective Team Learning by Decuyper, et.al. 2010. We are working to understand how this model needs to be modified for the context of interprofessional education.

Conclusion: We propose using a modified version of an integrative model of team learning to assess the structure and process of learning activities for interprofessional education and investigate mechanisms by which interprofessional learning can be optimized.

F4iv

5:00 PM

Oral

Washington Lecture Hall

616

**Lakehead Interprofessional Student Society**

Alexis Sharp (*Lakehead University*), Daphne Haggarty (*Northern Ontario School of Medicine*), Moira Haggarty (*Lakehead University*)

Background/Rationale: The Lakehead University Interprofessional Student Society (LIPSS) was established in May 2013, and is a chapter of the National Health Sciences Student Association (NaHSSA). The club is led by a group of over 20 health care learners from diverse disciplines at both Lakehead University and the Northern Ontario School of Medicine. In January 2014, LIPSS successfully carried out the first ever student-led simulation at Lakehead University. Forty students from three different schools were brought together to practice Interprofessional and clinical skills in an open and safe environment. On February 28th, 2015, the SimChallenge will return and there are plans to make the event include even more students than before.

Objectives (if applicable):

- To provide information about the Lakehead Interprofessional Student Society
- To provide insight into student-led IPE activities/events occurring at Lakehead University
- To provide information on the effectiveness of student-initiated IPE

Methods: Following the SimChallenge in 2014, feedback surveys were given to participating students and facilitators. Questions with 2-3 fixed responses were asked regarding the realism and difficulty of the simulations, student/facilitator preparedness, and recommendation of the experience. Open-ended questions were also asked.

More research will be completed for the 2015 SimChallenge, as one of the LIPSS members is completing her Honours Bachelor of Kinesiology final project on this event. She will be using the W(e)Learn Framework (Casimiro, MacDonald, Thompson, & Stodel, 2009) and the open-ended questionnaire from 2014 to gather information.

Results: In 2014, all of the students (n=33, 100%) and all but one facilitator (n=4, 80%) reported that the simulations were realistic. Almost all students (n=32, 97%) and all facilitators (n=5, 100%) reported the difficulty of the simulations was “just right.” Almost all students (n=32, 97%) reported they would recommend the SimChallenge experience to their peers. Likewise, all facilitators (n=5, 100%) agreed that they would recommend the SimChallenge experience to their students. The experience, as described by students and faculty participants, will be explored during the presentation.

Conclusion: This study is one of the first to demonstrate that students are capable of implementing effective IPE. Our findings suggest that the SimChallenge hosted by LIPSS was an opportunity for quality IPE through simulation among both students and facilitators. It peaked and renewed interest in, value of, and developed competencies for IPE and IPC.

The future research to be completed on the SimChallenge will provide insight on learners' perceived Interprofessional competencies and the logistical organization of the SimChallenge. This information will provide increased information on the abilities of students to implement effective Interprofessional education.

F5

4:00 PM

Wilson

Student Health Care Team Challenge (*continued from 3:00 PM*)

F6

4:00 PM

90 min. Workshop

Roanoke Ballroom C/D

497



Core Values and Skilled Communication: Interdependent Dimensions of Interprofessional Practice and Education

Suzanne Kurtz (*College of Veterinary Medicine, Washington State University; University of Calgary*), Elizabeth Rider (*Harvard Medical School; Institute for Professionalism & Ethical Practice, Boston Children's Hospital*)

Background/Rationale: Universal values and effective clinical communication skills—human dimensions of care—ideally exist in every healthcare interaction, and are essential elements of interprofessional education and collaborative practice. Nonetheless, core values and skilled communication have yet to receive the emphasis necessary to make them central to every healthcare encounter whether with patients/families or between healthcare professionals.

This workshop explores the often-overlooked relationship between values and skilled communication in the professional development of learners and in patient care. We will focus on defining values that should inform all healthcare relationships and on translating values into visible action through effective communication. These significant tasks require not only heightened awareness and ongoing development of our capacities for those values, but also development and intentional use of specific clinical communication skills that enable us to demonstrate core values appropriately during our interactions. This workshop will examine bringing these dimensions of care to bear in both interprofessional interactions and clinician-patient/client encounters.

Objectives: Participants will:

1. Gain a shared understanding of essential human values in healthcare interactions
2. Examine the interdependent relationship between values and clinical communication in both interprofessional practice and education
3. Collaborate with practitioners, educators and researchers participating in the workshop on translating core values into interprofessional education and practice
4. Develop an expanded set of communication strategies for moving human values from ethical statements to actionable steps in teaching and practice

Teaching Methods: This highly interactive workshop includes:

1. Introductions and large group discussion of two relevant short documents that provide comprehensive delineations and succinct descriptions of the values and communication skills that are useful preparation for the workshop exercises: International Charter for Human Values in Healthcare, Calgary-Cambridge Guides.
2. Interactive Exercise: Participants will then work in interprofessional pairs to: (a) describe personal experiences from teaching or practice that demonstrate exemplary integration of values with communication skills in the contexts of interprofessional collaborative interaction or patient care; (b) develop definitions of values-in-action; and (c) identify approaches they use (or want to try) in their interprofessional work to move from developing their core values and capacities to demonstrating them with patients and colleagues.
3. Large group 'Displayed Thinking' Exercise: Based on the exercise above, the group develops and records their definitions of core values and communication strategies for translating those values into visible action.
4. Reflection, summary, and evaluation. Participants will leave with evidence-based materials, strategies organized on the 'Displayed Thinking' board, and interdisciplinary, cross-culturally relevant approaches.

References:

1. Rider EA, Kurtz S, Slade D, Longmaid III HE, Ho M-J, Pun JKH, Eggins S, Branch Jr WT. The International Charter for Human Values in Healthcare: An interprofessional global collaboration to enhance values and communication in healthcare. *Patient Education and Counseling* 2014;96:273-280. doi: 10.1016/j.pec.2014.06.017.
2. Kurtz S, Silverman J, Draper J. *Teaching and Learning Communication Skills in Medicine*. Oxford and San Francisco: Radcliffe Publishing, 2005.
3. Silverman J, Kurtz S, Draper J. *Skills for Communicating with Patients*, third edition. London and New York: Radcliffe Publishing, 2013.

F7	4:00 PM	45 min. Workshop	Buck Mountain	383
-----------	----------------	-------------------------	----------------------	------------

Interprofessional Faculty Coaches: Advancing the Journey to Intersect Students' Classroom and Clinical Experiences

Robin Bonifas (*Arizona State University*), Michele Lundy (*University of Arizona, College of Medicine-Phoenix*), Lisa Hines (*University of Arizona*), Teri Kennedy (*Arizona State University*), Donna Velasquez (*Arizona State University*), Gerri Lamb (*Arizona State University*), Karen Saewert (*Arizona State University, College of Nursing & Health Innovation and College of Health Solutions*), Liz Harrell (*Student Health Outreach For Wellness*)

Background/Rationale: Interprofessional education is challenging even in the most supportive environments given scheduling conflicts, student leveling issues, time constraints, and competing priorities for both faculty and students. Integrating interprofessional education into practice settings can be especially daunting when the opportunity for interaction and collaboration with diverse health professionals is limited or unavailable. Involving more than one university further multiplies these inherent complexities. Interprofessional faculty coaching is a promising innovative approach that can minimize the barriers posed by such difficulties while maximizing students' linkage of classroom-based skills and knowledge to practice.

This workshop introduces a faculty coach model designed to facilitate intersections between students' classroom and clinical experiences. The model brings together faculty members in graduate medicine, nursing, pharmacy, and social work programs from two state universities and consists of three integrated strategies: online learning resource "education bursts", case-based "Student Gatherings", and practice site team meetings led by interprofessional faculty coaches.

The "Education Bursts" highlight applied interprofessional materials and reach a wide range of health professions students to promote interprofessional knowledge. The "Student Gatherings" bring students and coaches together for interactive, case-based activities that address overarching themes to support learning and skill development across internship settings. The faculty coach meetings integrate interprofessional experiences into primary care settings where students' collaborative contacts are limited; patient-centered discussion emphasizes building team skills for using a whole person perspective to effectively identify and address patients' needs.

Objectives:

1. Discuss strategies for overcoming barriers to integrating interprofessional content and experiences in the curricula of complex multi-university systems.
2. Describe the role of interprofessional faculty coaches in maximizing outreach to students and student learning related to interprofessional collaboration and practice.
3. Share approaches for leveraging strengths and incorporating interprofessional content and experiences at various points across diverse health professions programs.

Teaching Methods: A discussion will introduce the faculty coach model and its interrelated strategies. This discussion will provide the foundation for interactive group session. Participants will engage in small group work to consider application of the model in the context of their unique organizations. Small group work results will be communicated to the larger workshop audience and provide an opportunity to share model applications and modifications and receive feedback from workshop participants and presenters.

F8	4:00 PM	90 min. Workshop	Shenandoah B	376
-----------	----------------	-------------------------	---------------------	------------

Interprofessional Simulation Development and Implementation Workshop: A Blueprint For Constructing Effective Experiential IP Learning

Sharla King (*University of Alberta*), Tara Hatch (*University of Alberta*), Joanne Davies (*University of Alberta*), Louisa Fricker (*University of Alberta*)

Background/Rationale: Interprofessional (IP) simulations are an effective approach to develop IP competencies with all levels of learners. Several challenges exist with the development and implementation of IP simulations. For example, many existing simulation templates are designed for single discipline simulations; therefore, they overlook essential pieces of information and processes needed for IP simulations. This missing information may create extra work for the educators, particularly if new to IP simulation. Additionally, templates may lack consideration of collaborative planning and implementation processes essential for producing authentic and supportive learning experiences. Finally, large class sizes or lack of a complete complement of disciplines often present significant and daunting logistical challenges to developing and running the simulation. Adopting a user-friendly template, implementing clear collaborative planning processes and devising creative ways to implement the simulation will enhance the use of simulation in your setting.

Objectives:

1. identify the key steps to developing an IP simulation using a provided template;
2. move an idea through the needed steps to produce a scenario draft
3. explore strategies to successfully implement IP simulation scenarios into curriculum

Teaching Methods: The workshop will begin with a brief overview of the IP simulation development template and simulation modalities. Using the template, participants will have the opportunity to work individually or in small groups to develop the outline of an IP simulation. The presenters will share their own experiences and models used in implementing large and small scale simulations across institutions and geographic distances. As large group discussion, participants will explore strategies to implement their simulation into curriculum. Participants will leave the workshop with a practical IP simulation development template, specific models for implementation and other tools to support their IP simulations.

F9

4:00 PM

90 min. Workshop

Pocahontas

556

 The Use of Student Portfolios as a Guide for Reflection and Learning in an IPE Immersion Course

Angela Patterson (*Creighton University*), Catherine Carrico (*Creighton University*)

Background/Rationale: The China Honors Interprofessional Program (CHIP) is a cross-cultural and collaborative immersion program between health science schools at Creighton University, and Hebei Medical University and Hospitals in Shijiazhuang, China. The literature and previous assessments of the course identified the importance of the use of reflection as a learning tool, but was not a formal process in the previous courses. Based on Ignatian pedagogy, the students were instructed to develop a reflective portfolio utilizing 6 types of reflection. The purpose of the reflective portfolio was to document cultural experiences and interprofessional clinical collaborations with patients, families, clinicians and students while providing treatment in a rehabilitation and acute care hospital in Shijiazhuang, China.

Objectives: Identify the benefits of utilizing reflection in IPE. Apply use of tools to guide student learning.

Methods: The IPE portfolio was created when collaborating with interdisciplinary faculty to create a learning tool for students from PT, OT and nursing. The objective was to create a tool to assess the students learning based on their cultural immersion experience, their development and growth of working with an interprofessional team, as well as the opportunity for the students to reflect and assess their own learning and the progression of the team. The CHIP course included pedagogy on reflection, cultural awareness, and how to structure and contribute to a portfolio. The type of portfolio utilized was electronic but could not require an internet connection to build due to the variance in internet availability in China. All the students created their portfolios using a Power Point template.

Results: Themes of the completed students' portfolios included a deep self-reflection of: cultural experiences, interprofessional trust and respect among the healthcare team, improved clinical efficiency between the specialties, and an increased desire to collaborate with other healthcare professions in their future professional practice.

Teaching Methods: An interactive workshop will create a learning environment structured around the classroom model for the CHIP course. Participants will learn hands on how to build a portfolio including the PPT structure. Participants will also have the opportunity to learn and practice six types of reflection as it is related to their health care practice and to interprofessional practice. Several examples of the students' portfolios will be reviewed for context and learning assessment. An interactive discussion will include how to use the portfolio model in IPE education to meet a variance in learning objectives.

F10

4:00 PM

90 min. Workshop

Appalachian

367

 Defining the Behaviors of Interprofessional Competency

Alan Dow (*Virginia Commonwealth University*), Josette Rivera (*University of California, San Francisco*), Rebecca Wilson (*University of Utah*), Kelly Lockeman (*Virginia Commonwealth University*)

Background/Rationale: Underlying the competencies of the Interprofessional Education Collaborative are observable and measurable behaviors that define a competent member of an interprofessional team. In this session, we will work to define these interprofessional behaviors, review some prior work for creating a framework of interprofessional behaviors, and discuss some approaches for using a behavioral framework to guide instruction and assessment of interprofessional education.

Objectives:

- To define some behaviors of competent interprofessional team members
- To discuss the application of these behavioral competencies to crafting instruction and assessment

Teaching Methods: We will use a small group, interactive approach to engage attendees and build on their shared expertise. After a brief orientation to the session goals and structure and introduction to their peers, attendees will collaborate with their tablemates to define observable interprofessional behaviors. Discussion will be guided by, but not limited to, the four domains of the Interprofessional Education Collaborative's competencies. Next, we will have groups report their list of behaviors and seek to define similar concepts within the named behaviors. We will then describe a framework for interprofessional behaviors defined by a multi-institutional group and give examples of the framework's integration into instruction and assessment. Each small group will then discuss the applicability of a similar framework to each attendee's local context and conclude with large group discussion of these principles.

F11

4:00 PM

90 min. Workshop

Mill Mountain

 Pre-Professional Interprofessionalism: Lessons from the Trauma Team

Christopher McLaughlin (*Virginia Tech Carilion School of Medicine*), Jessica Nguyen (*Virginia Tech Carilion School of Medicine*), Bryan Collier (*Carilion Clinic*)

Background/Rationale: This workshop represents a unique opportunity for healthcare students who are attending the CAB V conference to attend a pre-conference workshop that will enhance their understanding of interprofessionalism and multidisciplinary teamwork. There is a lack of interprofessional education in almost all of the healthcare professions, and this workshop will give healthcare students from various institutions an opportunity to engage in both didactic and interactive activities. The intention is for students to develop an appreciation for other healthcare professions, come away with an understanding of the qualities and quantities that make up a high-functioning team, and develop the skills necessary to create and function on an effective interprofessional team. Finally, this workshop will provide an opportunity to observe the status of interprofessional education as it is in medical education today.

- Objectives:**
1. Apply multidisciplinary models of teamwork, namely the TeamSTEPPS model, to student teams in order to demonstrate the foundation and capabilities of an effective team
 2. Demonstrate an effective and flexible interprofessional team that is constantly changing and being challenged, utilizing current literature and experienced Carilion Clinic Trauma Team members
 3. Describe the importance of interprofessionalism in both the didactic environment and clinical environment, utilizing the Trauma Team as an example of a well-educated and well-tested interprofessional team.
 4. Develop healthcare students' own professional teamwork skills and capabilities
 5. Compare student performance and ideation of multidisciplinary teamwork before and after the workshop through surveys and conversation
 6. Provide an opportunity for students from different healthcare professions to interact with one another and expand upon their current knowledge of different healthcare professions

5:00 PM	"Scarred for Life" - an art exhibition with Ted Meyer Virginia Tech Carilion School of Medicine
6:30 PM	AIHC/CIHC Joint Board Meeting (Invitation only) Appalachian
6:30 PM	Special Interest Dinner Groups Meet in Hotel Roanoke Lobby and walk downtown

Friday, October 2, 2015

7:30 AM Registration/Exhibits Open
North Entry Foyer/Crystal Ballroom

8:00 AM Keynote Presentation
Through the Eyes of the Patient: Does Teamwork Matter?
Chris Power, CEO of the Canadian Patient Safety Institute
Roanoke Ballroom

8:45 AM Break – Exhibits Open
Crystal Ballroom

9:00 AM Concurrent Sessions G

G1 9:00 AM Panel Roanoke Ballroom A/B 355

Partnering with Patients in IPE and IPC in Canada and in the US : Challenges and Strategies

Marie-Claude Vanier (*Université de Montréal, Faculty of Pharmacy*), Barbara Brandt (*National Center for Interprofessional Practice and Education*), Lauren Collins (*Jefferson Center for Interprofessional Education, Sidney Kimmel Medical College at Thomas Jefferson University*), Amy L. Pittenger (*University of Minnesota, College of Pharmacy*), Angela Towle (*College of Health Disciplines, University of British Columbia*), Vincent Dumez (*Faculty of Medicine, Université de Montréal*), Isabelle Brault (*Université de Montréal, Faculty of Nursing*)

Background/Rationale: Many consider partnering with patients an urgent imperative for transforming the current healthcare system to one that is focused on building a culture of health. Data supports this call by demonstrating positive impacts of patient engagement on health outcomes (IOM 2014, CFHI 2014). Healthcare providers (HCP) need to be trained to become proficient collaborators and nurture collaborative partnerships with patients. However, to date, integrating patients in education and training is not common, and data to support such program development are scarce.

Objectives: This symposium showcases speakers (academics and one patient) experienced in partnering with patients in education. They will present implementation strategies and share lessons learned for engaging patients in undergraduate IPE and continuing education. Participants will be able to : 1) describe ways to partner with patients in IPE and IPC ; 2) discuss structures to support patients engagement in IPE and IPC including involvement in every educational design process ; 3) locate helpful resources to support partnering with patients in education.

Implications: Session participants will learn about the philosophy, commitment and experience of four programs which involve patients in education. To increase the likelihood that students will meet individual patient and population needs as HCPs, students are introduced to patients' experiential knowledge while learning the role of clinical teams. Session panelists will describe how they strive to integrate emerging content on partnership with patients and collaborative practice as well as train clinicians, preceptors, patients educators and community health mentors to ensure concordance of education and practice. Expected outcomes of this symposium are: 1) raising interest in partnering with patients in IPE/IPC; 2) transferring knowledge and experience to those interested in engaging patients in their IPE activities; 3) creating a network of academics and clinicians interested in researching outcomes from these innovative teaching programs.

G2i

9:00 AM

Oral

Roanoke Ballroom C/D

54

**Outcomes of an Interprofessional Fall Risk Assessment Program for Health Science Students**

Ann Ryan Haddad (*Creighton University School of Pharmacy and Health Professions*), Kelli Coover (*Creighton University School of Pharmacy and Health Professions*), Lisa Black (*Creighton University School of Pharmacy and Health Professions*), Judy Gale (*Creighton University School of Pharmacy and Health Professions*), Kathy Flecky (*Creighton University School of Pharmacy and Health Professions*), Becky Davis (*Creighton University College of Nursing*), Yongyue Qi (*Creighton University School of Pharmacy and Health Professions*), Kate Martens Stricklett (*Creighton University School of Pharmacy and Health Professions*), Ronna Sears-Fritz (*Creighton University School of Pharmacy and Health Professions*)

Background/Rationale: Accreditation standards for health science programs are requiring interprofessional learning experiences. The purpose of this project is to assess students' skills and attitudes as members of healthcare teams participating in interprofessional fall risk assessment programs.

Methods: One hundred eighty-eight students from nursing, pharmacy, occupational and physical therapy participated in interprofessional fall risk assessment programs at three senior living communities from 2012 to 2014. Students completed discipline-specific assessments including medication reviews, Berg Balance Screens, health histories and home safety evaluations. Students were grouped in interprofessional teams to generate client-centered recommendations based on discipline-specific data. The interprofessional teams completed fall risk report cards, care plans, and medication action plans to share their findings and recommendations with the older adults.

Dependent variables included online completion of the Team Skills Scale (TSS) by students prior to and following the learning experience. Wilcoxon Signed-ranks test was employed in data analysis.

Results: Response rate ranged from 81-85% dependent upon students' completion of both pre- and post-survey questions. Scores for all 20 questions of the Team Skills Scale improved significantly ($p < 0.05$) from pre- to post- measures, indicating that team function was valued.

Conclusions: Student benefits in participating in the fall risk assessment program included applying clinical skills before clinical rotations, interacting with real clients not patient simulations, becoming proficient with health assessments, developing team skills, and providing clinical recommendations in an interprofessional team. These activities correlated with improved students' skills and attitudes related to interprofessional teams.

G2ii

9:20 AM

Oral

Roanoke Ballroom C/D

56

**The Assessment and Implementation of an Electronic Health Record (EHR) in an Interprofessional Student-Run Free Clinic**

Gretchen Seif (*The Medical University of South Carolina*), Patty Coker-Bolt (*Medical University of South Carolina*), Sara Kraft (*The Medical University of South Carolina*), Karen Wager (*The Medical University of South Carolina*), Dusti Annan (*The Medical University of South Carolina*)

Background/Rationale: The Medical University of South Carolina (MUSC) Community Aid Relief Education and Support clinic (CARES) clinic was founded in 2005 and is an interprofessional student initiated and managed non-profit organization providing free rehabilitation and medical services to the underserved and uninsured population in the Charleston area. Due to the recent changes in the provision of healthcare services with the Affordable Care Act (ACA), therapy and medical clinics are transitioning to electronic health records (EHR) as a means to improve the efficiency of health care services and to share medical data among health providers and specialists. The purpose of this session is to describe the collaborative process used to select and implement a new EHR system in an interprofessional student-run free clinic (SRFC) and lessons learned. **Methods/Methodology:**

Physical and occupational therapy students from the MUSC CARES Therapy clinic partnered with students from the Master in Health Administration program to plan, assess, select, implement and evaluate the use of an EHR system specifically suited for use in therapy clinics. Descriptive data was collected on the overall learning process and students' perspectives of this collaborative learning model.

Results: Based upon the students' recommendations, the CARES Therapy Clinic implemented a new web-based HIPAA compliant EHR that met the unique needs of the clinic. Students valued the real world experience and interprofessional team building provided by this learning model.

Conclusions: The collaborative process used to select and implement a new EHR system in a SRFC provided students and faculty from various healthcare fields tremendous insight and appreciation into each other's professions, knowledge and skills. The new EHR system will better prepare students for our changing healthcare system while allowing students to see the benefit of working collaboratively on clinical projects which benefit patients and the community.

G2iii

9:40 AM

Oral

Roanoke Ballroom C/D

154

**Collaboration in Student's Simulated Clinical Practice**Nancy McNamara (*Wintec*), Rebecca Giles (*Wintec*)

Background /Rationale: For many undergraduate students in the health industry, limited numbers of quality clinical placements and variable placement experiences limit learning opportunities. In order to introduce students to the collaborative care and develop communication skills, social work, occupational therapy and nursing students in undergraduate health programmes at Wintec in New Zealand took part in a simulated Inter-professional meeting which was part of a simulated nursing practice programme.

Method/Methodology: Self-selecting participants completed a questionnaire answering five open ended questions and responded to an opportunity to take part in a focus group. Research findings were analysed through a process of thematic analysis whereby each sentence of data was analysed in the first instance and categorised. Categories were then analysed and merged where appropriate to form the overall themes.

Kolb's (1984) Experiential Learning Theory provided a theoretical framework to guide this study.

Results: Of the 72 participants, (54 nursing students, 8 occupational therapy students and 10 social work students) (n=48) responded to the questionnaire. Nine of these students also took part in the focus group. Themes identified from overall participant responses were: professional role clarification and awareness, preparedness, safety and realism.

Conclusions: Results in this study suggest that the simulated collaborative meeting overall provided a valuable learning experience for students. The study also highlighted the need to ensure that all students involved, receive the same information and are well prepared for the simulated meeting. Further research is required within the professional group to establish the value of including this type of experiential learning into undergraduate health and social practice programmes.

G2iv

10:00 AM

Oral

Roanoke Ballroom C/D

490

**Development and Implementation of an Interprofessional SOAP Note Grading Tool**

Heather Congdon (*University of Maryland School of Pharmacy*), Karen Clark (*University of Maryland School of Nursing*), Jeffrey Gonzales (*University of Maryland School of Pharmacy*), Adriana Guerra (*Salisbury University Respiratory Therapy*), Kelley MacMillan (*University of Maryland School of Social Work*)

Background/Rationale: An interprofessional elective with students from two universities and four disciplines (pharmacy, nursing, social work and respiratory therapy) was created, which utilized 10 cases over the course of the semester completed by student teams. Group SOAP (subjective, objective, assessment, plan) notes were submitted after each case and all students received the same grade. To guide faculty from the four disciplines in SOAP grading, a standardized grading tool was needed to ensure consistency.

Objectives:

1. Provide rationale for the importance of a standardized grading tool for group assignments
2. Detail the steps towards development of an interprofessional grading tool for SOAP notes.
3. Detail the stepwise implementation procedure and use of grading tool within the class.

Methods: A SOAP note grading tool was developed by the faculty and presented to the students during orientation. In previous years, it was noted that students struggled initially working as an interprofessional team to complete the note. To facilitate better clarity a new strategy was implemented. SOAP assignments #1-#2 only required submission of the subjective portion of the note (20 pts); assignments #3-#4 required subjective and objective sections of the note (30 pts); assignments #5-#6 required all parts of the SOAP for the main problem (50 pts); and assignments #7-#10 required all parts of the SOAP for all case-related problems (75 pts).

Results: The grade range for SOAP 1 and 2 was 18-20; for SOAP 3 and 4 was 24-30; for SOAP 5 and 6 was 39-50; and SOAP's 7-10 was 57-75.

Conclusions: The creation of a standardized grading tool for all SOAP note assignments has allowed for consistency in grading across disciplines. The SOAP note format allowed the students to build upon the skills learned with the previous week's note and facilitated the improvement of identifying, assessing, and treating patient problems.

G3i

9:00 AM

Oral

Roanoke Ballroom E-H

53

Developing Competencies in Interprofessional Collaborative Practice: Role of the Milestones in the Assessment of Educational and Clinical Outcomes

Joanne Schwartzberg (ACGME)

Purpose and Rationale: In moving toward a new accreditation system, ACGME specialty groups have developed a broad system of outcomes-based milestones as a framework for determining resident performance, advancement, and readiness for graduation within the six core competencies. Included within these are specific milestones relating to enhanced resident competencies in Interprofessional collaborative practice (IPCP).

Objectives:

1. Describe the importance of continuing IPCP training for physicians throughout residency education.
2. Summarize the developmental levels and educational outcomes embodied in the specific milestones for IPCP.
3. Describe the milestone assessment process

Method: Published milestones for each core specialty were electronically searched for those calling for IPCP skills and behavior, as well as descriptions and details concerning the prescribed developmental progression of specific IPCP knowledge, skills, behavior and performance designed to be objectively assessed over the length of residency training.

Results: IPCP milestones are found in all specialties, mainly in the competencies of Interpersonal and Communication Skills, Systems-based Practice and Professionalism. As expected, considerable variation exists among the specialties. Milestones are objectively assessed and evaluated each six months during residency training by specially trained Clinical Competence Committees. Details demonstrating the developmental progression and acquisition of specific IPCP competencies will be presented for participant understanding and discussion.

G3ii

9:20 AM

Oral

Roanoke Ballroom E-H

204

Supporting New and Expanded Roles in Health Care

Victoria Wood (*University of British Columbia*), Christie Newton (*University of British Columbia*), Mykle Ludvigsen (*College of Pharmacists of BC*)

Background/Rationale: Regulated professions are emerging and evolving to meet the increasingly complex healthcare needs of today's population. This often results in issues around role understanding, overlapping scopes of practice, and the need for collaboration between professions. As Pharmacy Technicians emerge as a newly regulated health profession in BC, with an expanded scope of practice, there was a need to ensure role clarification and understanding between Pharmacists, Pharmacy Technicians and other health professionals.

This presentation will provide evaluation findings from an educational initiative designed to:

- Support pharmacists and pharmacy technicians to build relationships with other healthcare professionals.
- Seek ways to improve the relationships between pharmacists and pharmacy technicians to enhance the quality of patient care.
- Provide pharmacists and pharmacy technicians opportunities to work together to build a common understanding of their roles, skills and abilities.

Methods/Methodology: The training program included a series of online modules focused on the dimensions of collaborative practice, followed by a number of regional workshops focused on role clarification and collaboration. Participants completed a pre-participation assessment survey, post-workshop assessment; and a follow-up survey to:

- Get feedback on the program delivery
- Evaluate the impact of the program on changes to practice
- Assess changes in collaborative competencies

Results: Role clarification is a foundational competency that is more complex that practitioners realize. Scope of practice, context of care, and individual competence influence one's role on an interprofessional team. Focusing on this complexity allowed participants to build confidence in their own profession and that of others.

Presentation attendees will:

- Recognize ways in which new and expanded scopes can impact collaboration
- Develop an appreciation for the complexity of role clarification
- Identify ways to improve working relationships across professions

Conclusions: This training program provides a template for engaging other professions around collaboration as new roles emerge and scopes expand.

Applying Kotter's 8-Step Business Model to Promote Change in Health Professions Education

Betsy Vanleit (*University of New Mexico Health Occupational Therapy Program*), Kristi Salazar (*University of New Mexico College of Pharmacy*), Cynthia Arndell (*University of New Mexico School of Medicine*), Michel Disco (*University of New Mexico Health Sciences Center*), Loren Kelly (*University of New Mexico College of Nursing*)

Background/Rationale: Most health professions programs now have accreditation standards that require integration of interprofessional education. Changing the existing educational culture at an Academic Health Center to embrace interprofessional collaboration is not easy. People or institutions may not resist change per se, but they do resist real or potential loss (Heifetz, 2009). The shift from curricula that are specific to, and controlled by individual disciplines to a shared interprofessional curriculum requires everyone to let go of familiar courses and decision-making processes. These necessary changes are often perceived as losses resulting in resistance by faculty, administrators and students. Implementing transformational change may require exploring frameworks/change models outside of traditional health professions institutions.

Methods: At the University of New Mexico, we have been traversing the transformation process to an interprofessional curriculum for several years. While we have made progress, we still have a distance to go. Recently, we turned to a business framework, Kotter's 8-Step Change Model (Kotter & Cohen 2002) to help guide our actions. This presentation explores the ways that we have worked to 1) increase institutional urgency, 2) build guiding teams, 3) get the vision right, 4) communicate for buy-in, 5) enable action, 6), create short-term wins, 7) persist, and 8) make it stick. Learner objectives for this presentation include gaining the ability to:

- Describe the change steps in Kotter's Model
- Analyze and identify ways to apply the model to specific situations

Results/Conclusions: It is our experience that the process is not linear, and that it is critical to continually create a climate for change (steps 1-3), engage and enable the organization (steps 4-6) and implement and maintain successful changes (steps 7-8). Using the Kotter Model helps to clarify strategies and approaches to change, and can improve decision-making and forge the best avenues for successful organizational transformation.

G3iv

10:00 AM

Oral

Roanoke Ballroom E-H

415

Be the Change: Using Collaborative Learning to Teach Interprofessional Students Health Policy Advocacy

Julie Sanford (*James Madison University*), Melody Eaton (*James Madison University*), Maria Devalpine (*James Madison University*), Laura Trull (*James Madison University*), Kandy Smith (*University of South Alabama*), Jamie Lee (*James Madison University*), David Cockley (*James Madison University*)

Background/Rationale: In 2014, the Commonwealth of Virginia was embroiled in a controversy closely followed by the rest of the nation. Will Virginia accept federal dollars to support the expansion of Medicaid, one of the tenets of the Affordable Care Act? Legislators went into an extra session with drama that could have come from a TV series. The end result was no, not at this time. While legislators argue across the aisle, 400,000 Virginians are in the gap with no health insurance; not enough income to purchase a health plan, but too much income to qualify for Medicaid coverage.

The Health Policy Collaborative (HPC) is an interprofessional group of professors at James Madison University who are particularly concerned with engagement in all aspects of health policy (<http://www.jmu.edu/healthpolycollaborative/index.shtml>). During a visit to state representatives, a request was issued: Help us find solutions to cover the gap that do not require Medicaid expansion. The HPC Summit was developed in answer to this challenge.

Method: In November, 2014, Eighty-two students from nursing, health science and social work attended a ½ day summit, entitled Mind the Gap, to propose solutions to provide health care to those in Virginia without coverage. These students were enrolled in a health policy course or other courses that taught health policy concepts. Students were required to prepare for the summit using materials found on the HPC website (<http://www.jmu.edu/healthpolycollaborative/medicaid-expansion.shtml>) helping students develop at least a basic understanding of Medicaid and appreciate the complexity of the issue. Political Astuteness was measured pre and post summit using the 40-item Political Astuteness Inventory (Clark, 2008) which measures components of political awareness, knowledge and engagement (Primomo, 2007). Internal consistency reliability for the PAI using Cronbach's coefficient alpha was 0.81 in Primomo's (2007) study, and 0.84 in Bryd et al.'s (2012) study of changes in political astuteness after experiential learning. Pre and Post group outcome data were analyzed via SPSS using descriptive frequencies and paired t-test comparison.

Using Team-Based Learning (TBL) Strategies (Michaelson et al., 2002), students were grouped to ensure that expertise and professional disciplines were distributed throughout the groups. Students were confronted with a case study that is typical of the struggles of the uninsured and individual and group readiness assessment quizzes required dialogue between students, ensuring a higher level of engagement between professions. A health policy lobbyist, carefully maintaining neutrality, conducted short informative discussions with students on the challenges. Students were given the task to develop a proposal that would meet the health care needs of those 400,000 in the gap with the one requirement that no federal dollars for Medicaid expansion could be included in the proposal.

Results: Unique and innovative ideas were developed by the 22 groups and a Gallery Walk resulted in 3 proposals chosen by peers for presentation to the local and state legislators who attended the summit. A spirited discussion between students and legislators resulted and was disseminated via radio and TV to the region. Legislators requested a copy of all student proposals for further review to assist with health policy planning and development. Students demonstrated a significant improvement in political astuteness before and after participation in the Health Policy Summit ($t = -2.78$, 95% CI -5 to -0.8 , $p = 0.007$).

Conclusions: Student learning is enhanced and political astuteness can be significantly improved using collaborative interprofessional TBL activities. In today's context of health reform complexity, it is imperative that students learn skills necessary to work together as professionals to address the critical issues facing our nation. We must not only teach our students but inspire them to work passionately to help meet the needs so that all will have access to quality, affordable healthcare.

G4i

9:00 AM

Oral

Washington Lecture Hall

17

Development of Doctoral IPE Interactive Experiences: Facilitators, Barriers, and Lessons Learned

Julie Meek (*Indiana University School of Nursing*), Chad Priest (*Indiana University School of Nursing*)

Health professions schools, indeed all schools, have a social obligation to prepare students to think and work collaboratively across disciplines. A radically transformed healthcare system will require radically reformed student thinkers. To begin to meet this need, the Indiana University Schools of Nursing, Informatics & Computing, Kelley School of Business, Herron School of Art & Design, Purdue School of Engineering and Technology, Fairbanks School of Public Health, and the School of Liberal Arts have developed an interprofessional learning laboratory rooted in real-life innovation, discovery and collaboration. This presentation will report approaches used, lessons learned, and facilitators and barriers to collaboration.

G4ii

9:20 AM

Oral

Washington Lecture Hall

38

Medical Students' Self-Ratings of Interprofessionalism Knowledge & Performance Before & After Simulation-Based Education

David Trinkle (*Virginia Tech Carilion School of Medicine*), Tracey Criss (*Virginia Tech Carilion School of Medicine*), David Musick (*Virginia Tech Carilion School of Medicine*), Misty Flinchum (*Carilion Clinic*), Sara Kagarise (*Carilion Clinic*), Ashley Bossard (*Carilion Clinic*), Julie Morris (*Carilion Clinic*)

Background/Rationale: The purpose of our study was to analyze the impact of simulation-based education (SBE) in augmenting medical students' education about interprofessional, team-oriented patient care.

Methods: Across four academic years, 166 second year medical students participated in an SBE workshop and self-assessed their knowledge and skills regarding teamwork and interprofessionalism in two separate but related patient care scenarios: trauma care and skilled nursing home care. In both exercises, students were observed by faculty members from Medicine and Nursing, and by their peer colleagues as they rotated between the two learning scenario stations approximately every 45 minutes until all students completed both stations. A 5-point Likert scale (very low to very high) questionnaire asked participants to self-rate confidence and skills before and after these SBE experiences; students rated themselves on a total of 5 items. Data analyses were performed using ANOVA and Pearson Correlation procedures ($p \leq .05$).

Results: Self-reported confidence in all 5 measures increased and achieved statistical significance. The majority of students reported that the SBE experiences were valuable (91%), met the learning objectives (86%) and served as an important supplement to their educational experiences in patient care. A key finding from student feedback was that medical students reported feeling more empowered to "speak up" as a member of the clinical care team. This study describes successful integration of SBE into an early-in-the-curriculum patient care experience and also supports an innovative method of allowing students to demonstrate skills while working with practicing healthcare professionals. Limitations to the study include the relatively small sample size, lack of long-term follow up on educational gains by students and lack of more objective measures of student knowledge & skills. Further research is needed to examine retention and application of the knowledge gained in the SBE setting when student enter real-time clinical care settings.

G4iii

9:40 AM

Oral

Washington Lecture Hall

48

Promoting Student Resiliency Through Interprofessional Education Collaboration

Darla Hagge (*California State University Sacramento*), Nassrine Nouredine (*California State University Sacramento*), William Ofstad (*California Northstate University*), Debra Brady (*California State University Sacramento*)

Background/Rationale: Health professional students must learn how to be resilient. Today's global society is increasingly diverse and complex requiring resiliency to successfully navigate challenges in the workplace. Healthcare students learn core knowledge, skills, attitudes and values and are asked to quickly apply learning to a clinical setting. Their ability to move from receiving direct instruction to clinical practice is facilitated through supervised interprofessional training in simulation, experiential opportunities, and co-curricular settings that enhances the development of practitioners' resilience. This presentation will discuss two universities' experiences with Interprofessional Education (IPE) involving: Nursing, Speech-Language Pathology and Pharmacy.

Students in health professions are educated/trained in silos. Communication problems among health care personnel have been implicated as a cause of most patient errors (IOM, 2001, 2003; American Association of Critical Care Nurses [AACN], 2005; Joint Commission, 2005, 2007, 2008; Wachter, 2004). The Institute of Medicine strongly advocates that "health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team" (IOM, 2003, p. 20). IPE set in co-curricular, simulation, and active learning experiences creates opportunities for students to challenge their didactic knowledge, skills, attitudes, and values, and may be an ideal pedagogy to develop resiliency. The primary purpose of the IPE curriculum developed by the authors is to prepare collaborative practice-ready resilient health care professionals that have applied the essential skills of working in teams across a variety of clinical and educational settings and environments.

Objective: Identify the impact Interprofessional Education (IPE) in creating a more collaborative health care workforce and enhancing student learning and resiliency.

Methods: A variety of required and voluntary IPE opportunities were integrated into each discipline's curriculum including: Cross-discipline didactic education and training, Integrated Simulation Experience, Community Engagement, and Interprofessional Cross University Research Team. Resiliency was measured using a validated short survey by Duckworth and Quinn (2009).

Results: The qualitative and quantitative outcome data from two integrated IPE simulation experiences and community engagement activities involving pharmacy, nursing and speech-language pathology students will be presented demonstrating positive learning outcomes.

Conclusion: IPEC help prepare resilient collaborative ready health care workforce.

G5i	9:00 AM	Oral	Wilson	64
-----	---------	------	--------	----

🌟 **Kentucky Care Across Transitions for Stroke (KCATs)**

Erika Erlandson (*University of Kentucky*), Lynne Jensen (*University of Kentucky*), Julia Blackburn (*UK HealthCare*), Jimmi Hatton-Kolpek (*University of Kentucky*)

Background/Rationale: The stroke population in the state of Kentucky presents a unique cohort where the continuum of care coordination is essential to optimize outcomes. Kentucky remains 10th nationwide for mortality related to stroke. The University of Kentucky (UK) and Cardinal Hill Rehabilitation Hospital (CHRH) participated in over 200 transitions of care for stroke patients in 2014. Improving health outcomes related to stroke requires efficient and effective acute care, post-acute care, and transition back to the community. Each transition is crucial to patient management, decreasing post-stroke complications, and recovery. Effective transitions of care ultimately influence the cost of healthcare, patient satisfaction, and health outcomes. The purpose of this study is to create and validate the KCATs tool utilizing standardized patient simulations modeling the transition between interprofessional acute care and acute rehabilitation teams.

Methods: An interprofessional healthcare team from medicine, nursing, pharmacy, physical therapy, occupational therapy, speech and language pathology, case management, and psychology will design a pilot KCATs tool to test a transition of care simulation model. A series of focus groups, standardized patient transition of care simulations, and debriefings will be used to assess and finalize the KCATs transition of care tool. Rapid cycle testing will be utilized during the development process. Feedback on tool effectiveness as well as interprofessional collaboration across and between hand-off and receiving teams will be evaluated by Interprofessional Collaborator Assessment Rubric (ICAR). This information will be used to implement the KCATs tool to test and validate transitions of stroke patients from UK to CHRH.

Results: The KCATs tool and ICAR results will be presented.

Conclusions: This interprofessional education model will improve care transitions for stroke patients.

✿ Learning Together Working Together: A Novel Clinical Education Model to Build a Collaborative Ready Workforce

Crystal Burkhardt (*University of Kansas*), Stephen Jernigan (*University of Kansas Medical Center*), Shelley Bhattacharya (*University of Kansas Medical Center*), Mandi Sehgal (*University of Kansas Medical Center*), Dory Sabata (*University of Kansas Medical Center*), Myra Hyatt (*University of Kansas Medical Center*), Laura Zahner (*University of Kansas Medical Center*)

Background/Rationale: The United States is facing an impending health care crisis with the aging of the baby boomer generation. Collaborative interprofessional (IP) care is essential to address the complex health care needs of geriatric patients; however, teaching this model continues to be a major gap in every health professionals' education. Interprofessional practice (IPP) and interprofessional education (IPE) are relatively new concepts to our healthcare learners.

Objectives:

- Identify attributes of intentional interprofessional practice and learning experiences.
- Discuss survey responses that describe learners' interprofessional competency attainment and attitudes towards IP practice.
- Explain how learners benefit from actively engaging in clinical, curricular, and networking experiences that focus on key aspects of geriatric interprofessional team interactions.

Methods: Our IP faculty created the Geriatric Interprofessional Teaching Clinic (GITC) and the Learning Together, Working Together (LTWT) curricula to introduce learners to collaborative IP practice and education. The ongoing clinic and curricula have been designed for all learners to understand how to effectively work together to efficiently meet the needs of their older adult patients. Learners were anonymously assessed electronically before and after their experience with the GITC and LTWT using the Interprofessional Collaborative Competencies Attainment Survey (ICCAS) and the Attitudes Toward Interprofessional Health Care Teams (ATIHCT) survey. The surveys were administered using an online survey system. Additional qualitative learner feedback was also collected. Data collection continues for the ongoing GITC/LTWT experiences.

Results: To date, fifty learners have participated in the GITC/LTWT. Survey completion rate was 44%. For the ICCAS survey, there was a statistically significant improvement ($p < 0.05$) in the overall score as well as in the "Communications", "Collaborative", "Patient Centered", and "Team Functioning" subscales. There was also a trend towards stronger agreement on the "Roles and Responsibilities" and "Conflict Management" subscales of the ICCAS. Before participating, learners demonstrated a positive attitude about health care teams as assessed on the ATIHCT survey; no change was noted after the GITC/LTWT experience. Learners described growth in their interprofessional development with exposure to the GITC/LTWT curriculum.

Conclusions: Prior to entering the GITC and LTWT curricula, the health professional learners had a positive attitude about, and understood the importance of, interprofessional health care teams. With this intentional IPP/IPE Geriatric experience, healthcare professional learners have gained confidence in their abilities to collaboratively practice in an interprofessional manner. Based on our survey data to date, we have learned that the GITC/LTWT model is an effective means for developing learner competence in interprofessional practice.

References:

1. Institute of Medicine. *To Err is Human: Building a Safer Health System*. LT Kohn, JM Corrigan, MS Donaldson, eds. Washington, DC: National Academy Press, 1999.
2. Institute of Medicine. *Crossing the Quality Chasm: A new health system for the 21st century*. Committee on the Quality of Health Care in America. Washington, DC: National Academy Press, 2000.
3. D'Amour, D. & Oandasan, I. Interprofessionalism as the field of interprofessional practice and interprofessional education: An emerging concept. *Journal of Interprofessional Care* 2005;19:8-20.
4. Edmondson, A. C. & Roloff, K. S. (2009). Overcoming barriers to collaboration: Psychological safety and learning in diverse teams. In: Salas E, Goodwin, Gerald GF, Burke CS, editors. *Team Effectiveness in Complex Organizations: Cross Disciplinary Perspectives and Approaches*. New York: Psychology Press; 2009. p. 183-208.

G5iii

9:40 AM

Oral

Wilson

152



Interprofessional Collaboration and Student Service Learning to Meet Health Disparities Identified Through CBPR

Pearl McElfish (UAMS), Scott Warmack (UAMS), William Buron (UAMS), Chris Smith (UAMS)

The Marshallese experience a significant and disproportionate burden of type 2 diabetes, and other conditions such as high blood pressure and health disparities. Using a community-based participatory research process, type 2 diabetes was identified as the top health concern by the Marshallese community in Northwest Arkansas. Northwest Arkansas has the largest Marshallese community in the continental U.S. Through community health screenings at regional Marshallese churches and worksites, an interprofessional team of students and faculty discovered a greater than 50% prevalence of type 2 diabetes among this population, many of whom were undiagnosed. As part of UAMS-NW commitment to interprofessional education (IPE) students and faculty decided to open a student-led clinic focused on the management of type 2 diabetes and other chronic diseases to address health disparities in the Marshallese population. The clinic services are delivered to patients by students in medicine, nursing, pharmacy, social work, and health communications under supervision of UAMS faculty. This clinic is a convergence of UAMS-NW commitments to addressing health disparities in our community and offering opportunities for our students to strengthen their clinical knowledge and skills through IPE.

- Objectives:**
- Understand best practices and lessons learned from a student-led clinic focused on chronic disease management.
 - Understand how to integrate student clinic, CBPR research, and student service learning to address health disparities.
 - Understand how IPE can develop? with a hard-to-reach population that experiences significant health disparities.
 - Understand how a student-led Interprofessional clinic can best address health disparities among disadvantaged populations.

G5iv

10:00 AM

Oral

Wilson

162



Mobilizing an Interprofessional Team to Create a Program to Provide Home-based Palliative Care Support for Patients Who Fall Between the Cracks

Kimberly Carter (Carilion Clinic), Sherri McPeak (Carilion Franklin Memorial Hospice)

Hospice patients who no longer meet hospice criteria, are homebound, and do not meet criteria for home health, and who do not want aggressive treatment for their life limiting illnesses, are discharged to self-care and either end up back at the hospital in the Emergency Department or acute care, or die at home with no support for themselves or their families. Although models of similar programs are described in the literature for palliative care, there is little literature describing a program for home-based post hospice care. This presentation will describe our process of mobilizing an interprofessional team to develop a home-based committed care program for patients no longer meeting hospice criteria who still need palliative support, to help them maintain the optimal control over and quality of life they deserve, support their caregivers, and decrease costs associated with unwarranted hospitalizations where they may receive unwanted aggressive treatments. In addition to discussion about the lessons learned in building a successful interprofessional team to create the RN-initiated project, this presentation will also describe preliminary results of an IRB-determined quality improvement pretest posttest study designed to evaluate outcomes of quality of life and cost savings for patients enrolled in the program. The interprofessional team approach to designing this program resulted in an effective process of program design that incorporated a wide range of perspectives. Data collection and analysis is underway at the time of submission of the abstract; we predict that these patients will have higher quality of life scores resulting from reduced unwanted aggressive treatments and increased perception of support during this challenging time in their life. Findings from this study build upon the limited literature addressing the needs of this underserved population who no longer meets hospice criteria, but still needs palliative support.

G6i

9:00 AM

Oral

Monroe

68



The ELICIT Project: Theory-Testing Using a Randomized Treatment-Control Study of Interprofessional Leadership Training

David Dickter (*Western University of Health Sciences*), Maritza Salazar (*Claremont Graduate University*), Karen Widmer (*Claremont Graduate University*), John Tegzes (*Western University of Health Sciences*), Jasmine Yumori (*Western University of Health Sciences*), Pat Callard (*Western University of Health Sciences*), Vincent Finocchio (*Western University of Health Sciences*), Katy Avila (*Western University of Health Sciences*)

Interprofessional teams are expected to succeed in part due to their strong scope-of-practice knowledge. For example, when making decisions about patients, interprofessional teams can utilize more and different specialized knowledge than individuals acting unprofessionally or alone. Finding ways to enhance this collaboration is essential to the success of students learning to work interprofessionally. One possible method is to train leaders to foster better intergroup communication; this method can be demonstrated using a problem-based learning format.

In this paper we apply and test the social psychology theory of intergroup relational identity: namely, that successful interprofessional team leaders facilitate the group's understanding of the team as a collective of highly interdependent professions collaborating to achieve a joint goal. Sharing this definition of a team may optimize interprofessional practice. For example, doctors would be expected to have more effective working relationships on teams with pharmacists, nurses, and other health professionals.

We are completing a study using nearly 50 teams of students enrolled in a graduate-level IPE course; each team is comprised of eight different professions. We are investigating whether problem-solving improves following a brief IPE training event focusing on the leader's role in fostering collaboration. Students are trained on interdisciplinary communication (treatment group) or an unrelated TeamSTEPPS topic (control group), and then hold a team problem-solving meeting about an interprofessional case. To solve the problem successfully, students must integrate different pieces of disciplinary information. Results of this study, believed to be the first of its kind, will be presented.

G6ii

9:20 AM

Oral

Monroe

87



A New Frontier: Formal IPE Program Review

Sheree Aston (*Western University of Health Sciences*), John Tegzes (*Western University of Health Sciences*), David Dickter (*Western University of Health Sciences*), Tim Wood (*Western University of Health Sciences*)

Interprofessional Education (IPE) is a nascent, still evolving field. With national accreditation standards for IPE existing for most health professional education programs and national competencies emerging for the field, formal self-study is a next logical step in assessing the effectiveness of IPE programs.

Western University of Health Sciences requires periodic official program review of its curricular and non-curricular programs. The University's IPE Curriculum, as a required academic program for its nine entry level health professional program students, was assigned to complete an official review during the 2013 – 2014 academic year.

We conducted a five-year review using the following evaluation standards: 1) Mission, 2) Student Learning Outcomes, 3) Curriculum, 4) Faculty, 5) Student Body, 6) Physical Facilities, 7) Staff and 8) External Environment. Methods included a comprehensive yearlong self-study process and review of data on formative, summative and programmatic outcomes, completed in September 2014, with a site visit by an external team to follow in January 2015.

This paper will contribute to progress in the field by describing the methodological approach to the evaluation of the IPE program, and presenting the results of the review. Recommendations include additional IPE coursework, academic faculty designations, rotations and certification programs.

- Objectives:**
1. Demonstrate an understanding of how formal program review provides valuable insight in an IPE program
 2. Discuss how the process of IPE program review can assess the effectiveness IPE curriculum at University programs.
 3. Describe the importance of formal self-study and IPE programming

G6iii

9:40 AM

Oral

Monroe

90

Jefferson Teamwork Observation Guide (JTOG): An Interprofessional Education Teaching Tool

Kevin Lyons (*Thomas Jefferson University*), Carolyn Giordano (*Thomas Jefferson University*), Kellie Smith (*Thomas Jefferson University*), Elizabeth Speakman (*Thomas Jefferson University*)

Background/Rationale: Teaching students to become successful members of interprofessional teams is a complex undertaking. There are a number of skills students and clinicians must possess to work successfully as a team and it is important, early in their education, for them to learn the combinations of skills necessary for teams to function effectively. One way is to observe actual teams in action. The literature has identified teamwork characteristics and there are many instruments available to measure their existence. However, these instruments are often too cumbersome to use in an observational situation since they tend to be lengthy and contain many abstract characteristics which are difficult to observe. With this in mind, a short, easily used educational tool was developed to help students and clinicians recognize the characteristics of well-functioning teams.

Objectives:

1. Discuss the JTOG tool as a method to measure IPE competencies in an educational, simulation or practice setting.
2. Explain the value of assessing students' understanding of team approaches to patient care.

Methods: The Jefferson Team Observation Guide (JTOG) was created to serve as an educational tool for students to observe teams in action. The JTOG was developed in many stages over a two year period, based on student and clinician feedback and the input of a number of experts in interprofessional education. The literature on team functioning was reviewed for characteristics of effective teams. Fourteen were selected that were considered observable and a check list developed by a team of experts in IPE. These were matched to the 2011 IPEC core competencies. (IPEC, 2011) Over a two year period, students observed teams in two rehabilitation settings, an outpatient setting and a surgery center and identified when each characteristic was present.

Results/Conclusions: As a result of this feedback, the checklist was revised and is receiving consistent results across each setting. The checklist presents a clear teaching tool to help students understand characteristics of team behavior. It is now being field tested in clinical settings to be used by practicing clinicians.

G6iv

10:00 AM

Oral

Monroe

148

Using CATME, An Online Electronic Peer Assessment and Feedback Tool, to Assess Individual and Team Performance in a Longitudinal IPE Course

Mark Earnest (*University of Colorado Anschutz Medical Campus*), Kari Franson (*University of Colorado Skaggs School of Pharmacy*), Wendy Madigosky (*University of Colorado Anschutz Medical Campus*), Karen Gorton (*University of Colorado Anschutz Medical Campus*), Diane Brunson (*University of Colorado Anschutz Medical Campus*), Darcy Solanyk (*University of Colorado Anschutz Medical Campus*), Amy Nordon-Craft (*University of Colorado Anschutz Medical Campus*), Janice Hansen (*University of Colorado Anschutz Medical Campus*)

Objectives:

1. Demonstrate the functionality of the online CATME tool.
2. Demonstrate the performance of CATME as a means of assessing teamwork and providing peer feedback on teamwork effectiveness.
3. Explain the impact of CATME on individuals and teams in the context of a longitudinal team-based learning IPE course.

CATME, an online tool for peer assessment and feedback in teams, was developed for use in engineering but has not been used in health care or health professions education. In this presentation, we will provide a brief overview of the CATME tool and demonstrate how this online, open-source program can provide peer assessment and feedback to individuals working in teams and to instructors supervising learners in teams. An overview of the data gathered using CATME in the context of our longitudinal IPE course at the University of Colorado will be shared. Additionally, the distribution of team member effectiveness scores across two cohorts of over 650 interprofessional students and the correlations of those scores with other measures of individual and team performance will be presented. Finally, we will discuss the implications of our findings on the role peer assessment and feedback plays in developing interprofessional and teamwork competencies.

G7i

9:00 AM

Discussion

Buck Mountain

107



Interprofessional Faculty Development for Patient-Centered Communication Skills in Health Sciences

Monica Lypson (*University of Michigan Medical School*), Carol Anne Murdoch-Kinch (*University of Michigan Dental School*), Jeffrey Tingen (*University of Michigan College of Pharmacy*), Joseph House (*University of Michigan Medical School*), Jolene Bostwick (*University of Michigan College of Pharmacy*), Paula Ross (*University of Michigan Medical School*), Mark Fitzgerald (*University of Michigan Dental School*), Marita Ingelhart (*University of Michigan Dental School*), Joel Purkiss (*University of Michigan Medical School*), Stacie Buckler (*University of Michigan Medical School*), Margaret Liu (*University of Michigan Dental School*)

Health sciences education is rapidly moving toward interprofessional learning to ensure all trainees are prepared to work collaboratively to provide optimal care. Despite the call for interprofessional education (IPE) competency, few faculty members receive formal training across interprofessional lines, which has been found to enhance true collaboration and promote positive attitudes toward members of other disciplines. In this project we used the construct of patient-centered communication teaching and the use of standardized patient as a venue for health science interprofessional faculty development. Currently the Schools of Dentistry, Medicine, and Pharmacy all utilize the Standardized Patient Program as part of their clinical skills education. Interprofessional communication is critical to improving healthcare outcomes and is one of three core interprofessional education competency domains highlighted by the IPE Collaborative Expert Panel. Faculty development on the assessment of student patient-centered communication skills consisted of a five 60-minute sessions on the following topics: (1) Understanding Patient-Centered Communication Skills; (2) Training Standardized Patient Instructors (SPI) to a Checklist; (3) Establishing Checklist Validity and Reliability; (4) Development of a Standardized Patient Case and Assessment; and (5) Checklist Standard Setting. In our sessions we trained faculty in patient-centered communication, increased interdisciplinary discourse and developed a standardized patient case. Faculty participants rated these sessions positively indicating they stimulated improvement in their ability to critically and thoroughly approach these topics and develop a basic understanding of key issues including patient centered communication skills and standardization of SPIs, and validity and reliability measures in assessment.

- Objectives:**
1. Apply principles of faculty development to educate learners about patient-centered communication.
 2. Recognize the value of patient-centered communication skills.
 3. Design an interdisciplinary faculty development course and a patient-centered teaching strategy to improve the future of health sciences education and care delivery.

G7ii

9:45 AM

Discussion

Buck Mountain

417



National Interprofessional and Prevention Education Trends: Measuring Healthy People 2020 ECBP-19

Annette Greer (*East Carolina University, Brody School of Medicine*), Amy Blue (*University of Florida*), Maria Clay (*East Carolina University, Brody School of Medicine*), David Garr (*South Carolina AHEC; Medical University of South Carolina*), Clyde Evans (*CE Consulting; Academy for Academic Leadership*), Rebecca Lewis (*East Carolina University, NCAI*)

Background/Rationale: Healthy People 2020 has a measurable objective (ECBP-19) for interprofessional education in the context of clinical prevention and population health. Baseline data for this objective was collected in 2010 through funding provided by the Josiah Macy Jr. Foundation. In order to determine the progress in meeting the objective to “increase the proportion of academic institutions with health professions education programs whose prevention curricula include interprofessional educational experiences” the study has been repeated and trends noted. This group discussion session will address the impact of interprofessional education in the context of prevention and population health and identify the relationship between policy and practice at multiple levels. Further, the group discussion will provide a forum to critically analyze how health care reform provides support or barriers to achieving ECBP-19 and propose mechanisms to increase the manner in which a collaborative team-based approach to clinical prevention can impact population health.

- Objectives:**
- Critically analyze data outcome trends for the NIPE-HP 2020.
 - Interpret results and justify the suitability of data in measuring ECBP-19.
 - Appraise health care reform policy in assisting or thwarting attaining ECBP-19.
 - Generate proposal recommendations that will increase meeting ECBP-19 goals.

Facilitation Methods: Participants will be divided into table groups of 8. Each table will be given three result cards from the study. Participants at the table will have a presenter available to facilitate the discussion and will elect a secretary to record discussion and a reporter to provide the table summary to all other participants.

G8

9:00 AM

90 min. Workshop

Shenandoah A/B

34

**Virtual Teams: Challenges and Strategies for Success**

Merle Mast (*James Madison University*), Erica Lewis (*James Madison University*), Anne Stewart (*James Madison University*), Patty Hale (*James Madison University*), Sharon Strang (*James Madison University*)

Background/Rationale: Information technology offers opportunities for organizations to create virtual teams for work and problem-solving. Such teams can overcome the constraints of distance and scheduling, incorporate members with diverse skills, and enhance collaboration to accomplish shared goals. However, virtual teams face many unique and important challenges that include barriers to group communication and greater potential for isolation and conflict. The Challenges of Working in Virtual Teams report (2010) found that virtual teams were more challenged than face-to-face teams in managing conflict (73%), making decisions (69%), and expressing opinions (64%). These findings, paired with the rapid growth of distance learning and telemedicine, illustrate the need for more effective strategies to guide virtual teams.

In this workshop participants will experience and reflect on principles of group process. The presenters will offer evidence from the literature and their own experiences with online interprofessional learning teams to explain the challenges of teamwork in a virtual environment. Through hands-on activities, participants will apply strategies to assist virtual teams to form shared goals and identity (forming), to anticipate and respond to team conflict in constructive and collegial ways (balancing storming and norming), to communicate effectively to solve problems and meet goals (performing), and to celebrate accomplishments and disband (adjourning). Participants will have the opportunity to explore technology designed to facilitate virtual groups, including software to assess individual strengths and assign teams by distributing member strengths intentionally within teams. By understanding and anticipating virtual group challenges and their effect on teamwork, leaders, educators, and team members can be intentional to assure team success.

Objectives:

1. Explain group process and its influence on team behavior and team-based learning.
2. Describe the unique challenges of virtual groups and teams.
3. Practice strategies to prepare team members to enhance task accomplishments and team goals in the virtual environment.

G9

9:00 AM

90 min. Workshop

Pocahontas

246

**Interprofessional Education and Collaboration - What Works, for Whom, in What Circumstances, in What Respects and Why? - The Potential of Realist Evaluation to Answer these Questions**

Barbara Maxwell (*A.T. Still University*)

Background/Rationale: The interprofessional community has been struggling with the identification of tools and methods to evaluate the impact of its interprofessional endeavours. The complex nature of interprofessional education (IPE) and interprofessional collaborative practice (IPCP) creates difficulties when attempting to establish impact through traditional approaches such as systematic review. Such complexity is inherent for an activity that involves the interactions of varied professions, their interrelationships, partnerships between educational and clinical organizations, and is further complicated by the layering of such educational collaborative activity into the complex context of clinical care (Reeves et al 2010). Attempts to collate evidence on effectiveness have been hampered by heterogeneity in program design, delivery, objectives, program outcomes and methodological limitations (WHO, 2010). Although studies have reported some positive outcomes, it has not been possible to draw general inferences about the effectiveness of IPE or IPCP through such traditional methods. Indeed consistent calls have been made for the adoption of new approaches that embrace the complex nature of IPE and IPCP (Barr et al, 2000; Cooper et al 2001; Hammick et al 2007; Davidson et al 2008).

This workshop proposes realist evaluation as such an approach that embraces the complex nature of IPE and IPCP, going beyond the traditional question of linear approaches such as systematic review, of 'does it work?' To ask 'what works, for whom, under what circumstances, in what respects and why?

This workshop introduces participants to this approach, contrasting it to traditional approaches and provides opportunities for participants to apply the constructs of realist evaluation to their own IPE and IPCP activities. Providing a theory driven approach to program evaluation and program design or re-design. Participants will be provided with opportunities to uncover the underlying mechanisms through which their program is expected to work, the factors that may impact those mechanisms and to identify how such interactions could impact the program outcomes. In so doing this workshop will assist those who design and deliver IPE and IPCP programs to align the program theory, goals and objectives, program activities, and outcome measures.

Teaching Methods: A mixture of short presentations, small group work, and real life case studies

1. Round table introductions and sharing experience and one personal goal of the workshop
2. Short discussion on traditional approaches to the evidence e.g. systematic review and where they leave us in knowing the impact of IPE/IPC – evaluating complex social interventions
3. Presentation: Introduction to realist evaluation and an argument for fit with interprofessional education and collaborative practice.
4. Addressing the realist questions: what works, for whom, in what circumstances, in what respects and why? – Facilitated group work with provided materials on contexts, mechanisms and outcomes.
5. Theory knowledge integration - Small group work will engage participants in applying the realist evaluation approach to their IPE/IPC activities.
6. Group Feedback
7. Conclusions – presenter summarizes the discussion and provides additional resources for those who may be interested.

G10**9:00 AM****90 min. Workshop****Appalachian**

299

**Building Skills for Expert Collaboration**

Deborah Lake (*University of Manitoba*), Krista Baerg (*University of Saskatchewan*), Teresa Paslawski (*University of Alberta*)

Background/Rationale: Interprofessional collaboration is an effective and rewarding approach to health care when participating health professionals have the necessary attitudes, skills and knowledge. These attributes do not develop spontaneously—students, clinicians and administrators need focused training and continuing learning in basic collaboration competencies so that they may fully benefit from interprofessional education and collaborative practice experiences.

The three authors of the new handbook “Teamwork, Leadership and Communication: Collaboration Basics for Health Professionals” will lead workshop participants in interactive exercises on the following topics:

- Reasons for collaborating: Making good decisions
- Teamwork: Understanding group structure and group dynamics
- Leadership: Sharing leadership by engaging in task-focused and group maintenance behavior
- Communication: Creating opportunities and meeting challenges in group discussion

The workshop is suitable for students, practicing professionals, managers, educators and trainers.

Objectives: Participants of this workshop will:

- Appreciate the advantages of using content-neutral material to help learners develop positive attitudes and basic skills for interprofessional collaboration.
- Experience simple, fun exercises that develop awareness of group process and insight into personal collaboration strengths.
- Apply a simple 3 x 3 conceptual framework to issues in interprofessional collaboration in health care.
- Consider how to use the handbook and interactive exercises in their own settings.

Teaching Methods: Activities will include small group work, fishbowl techniques for observing and rating small group interaction and behavior, opportunities for self-reflection, and alternatives to open discussion (e.g., structured go-around). Brief lecture sessions with slides will provide an overall framework and orient participants to the purpose of the activities.

G11**9:00 AM****90 min. Workshop****Mill Mountain**

584

**Our 5 year Journey, Crossing Interdisciplinary Boundaries**

Susan Jones (*Jefferson College of Health Sciences*), Milena Staykova (*Jefferson College of Health Sciences*), George Steer (*Jefferson College of Health Sciences*), Chase Poulsen (*Jefferson College of Health Sciences*), Sara Nicely (*Jefferson College of Health Sciences*), Bruce Johnson (*Virginia Tech Carilion School of Medicine*), David Trinkle (*Virginia Tech Carilion School of Medicine*), Heidi Lane (*Virginia Tech Carilion School of Medicine*)

The purpose of the presentation is to share our journey in integrating Interprofessional Education into the College Curriculum and provide participants the opportunity for hands on practice in organizing an IP Simulation Day. The participants will be divided into teams and utilize best practice tools in the organization of their IP Simulation Day.

Background/Rationale: Our journey was over 5 years (2009-2013). We grew from 40 students participating to 350 students, from 2 disciplines to 11, from 1 college to 4, from 12 professors to 50. The purpose of our mixed method study was to evaluate the students' and faculty's perception of an interprofessional simulation activity on interprofessional skills. We will also review research findings that evaluated the following: Is peer education effective? Did the IP activity increase the ability of the students to value other discipline's contribution to quality patient care? Did the IP activity increase students' and faculty collaboration skills?

Objectives:

1. Incorporate in their facility best practices in interprofessional education.
2. Identify steps in developing Interprofessional teams to address IP educational needs.
3. Develop tools to utilize in the planning of their Interprofessional Simulation Day.
4. Identify research tools to evaluate the effectiveness of an IP Simulation Day on students' and faculty's interprofessional skills.
5. Identify possible barriers and strengths to implementing a successful Interprofessional Simulation Day.

Method: Students were divided in IP teams and applied discipline related knowledge and skills to care for patients in a simulated disaster scenario. The students participated in peer-teaching, delegation, and collaboration. Methodology: A 3 x 2 mixed design analysis of variance was computed for the data set. Descriptive statistic was used.

Results: The highest difference in the means of the confidence level of the Interprofessional Practice Competencies from pre-to-post activity was noted for Physician Assistant students and Respiratory Therapy students. The lowest difference in the means was noted for Physical Therapy Assistants. The highest difference in the means for faculty from pre-to-post activity was noted for Public Health and Medical Laboratory Science faculty. The collaboration skills for all disciplines improved, at significant levels, during the post-survey for all 5 years.

Conclusion: IP simulation is recommended as a beneficial strategy to improve students' and faculty's interprofessional skills.

10:30 AM

Break – Exhibits Open

Crystal Ballroom

10:45 AM Concurrent Sessions H

H1i	10:45 AM	Oral	Roanoke Ballroom A/B	140
-----	----------	------	----------------------	-----

 Managing Dental Emergencies Through Nursing/Dental Collaborative Care

Rosemary L. Hoffmann (*University of Pittsburgh*), Nina Markovic (*University of Pittsburgh*), Jean O'Donnell (*University of Pittsburgh*)

Background/Rationale: Effective healthcare delivery requires coordinated interprofessional teamwork. Yet, students trained within individual professions are infrequently afforded formal opportunities to explore the knowledge, skills, and attitudes of other professions or to learn strategies for effective teamwork. This is of particular concern when patients present with oral health needs to non-dental providers. Patients with dental emergencies often seek care in non-dental settings such as hospital emergency departments or primary care settings. Providers in these settings traditionally receive limited training to assess and treat dental emergencies. A pilot program was developed pairing nursing and dental students in an outpatient dental emergency clinic (EC) providing an opportunity for students to assess coordinated oral and systemic health needs.

Methods/Methodology: Dental students and nursing students worked together for a two-week rotation in the EC within a major teaching university. Student pairs assessed and developed strategies for addressing the patients' oral and general health care needs. Strategies included emergency dental care as well as education related to health promotion, medication compliance, and options for follow-up care. Each week, students summarized their experiences with nursing and dental faculty. A pre/posttest survey on interprofessional teamwork and a reflective journal discussing the beneficial aspects of the team, difficulty working with another team member and application of knowledge to practice were collected and analyzed from each student.

Results: Students "agreed" or "strongly agreed" that health care delivery will require shared learning and teamwork to improve patient care; and that developing interprofessional communication skills required more than "common sense." Journal themes included recognizing the oral and extra-oral presentation of dental infections, requesting opportunities for dental students to shadow nurses, and learning how to communicate in "non-technical language".

Conclusions: The collaborative care experience was seen as extremely beneficial by both faculty and students, who requested future expansion of the program.

H1ii	11:05 AM	Oral	Roanoke Ballroom A/B	142
------	----------	------	----------------------	-----

 Simulation Utilizing TeamSTEPPS to Promote Interprofessional Education and Collaborative Practice

Leann Horsley (*Loyola University Chicago, School of Nursing*), Trent Reed (*Loyola University Chicago, Stritch Medical School*), Keith Muccino (*Loyola University Chicago, Health Sciences Division*), Donna Quinones (*Loyola University Chicago, Health Sciences Division*), Janet McCarthy (*Loyola University Chicago, School of Nursing*), Viva Jo Siddall (*Loyola University Chicago, Health Sciences Division*), William McGaghie (*Loyola University Chicago, Health Sciences Division*)

Background/Rationale: Strengthening and transforming the workforce of health care is an urgent priority. A paradigm shift needs to occur, moving towards interprofessional, team-based delivery of care. Strategies must be developed across the spectrum of health professional education to promote interprofessional education and collaborative practice. TeamSTEPPS is a widely-known, rigorously tested performance improvement program (Department of Defense and Agency for Healthcare Research and Quality) designed to enhance team dynamics, improve performance, and promote patient safety. There is limited evidence on the benefits of TeamSTEPPS within medical and nursing students' curricula to promote interprofessional education and collaborative practice.

Objectives:

1. Describe the impact of a simulation based, multidisciplinary patient care exercise on attitudes towards and perceptions of interprofessional collaborative practice.
2. Identify the effect of TeamSTEPPS training on team performance.
3. Summarize the influence of reinforced learning in students with limited prior exposure to TeamSTEPPS principles.

Methods: Within the context of a quasi-experimental design a TeamSTEPPS intervention was utilized within a simulated patient care environment to study the knowledge, skills, and attitudes of medical and nursing students regarding interprofessional education and collaborative practice. Students were randomly assigned to cohorts of fourth year medical students and senior baccalaureate nursing students. All completed pretest material (perception survey and teamwork knowledge test) before reviewing an online internally developed TeamSTEPPS module. Each cohort then participated in two simulation and debriefing sessions separated by a one-hour group discussion. Simulation performance was evaluated based on TeamSTEPPS principles and the final simulation required achievement of a minimum passing score otherwise it was repeated until the score was attained. At the conclusion of the sessions, students completed posttest material (perception survey and teamwork knowledge test). Data collection occurred monthly from October, 2014 and is set to conclude April, 2015. Descriptive, exploratory, and confirmatory analyses will be conducted pending conclusion of the study.

H1iii

11:25 AM

Oral

Roanoke Ballroom A/B

143

Incorporating Telehealth Experiences into Collaborative Learning and Practice for Allied Health and Nursing Students

Ken Randall (*University of Oklahoma*)

Background/Rationale: Geography can impose barriers to providing interprofessional team-based healthcare to those who need it, and telehealth technology can help to remove them. Teaching students about effective teamwork within a framework of telehealth care delivery can lead to positive outcomes for these future practitioners and their patients.

Methods: Family nurse practitioner, adult nurse practitioner, occupational therapy, and physical therapy students on two campuses that are 100 miles apart engaged in a three-part interprofessional curriculum consisting of 1) On-line modules designed around interprofessional core competencies and a paper- patient scenario with on-line team meetings; 2) Standard patient encounters in simulated clinical environments using telehealth technology; and 3) Clinical application with true-to-life patients in clinical environments using telehealth equipment. We used a pre-/post-test repeated measures design to gauge student knowledge and attitudes regarding telehealth technology and interprofessional teams, using the Telemedicine Acceptance Questionnaire, the Team STEPPS tool, and a guided reflection tool.

Results: Students demonstrated enhanced knowledge of telehealth technology and showed that they could use it to effectively treat patients as an interprofessional team. An intriguing element of our findings was that students rated the telehealth experience slightly lower after the patient encounters; qualitative data from student reflections linked this with the student perception that telehealth creates a mild barrier to developing patient and team rapport, one that can be overcome, but which they perceive does exist.

Conclusions: Optimal interprofessional teamwork using telehealth technology can be an effective tool to develop an optimal patient-centered plan of care and achieve positive outcomes, and awareness of unexpected barriers created by the technology requires thoughtful deliberation and development of strategies to overcome them.

H1iv

11:45 AM

Oral

Roanoke Ballroom A/B

144

Living in Poverty: An Experiential Interprofessional Simulation

Leann Horsley (*Loyola University Chicago, School of Nursing*), Jorgia Connor (*Loyola University Chicago, School of Nursing*), Lisa Burkhart (*Loyola University Chicago, School of Nursing*), Joanne Kouba (*Loyola University Chicago, School of Nursing*), Fran Vlasses (*Loyola University Chicago, School of Nursing*)

To improve quality in our health care system, we need to learn and practice in a collaborative environment while understanding the challenges our patients face on a day-to-day basis. The purpose of this presentation is to describe how a large scale poverty simulation (MACA, Inc.) can be integrated into curricula as an interprofessional learning experience. The simulation was acquired through a 3-year grant awarded by the Health Research and Services Administration (HRSA), called I-Care-Path. The simulation was used to teach the first of four interprofessional education collaborative (IPEC) competencies, "values and ethics", to better understand the challenges residents of an underserved, low income, and diverse community face. The simulation has been successfully implemented five times between two campuses involving over 400 students (nursing, social work, dietetic, health systems management, medicine, and public health), faculty, and local health care providers. A pre-posttest evaluation indicated improved attitudes and perceptions about those living in poverty. Findings will be presented, as well as strategies to incorporate the simulation into school curricula in an interprofessional format.

Objectives:

- Discuss the poverty simulation as an effective tool for an interprofessional educational experience.
- Identify benefits as well as potential challenges when implementing a large scale interprofessional simulation across the university setting.
- Describe how this large scale simulation can be adapted to provide collaboration opportunities within the local community.

H2i

10:45 AM

Oral

Monroe

167



Using Theoretical Frameworks to Develop and Evaluate Interprofessional Education (IPE) for Nursing and Physical Therapy Students

Kathleen Volkman (*University of Nebraska Medical Center*), Connie Miller (*University of Nebraska Medical Center*), Chao Zhang (*University of Nebraska Medical Center*), Katherine Jones (*University of Nebraska Medical Center*)

Background/Rationale: The complementary clinical skills of nursing and physical therapy (PT) maximize patient safety when mobilizing complex medical patients. The Institute of Medicine identified working in interdisciplinary teams as a core competency needed to improve the quality and safety of care. We used patient safety principles, team theory and training, simulation development models, learning/motor learning theory, and Kirkpatrick's taxonomy of training criteria to develop and evaluate an IPE experience for nursing and PT students.

Objectives:

1. Explain the theoretical frameworks used to develop and evaluate acute care clinical, patient safety, and teamwork competencies taught in a high-fidelity simulation.
2. Describe the team training, simulation, and evaluation methods used to conduct and validate this experience.
3. Apply these results to their efforts to use simulation in IPE.

Methods: In 2012, we organized 47 PT and 25 nursing students into 24 IP teams to care for a simulated patient. Prior to the simulation, students received training in team skills and medical errors. The quality of each team's teamwork was assessed using targeted behavioral markers. Team performance was measured by counting each team's medical errors using a checklist and by measuring the time the manikin sat upright. We compared pretest and posttest measures of student knowledge of teamwork and patient safety and attitudes toward teamwork. We conduct this simulation annually as the capstone IPE experience for nursing and PT students.

Results: The quality of team skills was significantly associated with measures of team performance. Knowledge of teamwork and medical errors, and attitudes toward teamwork significantly increased on posttest. In subsequent years, team performance outcomes and student satisfaction have improved with changes to the briefing and debriefing process.

Conclusions: The use of theoretical frameworks advances our knowledge of the factors needed to successfully implement IPE using high-fidelity simulation.

H2ii

11:05 AM

Oral

Monroe

172



Perspectives on Interprofessional Teamwork: Analysis of Student and Provider Outcome Data from a Three Year Interprofessional Clinical Practice (IPCP) Team Grant

Susan Kimble (*University of Missouri Kansas City*), Margaret Brommelsiek (*University of Missouri-Kansas City School of Nursing and Health Studies*), Michael McCuniff (*University of Missouri Kansas City SOD*), Heather Gotham (*UMKC*), Andrew Bzowycyk (*UMKC SOP*)

Background/Rationale: This project developed Interprofessional Clinical Practice (IPCP) teams in two urban primary care clinics, utilizing advanced practice nursing students alongside Pharm D and Dental students. The project was the first clinically-based IPE activity at this midwestern University, focused on nurse leadership and the importance of developing patient focused team based care with underserved and culturally diverse populations.

Methods: Collaborating with physician and nurse practitioner providers at two urban clinics, the project provided innovative opportunities for IPE by incorporating team based primary care, with student teams initiating the patient visit. Prior to clinical placement, focused education was provided on the four IPE goals along with an emphasis on patient centered care of diverse vulnerable populations. Tools utilized for evaluation included pre- and post-rotation student surveys of readiness and attitudes toward IPE and team-based care, student and provider focus groups, patient satisfaction surveys, and student reflection through journaling on clinical experiences.

Results: Quantitative results include students' reports of increased team skills and cultural competence. Qualitative themes include student learning to make team-informed care decisions. Although there are many barriers to implementing IPCP teams student participants acquired new perspectives regarding vulnerable patient populations, improved team communication skills, increased confidence about working in challenging situations, and overcame preconceived assumptions about roles.

Conclusions: Results support the importance of developing team identity early in the process. This was facilitated by providing concise explanations of IPE and IPCP, including examples of how IPCP can be successful in the real world, and by modeling IP behaviors. Outcome data assisted in the development of further IPCP rotations and IPE curriculum. In addition, the project established a platform for open and honest communication between the students, providers and faculty, integral to team identity, which impacted both health delivery and desired patient outcomes

H2iii

11:25 AM

Oral

Monroe

180

Role Clarification Processes for Better Integration of Nurse Practitioners into Primary Healthcare Teams: A Multiple-Case Study

Isabelle Brault (*University of Montreal*), Kelley Kilpatrick (*University of Montreal*), Danielle D'Amour (*University of Montreal*), Damien Contandriopoulos (*University of Montreal*), Veronique Chouinard (*University of Montreal*), Carl-Ardy Dubois (*University of Montreal*), Mélanie Perroux (*University of Montreal*), Marie-Dominique Beaulieu (*University of Montreal*)

Background/Rationale: Role clarity is a crucial issue for effective interprofessional collaboration. Poorly defined roles can become a source of conflict in clinical teams and reduce the effectiveness of care and services delivered to the population. This presentation aim to outline processes for clarifying professional roles when a new role is introduced into clinical teams, that of the primary healthcare nurse practitioner (PHCNP). To support our empirical analysis we used the Canadian National Interprofessional Competency Framework, which defines the essential components for role clarification among professionals.

Methods: A qualitative multiple-case study was conducted on six cases in which the PHCNP role was introduced into primary care teams. Data collection included 34 semistructured interviews with key informants (Managers, PHCNP, nurses, other professionals) involved in the implementation of the PHCNP role.

Results: Our results revealed that the best performing primary care teams were those that used a variety of organizational and individual strategies to carry out role clarification processes.

Conclusion: From this study, we conclude that role clarification is both an organizational process to be developed and a competency that each member of the primary care team must mobilize to ensure effective interprofessional collaboration.

H2iv

11:45 AM

Oral

Monroe

193

A Participatory Service Model-Facilitating IPE and Modeling of Collaborative Practice

Susan Paparella-Pitzel (*Rutgers*), Alma Merians (*Rutgers*)

Service learning provides a direct and relevant link between academics and clinical experiences. The Community Participatory Physical Therapy Clinic (CPPTC) of Rutgers, entry-level Doctoral Physical Therapy program serves the community of Newark with physical therapy services and education on wellness and health within a University setting and in the local community. There are several important components to this participatory service delivery model. First, entry-level students and faculty model practice that is patient-centered, driven by a consistent standard of care and supported current evidence. Secondly, physical therapy and medical students are mentored on how and when to refer to and collaborate with other practitioners through an on-going referral system between other local student-run medical clinics. Lastly, nursing students, physical therapy students, respective faculty and community health care workers collaborate in community-based patient care. This presentation will describe the evolution of a participatory service model for the delivery of care and depict how designing a curriculum and establishing an administrative policy within the DPT program supports this entry-level DPT pro-bono clinic. This model created the basis for an inter-professional curriculum design and opened the door for collaborative practice. Lectures, in-services and community outreach with other professionals arose organically from the clinic's administrative design and the student board's goals which were developed in conjunction with the community's self-identified health needs and within the scope of physical therapy practice. The 'participatory' model's stakeholders include: the faculty, the students and the clients within the University community.

The CPPTC is dedicated to collaborative patient care, empowerment of healthier individuals and a healthier community. Faculty ensure alignment of curriculum goals and objectives, students benefit from direct implementation of newly learned skills and clients receive needed medical care. Professional interaction and direct application of classroom techniques and interventions occur between professors, students and patients on a weekly basis. Senior students mentor junior students while providing information to patients about the physical therapy profession, other healthcare professionals and referral to community resources.

H3i

10:45 AM

Oral

Roanoke Ballroom E-H

99

**Developing Team Communication Skills in a Fast-paced Interprofessional Learning Activity**

Laura Romito (*Indiana University School of Dentistry*), Richard Jackson (*Indiana University School of Dentistry*), Lisa Maxwell (*Indiana University School of Dentistry*), Carol Clark (*Indiana University School of Nursing*), Susan Hendricks (*Indiana University School of Nursing*), Beth Townsend (*Indiana University School of Nursing*), Mary Mueller (*Indiana University School of Nursing*), Julie Ann Poore (*Indiana University School of Nursing*), Heather A. McCabe (*Indiana University School of Social Work*), Gaylen M. Kelton (*Indiana University School of Health and Rehabilitation Sciences*)

Interprofessional communication and an appreciation of other professions' roles/responsibilities are fundamental competencies for health professionals in achieving better health care outcomes (IPEC, 2011). These outcomes can be attained through longitudinal learning experiences that offer students multiple progressive opportunities to acquire and practice skills necessary for effective interprofessional collaborative practice (Reeves, 2012). This presentation describes the development, implementation and outcomes from a case-based large-scale interprofessional education (IPE) experience designed for health professions' students from BSN & Nurse practitioner, dental hygiene, MSW, and Physician Assistant programs. Opportunities, challenges, successes, and organizational impact that emerged through the process will be emphasized.

An interprofessional faculty team developed the IRB-approved learning activity which has been implemented for the past two years and involved nearly 200 students each year. A simulated patient case was formulated which highlighted IPE core competencies and included multiple real-world health care challenges including the management of chronic systemic and oral conditions, limitations in daily life activities, and sociocultural issues. Because the participating students represented a wide spectrum in education and training, the faculty worked to design the right mix of complexity for the case which would be appropriate for the various student groups' level of understanding. The presentation will discuss outcomes using Kirkpatrick's framework in terms of how this experience provided a safe and comfortable learning environment in which to introduce IPE that enhanced student satisfaction in learning, and empowered faculty to enhance their own interprofessional collaboration and facilitation skills which led to organizational change within the institution. Students completed the Interprofessional Collaborative Competencies Attainment Survey (ICCAS, MacDonald et al, 2009) before and following the event. At post-test, there were statistically significant positive changes on all subscales (communication, $p < 0.01$; collaboration, $p < 0.01$; roles and responsibilities, $p < 0.01$; conflict management, $p < 0.01$; and team functioning, $p < 0.01$).

H3ii

11:05 AM

Oral

Roanoke Ballroom E-H

100

**Examining the Supports for Interprofessional Collaboration in the Workplace: Planning for IPCP Using the Workplace Assessment Tool for Interprofessional Collaboration**

Kelly Lackie (*RN Professional Development Centre*), Lindsay Burke (*RN Professional Development Centre*), Darlene Rogers (*Northwood*), Jennifer Tucker (*Northwood*), Valerie Banfield (*RN Professional Development Centre*)

Background/Rationale: Integration of interprofessional collaborative practice (IPCP) in long-term care (LTC) requires dedication and commitment from senior leadership. In one LTC facility in Nova Scotia, an innovative leadership team recognized the need to build their own interprofessional (IP) knowledge and to critically examine their organization for enablers/barriers to advance IPCP. With this goal in mind, provincial IP facilitators were consulted to guide the critical analysis of existing organizational processes with hopes that IP opportunities would be revealed.

Objectives:

1. To demonstrate that the WATIC is an essential instrument to assist with evaluation of the depth of IPCP in the workplace.
2. To explore how the WATIC assessment results provide useful insight for realistic action planning and priority setting.
3. To understand the importance of engaging senior leadership in discussion and exploration of organizational processes that support or challenge integration of IPCP.

Methods: Using the Workplace Assessment Tool for Interprofessional Collaboration (WATIC) (Banfield & Lackie, 2014), the senior leadership team assessed their organization for the supports necessary for IPCP. Based on assessment results, conditions that contributed to existing IPCP practices were identified as evidenced by high WATIC scores. Challenges that contributed to low WATIC scores were examined and potential solutions to improve scores were explored.

Results: WATIC findings revealed high scores in seven of ten components necessary to support IPCP; however, when asked to identify concrete examples to support the high scores, the leadership team struggled to do so, indicating that although perceptions were positive in reality there was clearly more work to be accomplished.

Conclusions: The WATIC is a useful tool to assess the workplace supports necessary for IPCP. Based on the WATIC findings, work continues with the leadership team to develop action plans and working groups that will bring IPCP to fruition in LTC in Nova Scotia.

 Implementing a Collaborative Practice Program in a Federally Qualified Health Center (FQHC) Family Practice Clinic

Jean Nagelkerk (*Grand Valley State University*), Adam Stevens (*Grand Valley State University*)

Background/Rationale: The Midwest Interprofessional Practice, Education, and Research Center (MIPERC) was established in 2007 as a regional, inter-institutional infrastructure to promote interprofessional education and collaborative practice (IPECP) in the Midwest. While generally acknowledged that an interprofessional, collaborative approach is best for high quality and safe healthcare, empirical evidence for effective structures and strategies is limited. The purpose of this study is to assess the effectiveness of an IPECP program on patient, staff, and student outcomes.

The IPECP program was piloted in a family practice in a large FQHC. Participants include staff members, student teams consisting of medical, pharmacy, and physician assistant students, and patients diagnosed with diabetes mellitus.

Objectives: Describe outcomes of a collaborative practice program.
Discuss tools to implement a collaborative practice program.
Discuss nontraditional, team based student clinical experiences.

Methods/Methodology: Staff and students were trained in IPECP methods. Students conducted team and individual visits, case presentations, medication reconciliations, team huddles, and patient callbacks. Staff and student data include demographics, pre- and post-IPECP knowledge levels, perceptions, and assessments of interprofessionalism. Patient clinical data (demographics, labs, diagnoses, and satisfaction scores) and costs and provider productivity data are being collected over a year-long period.

Results: To date eighty-seven patients have been enrolled. Most are female (63%), Black/African American (55%), with a mean age of 62 (s.d. 12). Baseline hemoglobin A1c levels are 7.2% (s.d. 2.0%). The majority of staff members are female (94%) and white (69%) with a mean age of 43 (s.d. 14). Findings indicate increase in IP knowledge in team dynamics, motivational interviewing, and patient safety.

Conclusions: The IPCP program improved staff and student knowledge and daily huddles assisted in communication and preparation for team care. Student, preceptor, and staff monthly focus groups provided rich information regarding staff productivity, space considerations, daily huddles, case presentations, and interprofessional experiences.

H3iv

11:45 AM

Oral

Roanoke Ballroom E-H

113



Transition from Multi-disciplinary to an Interprofessional Education Model: Successes and Lessons Learned Along the Way

Ziemowit Mazur (*Rosalind Franklin University of Medicine and Science*), Michel Statler (*Rosalind Franklin University of Medicine and Science*), Scott Hanes (*Rosalind Franklin University of Medicine and Science*)

Background/Rationale: Rosalind Franklin University of Medicine and Science (RFUMS) in North Chicago, Illinois is a recognized national leader in interprofessional medical and healthcare education. We hope to present the development process, challenges, and outcomes of this newly developed course for third year College of Pharmacy (COP) students and first year Physician Assistant (PA) students. This course was developed out of the necessity to provide students interprofessional experience to include IPEC competencies. Poor interprofessional student engagement was identified in a previous attempt at interprofessionalism in a medicine set of courses that included first year PA students and second year COP students. "A lot of the info was geared to PA students. I would like to spend more time talking about therapy"-COP student evaluation comment.

Objectives:

- Identify strategies to overcome challenges and barriers to developing an interprofessional course
- Describe course development and evaluation process
- Analyze learning outcomes, including student self-insight into course methodologies and application of interprofessional education model

Methods: A one-credit course, entitled Interprofessional Case Collaborations, based on clinical cases solved in team-based environment, was designed collaboratively by PA and COP faculty. New classroom learning spaces at RFUMS were utilized, allowing for fertile ground promoting interprofessional learning and collaboration between students and faculty. Cases were deliberately designed through collaborative efforts of PA and COP faculty to foster interprofessional ideals and utilize knowledge previously attained in traditional classroom setting. PA and COP faculty served the role of facilitators during presented cases, with students expected to present and submit answers as a team. Peer-evaluation tool developed served to keep students accountable for equal workload and contributions to their interprofessional teams.

Results: Data was collected via survey tool in an e-learning platform, Desire2Learn. Data set collected after one quarter (3 months) of the new course was overwhelmingly positive with 56/57 (98%) of PA students reporting that course was a good way to work interprofessionally with COP students, with 39/42 (93%) of COP students reporting the same sentiment.

Conclusion: Inclusion of IPEC competencies has increasingly become an expectation in health profession programs. True interprofessional experiences remain elusive and difficult to re-create in an educational setting. Our experiences show that through perseverance, collaboration, and purposeful lesson design, interprofessionalism and team-based care is attainable in an educational setting and its value is recognized by participating students.

H4i

10:45 AM

Oral

Washington Lecture Hall

129



An Innovative Approach to Interprofessional Education to Meet the Needs of Underserved Mental Health and Cardiovascular Health Conditions

Patty Hale (*James Madison University*), Linda Hulton (*James Madison University*), Anne Stewart (*James Madison University*), Sharon Strang (*James Madison University*), Carol Dudding (*James Madison University*)

Background/Rationale: The growth of multiple chronic conditions and the inability of the health care system to meet these needs demand that health professionals seek innovative ways to improve health outcomes. Persistent mental illness is an important public health problem itself, and exacerbates other chronic illnesses resulting in increased morbidity and mortality. This project is designed to prepare graduate students in nursing, communication sciences disorders (CSD) and psychology to address the mental health and cardiovascular disease needs of a rural Virginia population. In the process of learning to provide interprofessional (IP) care, students focus on role understanding, IP communication, and access to quality health care. This project, funded by a 3-year HRSA grant, highlights the development, implementation, and evaluation of the first semester activities of this hybrid IPE program.

Methods: The Interprofessional Education (IPE) learning spans three semesters and is based on the Leicester Model of Interprofessional Education. Interprofessional teams of students are introduced to four web-based modules based on the Core Competencies for Interprofessional Collaborative Practice prior to attending an intensive 10-hour workshop the first semester. Established teams participate in web-based unfolding cases, followed by a second semester of collaborative practice in a virtual clinic in Second Life. The third semester culminates in a shared practicum experience in a community clinic site providing service to vulnerable populations.

Results: Formative and summative evaluation of the students' IPE attitudes and knowledge will be shared, as well as evaluations of instructional program effectiveness. Sample workshop and unfolding virtual cases will be presented, along with the results of student attitudes pre-and post-learning activities; student evaluations of modules and workshop, faculty reflections, and lessons learned. Results of the scales of Readiness for Interprofessional Learning and Socializing and Valuing of IPE will be presented.

Conclusions: Recommendations for modifications will be shared based on the evaluation results.

H4ii

11:05 AM

Oral

Washington Lecture Hall

130



The Patient Safety Interprofessional Learning Module and its Impact on Student Learners' Experiences and Attitudes

Adam Reid (*Memorial University Centre for Collaborative Health Professional Education*), Carla Dillon (*Memorial University School of Pharmacy*), Tanis Adey (*Memorial University Faculty of Medicine*), Mary Bursey (*Memorial University School of Nursing*), Lynn Cooze (*Memorial University School of Nursing*), Glenda Cuning (*Western Regional School of Nursing*), Maria Goodridge (*Memorial University Faculty of Medicine*), Olga Heath (*Memorial University Counseling Centre*), Brenda Kirby (*Memorial University Centre for Collaborative Health Professional Education*)

Background/Rationale: The link between interprofessional collaboration and the delivery of safe, high quality patient care is well documented. In an effort to enhance knowledge of patient safety practices and interprofessional collaboration (IPC) in students enrolled in health/social professional programs, Memorial University designed and implemented the Patient Safety Interprofessional Learning Module. This presentation will describe the module's blended-learning curriculum model and present findings from student and faculty evaluations.

Objectives:

1. Describe the Patient Safety Interprofessional Learning Module curriculum and delivery model
2. Evaluate the impact of the module on learners' experiences and attitudes
3. Discuss the horizontal integration of patient safety curriculum into a longitudinal interprofessional education framework

Methods: The module was developed by an interprofessional curriculum development team to integrate several national IPC and patient safety competency frameworks. Evaluation of the module involved a mixed-methods approach. Students completed surveys before, immediately after, and at 6 and 12 month intervals following the module. Students' attitudes toward adverse event/occurrence disclosure were assessed at all intervals using a Likert-scored scale. Reaction to the module was measured at the post-module interval using Likert-scored scale items and open-ended questions.

Results: In five offerings of the module, a total of 1006 students from medicine, nursing and pharmacy participated in the module. Across quantitative and qualitative feedback, learners reacted favorably to the module's content and format, highlighting the effectiveness of standardized patients and small group learning activities. Self-report evidence supported students' attainment of the module's learning objectives. Repeated measures ANOVA results showed significant improvements from pre- to post-module on students' attitudes; these improvements did not endure upon follow-up assessment.

Conclusions: The module was effective for developing IPC and patient safety competencies. It can serve as a model for other interventions, with observable short-term impacts on students; defining meaningful, sustainable impacts remains a challenge.

H4iii

11:25 AM

Oral

Washington Lecture Hall

132



Interprofessional Education (IPE) Grand Rounds: Enhancing Clinical Relevance in Interprofessional Education

Lauren Collins (*Thomas Jefferson University*), Chelsea Gorman (*Thomas Jefferson University*), Amanda Gibson (*Thomas Jefferson University*), Cathy Lee (*Thomas Jefferson University*), Claire Sokas (*Thomas Jefferson University*), Jessica Verzella (*Thomas Jefferson University*), Tracey Vause Earland (*Thomas Jefferson University*), Sarah Dallas (*Thomas Jefferson University*)

Background/Rationale: Interprofessional Education (IPE) Grand Rounds is a novel student-led initiative designed to increase student exposure to real-world collaborative practice teams through a unique extracurricular intervention. This robust program evolved from a pilot event and now includes monthly Grand Rounds sessions featuring interprofessional practice teams from both inpatient and outpatient work settings.

Methods/Methodology: At each IPE Grand Rounds, a collaborative practice team is invited to share a case study; to describe roles, expertise and communication styles of team members; and to engage the student audience in an interactive discussion. Each Grand Rounds is hosted during lunchtime and is a voluntary activity for students. After each session, student participants complete a post-survey to assess their learning and engagement. Data from mixed-methods surveys is used to provide continuous quality improvement and to guide format and content for future Grand Rounds.

Results: To date, 3 Grand Rounds have been held with 87 students from 6 professions. Survey feedback has been overwhelmingly positive from each of the sessions, and students report that these IPE Grand Rounds provide a more comprehensive and tangible picture of what it means to be a member of a collaborative practice team.

Conclusions: Interprofessional Education (IPE) Grand Rounds is an extracurricular intervention which has been well received by students at our institution and may serve a useful model for other institutions looking to expand or enhance their existing IPE offerings in an effort to better prepare graduates for providing effective collaborative care.

**Error Disclosure as an Explicit Curriculum for Interprofessional Education**

Mandy Jones (*University of Kentucky College of Pharmacy*), Stacy Taylor (*University of Kentucky College of Pharmacy*), Kevin Schuer (*University of Kentucky College of Health Sciences*), Christopher Feddock (*University of Kentucky College of Medicine*), Erika Erlandson (*University of Kentucky College of Medicine*), James Ballard (*University of Kentucky*), Mikael Jones (*University of Kentucky College of Pharmacy*)

This presentation will discuss outcomes of a team-based medical error disclosure simulation for interprofessional healthcare students to implicitly introduce and reinforce interprofessional learning competencies.

Background/Rationale: Despite emerging evidence regarding IPE effectiveness, rigorous evaluations of pedagogical approaches are needed. An interprofessional error disclosure module was piloted as the explicit curriculum to implicitly introduce and reinforce interprofessional learning competencies. Disclosure was chosen given the significant impact errors have on mortality and the opportunity to teach and assess collaboration and communication.

Objectives:

1. Describe implementation process and student expectations
2. Summarize research outcomes and implications

Methods: Preclinical physician assistant (PA) and pharmacy students (N= 184) participated. The following year, 264 medical and pharmacy students participated. Students completed didactic work then worked in teams to discuss, plan, and disclose a medical error to a standardized patient (SP). A mixed methodology analysis was conducted garnering assessment of transparency reported by SPs and interprofessionalism reported by facilitators.

Results: Students indicated the activity improved their teamwork skills, increased their knowledge of another profession, and identified areas for improvement in communicating with other healthcare professionals, however there were differences between professions regarding the degree to which they believed they learned these skills ($p < 0.05$). Preliminary themes emerging from qualitative student data are (1) the importance of apology/how to apologize, and (2) teams provide mutual support. Regarding transparency, “error admission” and “authentic apology” were the items most often rated highly by SPs, whereas “communicating a plan to prevent future errors” and “arranging follow-up” were not addressed completely. Facilitators indicated most teams demonstrated understanding of others’ roles/responsibilities and mutual respect.

Conclusions: Error disclosure provided context for implementing IPE and reinforcing interprofessional competencies, providing insight into the effectiveness of a pedagogical approach to IPE as implicit to an explicit curriculum. Future research should evaluate best practices in team formation for IPE.

TeamSTEPPS® Training and Experiential Learning for Health Professions and Graduate Students within a Hospital-based Quality Improvement Project

Holly Wise (*Medical University of South Carolina*), Mary Mauldin (*Medical University of South Carolina*), Zemin Su (*Medical University of South Carolina*), Jingwen Zhang (*Medical University of South Carolina*), Jill Maulin (*Medical University of South Carolina*), Danielle Scheurer (*Medical University of South Carolina*), Kelly Ragucci (*Medical University of South Carolina*), Terri Fowler (*Medical University of South Carolina*), Jeffrey Borckardt (*Medical University of South Carolina*)

Background/Rationale: After six years of implementing and evaluating numerous IP initiatives for students in all six colleges at the Medical University of South Carolina, it was unclear if our students had acquired the skills necessary for collaborative practice or if our efforts had improved any one of the three dimensions identified by the Institute for Healthcare Improvement's Triple Aim (patient experience of care, health of populations, and per capita cost of health care). Based on this and in collaboration with the National Center for Interprofessional Practice and Education, we enlisted the help of administration, faculty, students and staff from both the university's academic and practice settings to design a rigorous system to implement and evaluate an IP team training program in an inpatient clinical setting.

Objectives:

1. Depict an innovative partnership that links interprofessional (IP) education with collaborative practice.
2. Describe the integration of IP TeamSTEPPS® training and experiential learning for health professions and graduate students within a hospital based quality improvement project.
3. Discuss challenges, lessons learned, and opportunities of this partnership

Methods: During the summer of 2014, an IP group of 21 students completed an elective course based on TeamSTEPPS® concepts. The students practiced observing and rating videotaped team behaviors and once they attained reliability with videotape ratings, they observed and rated team behaviors in the clinical setting. The IP clinical teams then completed a teamwork training program. The students observed and re-rated team behaviors immediately post intervention and will follow-up at 3 months, 6 months, and 9 months post intervention. Because of design limitations, a partially matched (unbalanced) repeated measures pre-post analysis was performed to determine statistical significance of team behaviors as well as clinical outcomes.

Results: Preliminary findings indicate that the students observed significant changes in behaviors associated with communication and leadership but not with team structure, situation monitoring, or mutual support in the initial post-intervention observation. Subsequent team based behaviors from the 3, 6, and 9 month observations will be collected and clinical outcomes from pre-to post intervention will be compared.

Course evaluations found 100% of the students agreed or strongly agreed that their teamwork skills improved and that interactions with students from other professions contributed to their learning.

Conclusions: This IP program was feasible to implement and evaluate. It also subjectively improved students' teamwork skills and objectively improved clinical leadership and communication behaviors. Future plans are to integrate TeamSTEPPS® concepts into a required IP course for all students during the Fall 2015 semester and to continue to evaluate the impact of TeamSTEPPS® training on behaviors and clinical outcomes in the clinical setting. The long-term goal is for students to develop skills in effective team behaviors, increase their ability to recognize effective (and ineffective) team behaviors, and demonstrate competence in collaborative practice while meeting the needs of our clinical partners.

H5ii

11:05 AM

Oral

Wilson

124



Interprofessional Education: Lessons Learned in a Case-based Collaborative Mental Health Practice Module Offered over Seven Years

Taryn Hearn (*Memorial University*), Michele Neary (*Memorial University Counseling Centre*), Leslie Phillips (*Memorial University School of Pharmacy*), Nicole Snow (*Memorial University School of Nursing*), Adam Reid (*Memorial University Faculty of Medicine*), Carla Dillon (*Memorial University School of Pharmacy*), Robert Meadus (*Memorial University School of Nursing*), Florence Budden (*Centre for Nursing Studies, Eastern Health*), Glenda Manning (*Centre for Nursing Studies, Eastern Health*), Shirley Matchim (*Centre for Nursing Studies, Eastern Health*), Olga Heath (*Memorial University*)

- Objectives:**
1. Describe the existing Collaborative Mental Health Practice Module
 2. Identify the impetus for and the changes made to the module over seven years
 3. Discuss the ongoing challenges to providing this IPE activity

Methods: The Collaborative Mental Health Practice Module is a facilitated annual half-day event attended by approximately 275 students from medicine, nursing, clinical psychology, pharmacy and social work. First, in a small group, students of a single profession interview a standardized patient trained to portray depression. Next, the students meet as small interprofessional teams to develop a patient care plan and discuss the challenges and benefits of working collaboratively. This module has been consistently evaluated by students and participating faculty members through post-module surveys. In this paper, we present faculty feedback, student satisfaction scores and qualitative feedback collected over the seven year period, highlighting data that prompted significant curricular revisions for the module.

Results: The annual mean student satisfaction scores and qualitative themes from student feedback revealed the issues that drove substantive changes to the curriculum. Facilitator feedback on the small group activities was analyzed concurrently with student feedback and reinforced the need for changes. Some of the noteworthy revisions included: moving away from paper-based cases discussed on-line, eliminating large group activities, incorporating standardized patient interaction, and adding a small group uni-professional component. The rationale for these curriculum revisions and ongoing challenges is discussed.

Conclusions: Interprofessional education is a relatively new and highly complex method of providing instruction. The ongoing need for careful attention to faculty and student feedback in IPE is emphasized.

H5iii

11:25 AM

Oral

Wilson

127



Advancing Collaborative Practice Models at the Systemic and Policy Levels: A Pilot Course with Law, Public Health, and Social Work

Heather A. McCabe (*Indiana University*)

Background/Rationale: In 2014, Robert Wood Johnson Foundation created 10 Faculty Fellowships in Public Health Law with the goal of creating innovative opportunities for interprofessional training in the field of public health law. These courses will serve as part of educational opportunities to ultimately equip graduates who can work together to achieve and sustain the Triple Aim of HealthCare (Berwick, 2008). As a part of this program, Indiana University will offer a pilot course for law, social work, and public health students. This course was created to address the need for interprofessional education to equip graduates for collaborative practice, specifically in area of advancing collaborative practice models at the systemic and/or policy levels. To do this, IPE will need broad involvement across multiple profession, including those outside the usual IPE clinical practice settings. Despite important work being done at the clinical practice level, limited existing IPE models examine these larger systemic issues. The purpose of this oral presentation is to describe the instructional framework and outcomes of a course designed specifically to enable students in social work, law, and public health to recognize the reciprocal relationships between policy and interprofessional collaborative practice, including the need for recognition of the impact of team-practice on health reform proposals at the system and policy levels. This course is the first step in a longitudinal process to clarify the specific competencies needed to equip students as practice leaders who are able, upon graduation, to identify and address policies and organizational structures to support the practice of interprofessional care in health care settings.

This presentation will present the pilot course objectives and information regarding the experiential work done by the students. It will discuss successes and lessons learned. Additionally, it will discuss possible next steps and opportunities for collaboration and/or replication based on course evaluations.

- Objectives:**
1. Identify the pilot objectives for advancing collaborative practice.
 2. Describe the advantages of using experiential macro settings for teaching interprofessional collaborative practice.
 3. Describe successful teaching strategies to enhance interprofessional collaborative practice at the macro level.

H5iv

11:45 AM

Oral

Wilson

128

**Outcomes of A Shared Learning Experience with Nursing and Physical Therapy Students**Mindy Golden (*University of New England*), J. Adrienne McAuley (*University of New England*)

Background/Rationale: Interprofessional shared learning experiences are important to ensure that students gain the proficiency and competence needed to embark on real life patient care challenges. The purpose of this study was to assess if there were differences between on- and off-campus wound care experience offered jointly to Bachelor of Science Nursing (n=41) students and Doctor of Physical Therapy (n=51) students at the University of New England.

Objectives:

1. Explain the purpose of using standardized outcome measures, such as the SPICE-R, in IPE research.
2. Consider and develop alternate methods of IPE experiences when resources are limited.

Methods: Students participated in either 1) shadowing a certified Wound, Ostomy and Continence Nurse in one of four off-campus outpatient sites, or 2) practicing wound care techniques on simulation mannequins in the on-campus IPE skills lab. Each experience was 2-hours in duration. Students completed the 10-item SPICE-R form before and after the experience.

Initially 101 students participated, but due to incomplete data, 92 were included in the final analyses. One-way ANOVA of PRE data showed significant differences between groups. Due to scheduling and each site's ability to supervise students, the group sizes were not equal. Given the constraints of our data, change scores were analyzed with one-way ANOVA and Games-Howell for the post-hoc analysis.

Results: There were significant differences between groups for change scores (post-pre) for items 2, 3, 4 and 7. Power was insufficient to reveal post-hoc group differences for items 2, 3 and 7. Post-hoc analysis for item 4 showed a statistically significant difference between off-campus Sites 2 ($\Delta = +.06$) and 5 ($\Delta = +1.10$) at $p=.011$, and a moderate difference between on-campus Site 1 ($\Delta = +.54$) and off-campus Site 2 ($\Delta = +.06$) at $p=.051$.

Conclusions: We hypothesize that the Site 5 experience appreciated the greatest gains because the Nursing: DPT student ratio was 1:1 and will attempt to schedule all future experiences with 1:1. As a result of these findings we have confidence that the on-campus IPE experience offers an opportunity on par with those in the clinics.

H6

10:45 AM

90 min. Workshop

Roanoke Ballroom C/D

311

**The Interprofessional Care Access Network: Coming to a Neighborhood Near You!**

Peggy Wros (*Oregon Health & Science University School of Nursing*), Launa Rae Mathews (*Oregon Health & Science University School of Nursing*), Molly Osborne (*Oregon Health & Science University School of Medicine*), Nicholas Bookman (*Oregon Health & Science University School of Nursing*), Katherine Bradley (*Oregon Health & Science University School of Nursing*), Juancho Ramirez (*Oregon State University/Oregon Health & Science University College of Pharmacy*), Jill Mason (*Oregon Health & Science University School of Dentistry*), Meg Devoe (*Oregon Health & Science University School of Medicine/Central City Concern*), Holden Leung (*Asian Health & Services Center*)

Background/Rationale: The Interprofessional Care Access Network (I-CAN) is an innovative model for collaborative practice and education designed to enhance the healthcare experience, improve population health outcomes, and reduce healthcare costs for people living in underserved neighborhoods in urban and rural Oregon. I-CAN advances the health and well-being of disadvantaged populations by addressing social determinants of health through collaborative academic-practice partnerships. The project connects education, community services, and healthcare delivery; and facilitates interprofessional experiences for students, faculty, and practitioners by coordinating care through Neighborhood Collaboratives for Academic-Practice Partnerships (NCAPPs). Academic partners include OHSU Schools of Nursing, Medicine, and Dentistry; and the OSU/OHSU College of Pharmacy. Community partners include federally-qualified health centers, dental clinics, and community agencies that provide services within underserved neighborhoods. Under the supervision of a faculty-in-residence, who coordinates services and resources with partners in neighborhoods, interprofessional student teams intervene with at-risk clients for whom standard approaches to healthcare navigation and engagement have failed. Clients are identified by NCAPP partners, and students collaborate to develop a plan of care and prioritize health-related problems and barriers. The faculty-student teams fill a gap in the current system by addressing issues upstream from disease management that impact health outcomes and preparing a patient-centered, culturally responsive workforce.

Objectives:

1. Identify how the I-CAN model could inform and inspire health care innovation within your academic-community-practice environment.
2. Describe a strategy for addressing Triple Aim goals along a continuum that links individual and population health practice.
3. Evaluate an interprofessional model that prepares the future healthcare workforce to lead health reform that is responsive to the needs of vulnerable and underserved clients, families, and communities.

H7i

10:45 AM

Discussion

Buck Mountain

125

Recruiting, Training and Supporting Interprofessional Small Group Facilitators: A Complex and Challenging Task

Michele Neary (*Memorial University Counselling Centre*), Olga Heath (*Memorial University*), Brenda Kirby (*Memorial University Faculty of Medicine*)

Background/Rationale: Because IPE is usually at least partially delivered in a small group setting and ideally all health professional students are exposed to some IPE activities, there is an ongoing need for large numbers of facilitators for interprofessional small groups. It is a challenge to recruit and retain sufficient numbers of facilitators to meet the need. The content of most IPE has a focus on group process so that students appreciate experientially the rewards and challenges of collaborating at least to some extent. The facilitators in the IPE activities are a key factor for optimal student experiences. Most faculty and other potential facilitators have not been trained in group process and managing the complex issues that can arise in the small interprofessional group settings. Providing training for the IPE facilitators poses several challenges including different professional cultures of facilitators, scheduling, what material to cover in the training and how to convey the material in a manner that is engaging and meaningful. This discussion group will focus on participants' (including presenters') experiences (including feedback the presenters have gathered from our facilitators about our training) and suggestions for how to recruit, develop and support skilled IPE facilitators.

- Objectives:**
1. Discuss the need for trained facilitators of Interprofessional Education (IPE) activities
 2. Discuss the challenges involved in recruiting, training and retaining IPE facilitators
 3. Share participant experiences and lessons learned in recruiting, training and retaining IPE facilitators

H7ii

11:30 AM

Discussion

Buck Mountain

242

Interprofessional Education: Walk it Like You Talk it?

Joe Schwenkler (*Rutgers University*), Joyce Afran (*Robert Wood Johnson Medical School*)

One of the hottest topics in medical education currently is Interprofessional Education (IPE). While most healthcare educators agree that IPE is integral to training future healthcare providers, initiating a viable program is often challenging. Until a year ago, while there was much "talk the talk" about the benefits of IPE, there was no officially sanctioned IPE experience available to the Rutgers PA students and the students from the adjacent Robert Wood Johnson Medical School. In response, we were determined to "walk the walk" and create a relevant and interactive IPE experience for our students. A core group of educators, headed by the PA Program Medical Director, began meeting to develop an IPE curriculum for PA, medical, nursing, social work, and pharmacy students. Our initiative grew to include over 350 students from these five schools plus dietetics and physical therapy.

This discussion will explore the methodology adopted by our working group to produce seven diverse IPE sessions in the first year. We will share facilitator and student feedback which testifies to the success of the program. Additionally, we will discuss the obstacles encountered and how we attempted to overcome them. We will conclude with our plans to continue to "walk the walk" in our future endeavors.

H8**10:45 AM****90 min. Workshop****Shenandoah A/B**

525

**Modeling Patient-centered Communication in Interprofessional Small Groups**

Dawn Schocken (*USF Health Morsani College of Medicine*), Vinita Kiluk (*USF Health Morsani College of Medicine*), Rita D'Aoust (*USF Health College of Nursing*), Erini Serag (*USF Health College of Pharmacy*), Amy Schwartz (*USF Health College of Pharmacy*), David Ecker (*USF Health Morsani College of Medicine*)

Background/Rationale: Medical school curricula have traditionally focused on students' acquisition and synthesis of the vast body of basic science and clinical knowledge essential to the diagnostic and therapeutic skills of the physician. Affective, communicative, and professional development was left to the vicissitudes of the apprenticeship phase of the curriculum, when observation and mentorship by experienced physicians were expected to transmit the expected behaviors to the student. The randomness of this process and the realization that some physicians are lacking in fundamental communication competency has driven the public to demand a higher communication standard from their physicians.

Objectives: At the end of this workshop, the course participants will be able to:

1. Describe the steps to create an Interprofessional education module to teach communication skills with preclinical learners in three or more healthcare fields.
2. Analyze the simulation scenarios to enhance the teamwork module for an Interprofessional education event with early clinical learners in two or more healthcare fields.
3. Demonstrate an effective evaluation tool to measure teamwork skills in a simulation scenario.

Outcomes: The establishment of a longitudinal Interprofessional small-group curriculum for health students highlighting effective communication skills as a specific goal was undertaken. Small-group content included modules that addressed Interprofessional education competencies identified as essential from a school wide needs assessment. With the ultimate target beneficiary being the patient, preclinical learners from four healthcare disciplines were immersed in these modules collaborating in sessions designed to have the learners learn by, with and from each other. Early clinical learners, from these established collaborative efforts, participated in rich and diverse simulated patient events to demonstrate their understanding of effective and efficient teamwork.

Evaluation: Assessment of the communication and Interprofessional competences is complex. The traditional use of written tests is not the most accurate method of evaluation. The authors proposed use of a mix-method approach to evaluating students' communication and Interprofessional competence throughout the year was reviewed and documented. Results of these evaluations will be shared with the course participants.

H9**10:45 AM****90 min. Workshop****Taubman Museum** (*meet in main lobby and walk over as a group*)

186

**The Art of Interprofessionalism: Using Visual Thinking Strategies in Interprofessional Education**

Christopher McLaughlin (*Virginia Tech Carilion School of Medicine*), Izzie Fuqua (*Taubman Museum of Art*)

Recent literature has shown the valuable inclusion of Visual Thinking Strategies (VTS) in medical education, and partnerships between medical facilities and art museums have proven beneficial to both institutions. VTS involves focusing discussion on the elements of an artwork - like perspective, color, experience, and perception to communicate what is seen by the viewer to their peer group. This interactive session will take place across the SkyWalk at the Taubman Museum of Art, where attendees will first engage in a presentation on the development and integration of VTS into medical education. Next, participants will break into small groups and tour the Taubman and its current works on display all while employing VTS strategies. Finally, participants will reflect on the tour experience, applying it to their own profession and discussing how a similar experience can be used to further interprofessional education and collaboration. A survey of current literature dealing with the intersection of medicine and art will serve as the basis for this conversation, which will be enriched by the attendees' own experiences with interprofessional collaboration.

Background/Rationale: Published literature and research has focused on using the arts in forging strong bonds of communication between medical professionals as well as their patients. This session is designed to engage practitioners, students, faculty, and medical professionals from any area of healthcare in Visual Thinking Strategies (VTS) in order to showcase this educational model as a training tool to hone communication and collaborative work skills.

- Objectives:**
1. Experience the use of Visual Thinking Strategies and gain an awareness of its value in medical education.
 2. Allow participants to will enhance their own observation and collaboration skills through the use of Visual Thinking Strategies.
 3. Enhance participants' understanding of team dynamics and other professions through interactions in small groups.
 4. Discuss the use an integration of Visual Thinking Strategies to enhance team communication, cohesiveness, and collaboration

H10**10:45 AM****90 min. Workshop****Appalachian****591****Interprofessional Educator Readiness - Are We Missing the Mark?**

Emily Peron (*Virginia Commonwealth University*), Susan Johnson (*Virginia Commonwealth University*), Diane Dodd-McCue (*Virginia Commonwealth University*), Melissa Bradner (*Virginia Commonwealth University*), Sharon Lanning (*Virginia Commonwealth University*), Kelly Lockeman (*Virginia Commonwealth University*), Deborah Diazgranados (*Virginia Commonwealth University*), Colleen Lynch (*Virginia Commonwealth University*), Cynthia Kirkwood (*Virginia Commonwealth University*)

Background/Rationale: There is a paucity of data in the literature regarding educator readiness to teach in an interprofessional setting. Moreover, descriptions of appropriate and inappropriate interprofessional interactions and their impact on student learning outcomes are lacking. This session will highlight opportunities for educator training, specifically on appropriate and inappropriate interprofessional interactions in the professional setting.

- Objectives:**
1. Describe existing literature regarding readiness for health professional educators and faculty members to teach in an interprofessional setting
 2. Examine contemporary models for training interprofessional health educators
 3. Discuss the impact of negative interactions and stereotyping by health professionals/health professions educators on student learning outcomes
 4. Identify best practices for training health professional educators and faculty members and learners about appropriate and inappropriate interprofessional interactions

Teaching Methods: This session will feature a review of the presenting team's research efforts regarding readiness for interprofessional teaching and the potential impact of negative or inappropriate interactions on learners. We will also discuss existing methods of training for health professionals/health professions educators and reviewing written cases and videos of "real world" scenarios featuring examples of interprofessional interactions and teaching. Small group discussions and large group sharing of existing training opportunities will be useful for all participants to consider, while the case vignette approach used during this session will provide participants with a meaningful activity that can be used in home institutions all participants a specific activity they can bring back to their home institutions. This activity will highlight the variability of opinions on the topic, give attendees an opportunity to reflect on their own practices, and further inform the presenting team's research on interprofessional teaching readiness.

H11

10:45 AM

90 min. Workshop

Mill Mountain

648

Building Innovative Academic, Community & Government Partnerships: A Broader Approach to Interprofessional Practice and Education

Pamela Thompson (*Arizona State University*), Elizabeth Harrell (*Arizona State University*), Sarada Soumya Panchanathan (*University of Arizona*), Michelle DiBaise (*Northern Arizona University*), Alex Gojic (*Arizona State University*), Jade Robinson (*Arizona State University*), Eneida Shqalsi (*Arizona State University*), Shannon Wheeler (*Arizona State University*)

Background/Rationale: The approach to health and healthcare in the United States is undergoing a significant transformation. Universities assume a large responsibility in this transformation process by preparing students to move into the workforce equipped with the knowledge, abilities and confidence to take their place in an evolving environment and to be contributors and leaders in this process. As such, it is imperative that we provide students with the best access to environments where they can learn and experience real, hands-on skills and opportunities to impact health and healthcare at the individual, population and systems level. The proposed innovation of the Student Health Outreach for Wellness (S.H.O.W.) Community Health Initiative and Free Clinic seeks to do just that in its mission and vision for the project. The S.H.O.W. Community Health Initiative and Free Clinic is Arizona's first tri-university collaborative project run by students and guided by faculty. This innovative community based project focuses on uniting students, faculty, community providers, community organizations, public health and government organizations around a mission to provide holistic, client-centered health care services using an interprofessional team-based care model to those experiencing homelessness in our community.

This workshop is designed to explore with participants how to design, build and start an innovative interprofessional community initiative to meet the needs of educational institutions, specific client populations and the community. The workshop will also explore how the elements of practice and education can be built into a project. The workshop will also highlight methods by which S.H.O.W. encouraged the group of interprofessional students to drive the initiative using an interprofessional education framework. Participants will have the opportunity to explore key elements to identifying and developing successful community and government partnerships, discuss the potential barriers, solutions and share lessons learned. The workshop presenters are a diverse group including program leaders, students, and academic professionals. During the workshop there will be the opportunity for participants to begin to build the foundation of a project plan.

Objectives:

1. Identify and understand how to initiate, develop and implement multiple and diverse partners when starting a new collaborative interprofessional initiative (i.e. academic, community, public health and government partnerships)
2. Explore key elements to successful collaborative partnership development and methods to overcome barriers
3. Identify and understand how to include non-traditional health and allied health disciplines into interprofessional collaborative practice models
4. Delineate the role innovative collaborative partners can have in maximizing the access to and quality of care for specific populations (i.e. homeless, mental illness, complex chronic conditions)
5. Learn methods S.H.O.W. leaders used to teach students to design, develop and implement a student-led project using principles of interprofessional practice

Teaching Methods: The presentation will provide a project background and approach to building innovative partnerships among multiple academic, community and government organizations. The presentation will showcase the development of a unique student run collaborative practice site and illustrate a practice approach that uses a broadened definition of interprofessional practice beyond the traditional health disciplines of medicine, nursing, pharmacy and will include additional disciplines such as: audiology, speech pathology, occupational therapy, physical therapy, psychology, social work, law, and undergraduate disciplines (business, communications, global health, and the sciences). The interactive portion of the workshop will include exercises for the audience to work in small groups to explore possible partnerships within their institutions and communities. The exercises will also help participants understand and develop an approach to building these partnerships and include handouts and templates to assist in developing the approach.

12:15 – 1:45 PM Lunch (on your own)

Roanoke Market (*downtown*); Regency Room; or Arts Integration Tour

and Lunch (\$15 ticket purchase; see website schedule/events) - Taubman Museum of Art (*just a short walk from the hotel*)

1:45 PM Concurrent Sessions I

I1	1:45 PM	Panel	Roanoke Ballroom A/B	604
-----------	----------------	--------------	-----------------------------	------------

Actions Speak Louder than Words - Redefining Community and Academic Partnerships: An Introduction to the Richmond Health & Wellness Program (RHWP)

Kelechi Ogbonna (*Virginia Commonwealth University, School of Pharmacy*), Pamela Parsons (*Virginia Commonwealth University, School of Nursing*), Gregory Ford (*Beacon Communities LLC*), Rachel Weiskittle (*Virginia Commonwealth University*)

Background/Rationale: Better care for patients, better health for populations, and lower cost have been the primary goals for improving healthcare in the United States. Pursuit of the Triple Aim is challenging in an aging and increasingly complex patient population. Although the need for innovative evidence-based interventions is obvious, broaching health-promotion research in communities often causes trepidation amongst community leaders and policy makers with many citing little benefit to the community. Moreover, few interventions successfully deploy learners in achieving the aforementioned goals while simultaneously developing the future workforce.

Methods: Consistent with principles of community-based participatory research (CBPR), a concerted effort was made to engage stakeholders from the outset. Dominion Place (DP), a Beacon Community near Virginia Commonwealth University (VCU), is an apartment complex for seniors managed as Section 8 housing. Engaging this community required working with the Resident Service Coordinator (RSC) at DP to identify community needs, concerns, and potential misconceptions. Several resident forums were held to further understand community needs, and a plan to develop an on-site wellness program evolved. RHWP is a community-based interprofessional collaborative practice model that enhances care while facilitating student learning. Students from VCU schools of nursing, pharmacy, medicine, social work, and the department of psychology provide supervised care using evidence-supported principles of effective care coordination.

Results: 3 town hall events, 2 family forums, and a community appreciation dinner were completed to bring residents, families, students, and clinicians together for meaningful dialogue and results sharing. 1,730 care coordination visits were conducted during the first 26 months of operation. Currently, RHWP offers services to approximately 500 older adults in the Richmond area.

Conclusion: Transparency, continual re-assessment and improvement, and resident support are the foundation for a successful community-based initiative. RHWP engages the community, students, and faculty in interprofessional education and care that seeks to improve population health.

I2i	1:45 PM	Oral	Roanoke Ballroom C/D	268
------------	----------------	-------------	-----------------------------	------------



The Jefferson Scale of Attitudes Toward Interprofessional Collaboration

Julia Ward (*Thomas Jefferson University*), Mohammadreza Hojat (*Thomas Jefferson University*)

This study was designed to develop a psychometrically sound instrument to measure attitudes toward interprofessional collaboration in health profession students and practitioners regardless of their professions and areas of practice. Based on a review of the literature a list of 27 items was generated, 12 faculty judged the face validity of the items, and 124 health profession faculty examined the content validity of the items. The preliminary version of the instrument was administered to 1976 health profession students in three universities (Thomas Jefferson University, n=4510; Midwestern University, n=4392; and Monash University, n=41074). Twenty items that survived the psychometric scrutiny were included in the Jefferson Scale of Attitudes Toward Interprofessional Collaboration (JeffSATIC). Two constructs of “working relationships” and “accountability” emerged from factor analysis of the JeffSATIC. Cronbach’s alpha coefficients for the JeffSATIC ranged from 0.84 to 0.90 in the three samples. Women obtained significantly higher JeffSATIC mean scores than men. Medical students obtained lower mean score on the JeffSATIC than most other health profession students at the same university. Psychometric support from a relatively large sample size of students in a variety of health profession programs in this multi-institutional study is encouraging which adds to the credibility of the JeffSATIC.

I2ii

2:05 PM

Oral

Roanoke Ballroom C/D

294

✿ Applying a Community Wellness/Disease Management Model to Interprofessional Global Health Experiences

Andre Muelenaer (*Virginia Tech Carilion School of Medicine*), Penelope Muelenaer (*Virginia Tech Carilion School of Medicine*), Ashley Taylor (*Virginia Tech*), Andrew Jung (*Virginia Tech*), Philip Repisky (*Virginia Tech*), Rachel Stein (*Virginia Tech*)

Background/Rationale: Based upon global health experiences of the authors, they proposed a program at Virginia Tech centered about a simple community wellness/disease management model of screen-diagnose-treat-prevent disease, Scieneering in Malawi.

Objectives: At the end of this presentation, the audience will be able to describe a basic community wellness model.
They will identify their own relationships that fit this model.
They will construct interprofessional collaborations that fit within a community wellness model.

Methods: In year one, 2 undergraduate engineering students were paired with a physician as she performed a public health intervention study in collaboration with the Center for Excellence in Water and Sanitation, Mzuzu University, Malawi, Africa. (Summer 2013) The students participated in this water/sanitation/hygiene study (WASH), performed a needs assessment for essential medical devices at local hospitals, and worked with local scientists and engineers involved in water projects. The following academic year, 2013-14, data from the WASH study was analyzed. Appropriate, affordable medical devices and technologies were created by student teams. These teams consisted of engineering, life sciences, medical, and public health students. During summer 2014, three engineering students accompanied two physicians to Malawi. Public health education was conducted based upon findings from summer 2013. Five devices and device concepts that evolved out of the needs assessment 2013 were presented at 8 hospitals. Additional collaborations were established across multiple departments at Mzuzu University. This work in Malawi was supported real-time via the internet by life sciences students and physicians in Virginia.

Conclusions: Working within the context of a community wellness/disease management model of healthcare delivery, interprofessional collaborations can be readily identified and executed. Use of web-based technologies provides additional opportunities for interprofessional interactions.

I2iii

2:25 PM

Oral

Roanoke Ballroom C/D

308

✿ Perceptions of the Intersection Between Interprofessional Education and Collaborative Practice in Primary Health Care in Brazil

Jaqueline Alcântara Marcelino Da Silva, (*Nursing School of Sao Paulo University*), Marina Peduzzi (*Nursing School of Sao Paulo University*), Valéria Marli Leonello (*Nursing School of Sao Paulo University*), Carole Orchard (*Western University*)

Background/Rationale: This study deals with perceptions of professors, health professionals and students about interprofessional education (IPE) and its application in Primary Health Care (PHC) in Brazil. IPE can contribute to the development of collaborative practice through its reciprocal influence in changing assumptions about the health care practice model and professional education.

Objective: To understand the perceptions of professors, health professionals and students about the relationship of the IPE in influencing health practices in Brazil.

Method: Descriptive qualitative data collection from January 2012 to September 2013, through semi-structured interviews with 18 professors and four homogeneous focus groups sessions with five students, six professors and 15 health care providers, linked to the PHC Educational Program in Work Settings (PET-Health) in São Paulo, Brazil.

Results: The triangulation of the results led to two themes: IPE dependency on comprehensive care and collaborative patient-centered practice; and organizational barriers to IPE. The first theme indicated the need to change the current model of care and training of health professionals to incorporate comprehensive care, teamwork in health care networks, interprofessional communication and collaborative patient-centered practice. The second theme addressed barriers to the advancement of IPE such as fragility of institutional support in Brazilian public universities, fragmented structures in PHC services, and lack of integration between curricula courses within universities.

Conclusion: IPE is beginning to be discussed but is still the exception in health professional programs in Brazil, but in the context of PHC there are possibilities for changes of the health care model due to government legislation that may facilitate collaborative patient-centered practice. Moving forward will require greater investment jointly in universities and health services.

I2iv

2:45 PM

Oral

Roanoke Ballroom C/D

362

✳️ Embedding “Intra” & “Inter” Professional Teamwork Experiences into the Undergraduate Nursing Curriculum

Gayle Petty (Case Western Reserve University), Ellen Luebbers (Case Western Reserve University)

Background/Rationale: Learning how to work effectively on inter-professional teams and where to place them in the curriculum are critical components of health professionals' education (IOM 2001, 2003).

Objective: The objective of this innovation is to give nursing and medical students an opportunity to learn and practice inter-professional team skills in a public health 'real world' setting while performing meaningful health screening work. Methods: Prior to collaborating with the medical school faculty to provide an interprofessional learning experiences for both nursing and medical students, teamwork skills and opportunities to practice these skills needed first to be embedded into the BSN program. Nursing students were educated at two different levels. Sophomore nursing students received education on basic teamwork concepts (TeamSTEPPS, 2006). Junior level nursing students received the same educational content with an additional focus on leadership responsibilities which included using briefs, debriefs and huddle strategies. Previous to the restructuring, the team leader role was assumed by faculty. With role clarification, nursing faculty shifted their function to the role of a team coach and collaborated with the medical school faculty to expand this learning experience to include students from the medical school. Following each interprofessional teamwork experience, students completed the Interprofessional Collaborative Competencies Attainment Survey (ICCAS). IRB determined this to be exempt from review.

Results: between inter-professional collaborative competencies before and after the experience for 144 participants showed a significant improvement between Total pre-mean score ($M=116.5$, $SD=19.1$) and Total post mean score ($M=127.6$, $SD=15.2$); $t=8.5$, $p<.001$.

Conclusions: The Cleveland Public Schools health screening project funded by the Prentis grant was effective in learning inter-professional collaborative competencies while meeting nursing and medical student course learning objectives. Faculty creatively working together can overcome obstacles to inter-professional education.

I3i

1:45 PM

Oral

Roanoke Ballroom E-H

254

🔊 An Interprofessional Student Run Free Clinic: Building a Unique Model at CWRU

Carol Savrin (Case Western Reserve University), Ellen Luebbers (Case Western Reserve University), Jesse Honsky (Case Western Reserve University)

Background/Rationale: Nursing and Medical Students have been working together on a unique interprofessional free clinic model for over five years. This vision of a free clinic is completely interprofessional and managed by students at every level.

Methods: The clinic serves a low income, underserved population, and is held on Saturdays in the facilities of the Free Clinic of Greater Cleveland. The students employ a unique model in which the roles of “case manager” and junior “clinician” are completely interchangeable between medical students and nursing students. Senior “clinicians” are 4th year medical students and nurse practitioner students. Social work students have recently been added to the team. The preceptors are both Nurse Practitioners and Physicians. The governing board is completely interprofessional and conducts orientations for volunteers that include IP training. The students have identified three foundational goals: To provide high quality, compassionate health care to underserved populations within the Greater Cleveland community; To provide health-professions students unique clinical practice and mentorship opportunities at the earliest stages of their careers; To foster and encourage a unique environment for interprofessional collaboration between future healthcare professionals

Results: Data has been gathered both on the patient population as well as on the interprofessional behaviors and knowledge and skills of the participant students. The patient population is striking in that 94% have no site that they call a primary medical home and almost 60% get their care from free clinics or the Emergency Department. Additionally there is qualitative data from patients and students regarding the experience.

Conclusions: This has been an extremely beneficial project and has clearly met all of the goals that the students have set forth in their founding documents. The qualitative data is uniformly positive and the knowledge and skills of the students have been greatly enhanced.

13ii

2:05 PM

Oral

Roanoke Ballroom E-H

267

How We Hear Their Stories: A Phenomenographic Study of Students' Experience of Patient Narratives

David Tillman (*Campbell University College of Pharmacy & Health Sciences*), Betty Lynne Johnson (*Campbell University College of Pharmacy & Health Sciences*), Wesley Rich (*Campbell University College of Pharmacy & Health Sciences*), Emily Bloom (*Campbell University College of Pharmacy & Health Sciences*), Michael Adams (*Campbell University College of Pharmacy & Health Sciences*)

While "patient-centered" approaches constitute the foundation of 21st century healthcare reform in the United States, the patient's perspective often fails to be adequately incorporated into the enacted curriculum in healthcare education. However, recent studies suggest that intentional integration of patient narratives into learning experiences in healthcare education amplifies the underrepresented patient's voice (e.g., Christiansen 2010; Gidman 2012). Distinct from patient histories, simulated clinical situations (standardized patients/actors), or even actual clinical learning, authentic patient narratives offer detailed accounts of the physical, psychological, emotional, and social dimensions of dealing with both disease and treatment. Still, as a relatively new educational strategy, there are unanswered questions about the most effective uses of patient narratives across healthcare disciplines.

This research study explores students' experiences with patient narratives following a mandatory interprofessional learning event at the outset of students' graduate/professional studies in pharmacy, medicine (including students in a Doctor of Osteopathic Medicine program and a Physician Assistant program), physical therapy, and public health. In support of the event's theme of "compassionate care," students encountered two modes of patient narrative: a book-length autobiographical account of autoimmune encephalitis (Susannah Cahalan's *Brain on Fire*) and a plenary address by a local community member whose young daughter is also diagnosed with autoimmune encephalitis. Approximately six months after participating in the event, researchers collected students' accounts of the initial impact of the two patient narratives as well as reflections on the resonance of these patient narratives during the first semester of graduate/professional studies. To minimize social acceptability biases, researchers collected data through synergetic student focus groups and subsequently conducted phenomenographic analysis of qualitative data from videos and transcripts, student-created notes and charts, and observational notes. The resultant typology of student responses prompts consideration of modal and disciplinary differences in the educational value of patient narrative in interprofessional healthcare education.

13iii

2:25 PM

Oral

Roanoke Ballroom E-H

276

The Impact of an Interprofessional Senior Mentoring Program on Student Attitudes Toward Older Adults

Kelly Lockeman (*Virginia Commonwealth University*), Tracey Gendron (*Virginia Commonwealth University*), Jennifer Inker (*Virginia Commonwealth University*), Charles Alexander (*Virginia Commonwealth University*)

Background/Rationale: Although older adults are large consumers of health-related services, it is common for healthcare professionals to possess negative attitudes toward this group. Negative attitudes can affect the quality of care received by older people and deter professionals from considering a career in geriatrics. The goal of the VCU Senior Mentoring program is to provide health professional students with an understanding of gerontology by forming mentoring relationships between students and elders living in the community.

Methods: Student participants work in small interprofessional teams or dyads assigned to a well elder, aged 65 or over, in a local community living site. Four visits with their mentor help them develop communication skills and become more comfortable interacting with older adults. Narrative reflections in the form of blogs and Twitter-style comments are completed individually and as a group after each visit. Qualitative methods are being used to explore reflections for themes related to knowledge about older adults among participants. A pretest and posttest survey (Kogan's Attitudes Toward Old People Scale) measures change in attitude.

Results: Participants include 304 early learners: 215 from medicine, 15 from nursing, 6 from pharmacy, and 68 from social work. They are assigned to 112 mentors at 7 sites. The posttest survey will be completed at the end of April, but qualitative analysis of reflections so far reveals that students have connected with important gerontological theory including: successful aging, socio-emotional selectivity, person-environment fit and multiple threshold approach.

Conclusions: Although we are only half-way through the program year, students have benefitted from their experience through a growing awareness of myths and stereotypes of older adults, as well as gerontological theory and practice and its application to the health professions. In addition, students have reported an understanding of the need for a person-centered approach in working with people of all ages.

I3iv

2:45 PM

Oral

Roanoke Ballroom E-H

352



Patient and Community Voices: An Action Research Project to Develop a Mechanism for Sustained Influence and Participation

Angela Towle (*University of British Columbia*), William Godolphin (*University of British Columbia*), Cathy Kline (*University of British Columbia*), Wafa Asadian (*University of British Columbia*), Cheryl Hewitt (*PeerNet BC*), Scott Graham (*Social Planning & Research Council of BC*)

Background/Rationale: We describe part of a 3-year participatory action research project designed to influence educational policy and practice at the University of British Columbia, Canada. The aims are to i) establish a mechanism for our community to engage with the university; ii) develop and evaluate an educational model leading to sustained participation by communities in health professional education.

Methods: Interviews conducted with 17 key informants from 13 community organizations were followed by a dialogue attended by 26 participants from 13 organizations. Parallel interviews were conducted with 22 opinion leaders from all health and human services and central administration at the university, followed by a dialogue attended by 23 faculty and students. The key findings (15 from the community and 20 from the university) were compared and presented at a university-community dialogue.

Results: Both community and university agreed the following: education for partnership; potential for patient/community involvement in many activities; educational roles that are acceptable and those that are problematic; episodic nature of involvement; recognition and support; preparation; mutually beneficial relationships; need for a coordinating unit. The community identified 3 issues not mentioned by the university: the wealth of educational expertise in the community; activities located in the community; dedicated liaison staff. The university mentioned 5 issues not raised by the community: variability across programs; selection; faculty development; shared power; institutional commitment.

Conclusion: There is agreement that patient/community involvement in health professional education is important and desirable. Although partnership was a pervasive theme, it was unclear whether the university would relinquish some control. Understanding of patient/community expertise by the university is limited. Educational redesign, not just 'preparation', is required for community, students and faculty. Language (e.g. 'patient') is a barrier to communication. Opportunities are needed for university and community to work together to dispel myths held by each.

I4i

1:45 PM

Oral

Washington Lecture Hall

208



VA Centers of Excellence in Primary Care Education: Evaluation Design and Findings

Annette Gardner (*University of California, San Francisco*), Nancy Harada (*Department of Veterans Affairs, Office of Academic Affiliations*), Laural Traylor (*Veterans Health Administration, Centers of Excellence in Primary Care Education, Office of Academic Affiliations*)

In 2011, five VA Medical Centers were selected by the Department of Veterans Affairs Office of Academic Affiliations (OAA) to establish Centers of Excellence in Primary Care Education (CoEPCE). Centers are developing, implementing, and evaluating new educational models to facilitate integration of trainees into the VA's Patient Aligned Care Team (PACT) program, which is based on principles of the Patient Centered Medical Home. This presentation will describe the logic model and mixed-method approach being used to evaluate overall program effectiveness, center educational redesigns, innovative models of patient care, and expansions in primary care capacity. Enterprise-level evaluation findings on program implementation and achievement of short-term and intermediate outcomes will be described, including: changes in trainee understanding and competency in interprofessional collaboration and Center design features and activities that facilitate trainee understanding and performance. The implications for post-graduate health care professional training programs and adoption of the patient-centered medical home will be discussed.

Objectives:

1. Increased participant understanding of evaluation designs and methodological approaches for assessing effectiveness of interprofessional education programs in the primary care setting.
2. Identification of training program components that facilitate learner understanding and competency in interprofessional collaboration.
3. Increased participant understanding of the impact of interprofessional training programs on health care delivery and primary care



Developing Collaboration Ready Health Professions Students for Individual Patient Care and Population Health

David Pole (*Saint Louis University Center for IP Education and Research*), Leslie Hinyard (*Saint Louis University*), Anna Hardy (*Saint Louis University*)

Background/Rationale: The IPE literature calls for the development of students to be “collaboration ready” for interprofessional practice. The IPEC report describes domains and competencies at the practice level, however the question remains, how do we describe and evaluate the impact of IPE programs to develop students as being collaboration-ready?

Objectives:

1. Discuss the IPE literature on developing students as collaboration ready practitioners and provide examples of methods for identifying developmentally appropriate behavioral outcomes.
2. Explain the components of curriculum design that integrate IPEC Core Competencies and examples of the SLU IPE curricular framework.
3. Discuss sample programs and outcomes that demonstrate students being collaboration-ready.

Methods: Saint Louis University (SLU) utilized available literature and experienced faculty to implement an IPE curriculum framework for undergraduate students in 2006 and expanded curriculum for post-baccalaureate programs in 2008. This curriculum was revised in 2012 to align with the IPEC Core Competencies. In order to support meaningful evaluation of student development and outcomes related to collaboration-readiness, the SLU Center for Interprofessional Education and Research engaged faculty from 12 health professions (medicine, nursing, physician assistant, physical therapy, occupational therapy, athletic training, nutrition & dietetics, MIRT, pharmacy, medical library science, and public health outcomes research) to map curriculum and course objectives to outcomes. Our goal was to describe developmentally appropriate behavioral outcomes that demonstrate collaboration-readiness for baccalaureate and post-baccalaureate students. Linking the behavioral descriptions to the IPE curriculum also enables evaluation of the impact on student readiness for collaborative practice.

We will present our working descriptions for students being collaboration-ready; describe individual course and curriculum outcomes that demonstrate student behaviors, and highlight projects and measures that indicate student integration of interprofessionalism and readiness for collaborative practice to improve individual patient care and population health.

14iii

2:25 PM

Oral

Washington Lecture Hall

264



Evaluating an IPCP Model within a Community Hospital Using a Mixed Methods Approach: A Work in Progress

Terry Eggenberger (*Florida Atlantic University*), Kathryn Keller (*Florida Atlantic University*), Bernardo Obeso (*Florida Atlantic University*)

Background/Rationale: The long-term goal of this IRB approved project was to create a practice environment in a community hospital setting, which promoted interprofessional collaboration. This became a priority for this setting, as it was to be the initial site of a new residency program for physicians in Internal Medicine. The role of medical resident was an addition to the existing team structures and would greatly impact how nursing, medicine and other health care providers interacted and collaborated. Typically research in interprofessional practice has taken place in academic teaching hospitals. Little is known regarding the attitudes of healthcare providers towards interprofessional practice in non-academic community hospitals. There are distinct communication differences that exist between a community hospital and an academic hospital setting. One of the more apparent is that the older community-based healthcare providers have not had an opportunity to engage in IPE and/or communication and collaboration initiatives such as TeamSTEPPS or other communication/conflict resolution courses. The initial implementation of an IPCP model would result in developing practice champions for interprofessional teamwork and developing sustainable IP outcomes for healthcare providers across professions. It was decided to use a mixed methods approach to guide and evaluate this process.

Objectives:

1. Describe ways to establish an interprofessional collaborative partnership between academic and community practice settings.
2. Discuss the use of both qualitative and quantitative methods for assessment and evaluation of an IPCP model.

Methods: This mixed methods approach began with qualitative interviews (focus group and individual) that took place over 8 months. The interviews were audio recorded and transcribed. The researchers independently read the transcripts using conventional content analysis to code the data and to arrive at themes. After careful evaluation of these findings it was decided to use the Relational Coordination Scale (Gittell, 2002) in order to provide baseline data prior to initiating interventions. This quantitative measure will be repeated post interventions.

Results: Focus groups (N=19) and individual interviews (N=26) provided qualitative data presenting insights into the views of pharmacists, nurses, case managers, new residents, hospitalists and community physicians. Themes that emerged were Disjointed Communication, Shared Mental Model, Impact of Residency Presence and Mechanisms for Interprofessional Collaboration. These findings were shared with the hospital leadership and brainstorming sessions on how to promote IPCP ensued. After an extensive search it was jointly decided to use the Relational Coordination Scale for the next phase. This scale was adapted to be institution specific based on data provided from the qualitative interviews. The second quantitative phase is ongoing.

Conclusions: The qualitative data provided excellent feedback to the community hospital on existing attitudes and perceptions from frontline providers regarding interprofessional practice. These findings resulted in customization of the Relational Coordination Scale, which will be used in Phase II of this academic and community hospital partnership. Although this is a work in progress, the process up to this point in time has provided many helpful insights and strategies that will be useful to our CAB colleagues.

14iv

2:45 PM

Oral

Washington Lecture Hall

265



Developing Hospital-Focused Core Competencies for Interprofessional Team Collaboration

Sandra Ellis (*Sunnybrook Health Sciences Centre*), Elizabeth McLaney (*Sunnybrook Health Sciences Centre*)

Background/Rationale: While there are a number of competency frameworks for interprofessional team collaboration, the most widely referenced are targeted at health systems or designed for academic environments. The authors' intention was to create hospital-specific competencies to support enterprise-wide implementation, alignment and common language with respect to interprofessional education (IPE) and interprofessional practice (IPP) initiatives.

Methodology: An interprofessional working group comprised of education, practice, and organizational development leaders was formed. The Co-chairs completed a reference interview and based on key word and recency criteria, 376 citations resulted. Co-chairs reviewed the abstracts for optimal applicability to enabling IPE and IPP and 265 were eliminated. The remaining 111 were divided among working group members for detailed consideration. Each member reviewed 18-19 abstracts and read all articles determined to be applicable. They recorded enablers for IPE and IPP which were then grouped by frequency and theme utilizing a group consensus process. This yielded 29 key enablers which were reviewed for organizational relevance. Six primary competencies resulted which were vetted and approved by a steering committee. A 'world café' exercise was conducted to obtain user feedback regarding the behaviours associated with each competency, and the working group then developed definitions and associated behaviours. These were circulated broadly within the organization for feedback before finalizing the competencies.

Results: This methodology identified six core competencies (communication, interprofessional conflict resolution, shared decision making, reflection, role clarification & interprofessional values and ethics) and 19 behaviours as being critical to interprofessional team collaboration in a hospital environment. This presentation outlines the process and product of competency development, and provides examples for how the competencies are being embedded within organizational IPE and IPP initiatives.

Conclusions: By using a comprehensive, evidence-based process to develop organization-specific interprofessional team competencies, strategic alignment, cultural relevance and common language for IPE and IPP initiatives are enabled.

15i	1:45 PM	Oral	Wilson	101
-----	---------	------	--------	-----

MIPERC - IPE Student Certificate: Development in Action

Jean Nagelkerk (*Grand Valley State University*), Brenda Pawl (*Grand Valley State University*)

The Midwest Interprofessional Practice, Education, and Research Center (MIPERC), a regional inter-institutional infrastructure, comprised of 140 members and 25 organizations, is working together to identify ways that partners can infuse interprofessional initiatives across disciplines, learning institutions, and health care systems. In 2013, the MIPERC curriculum workgroup established a student certificate program to foster the core competencies described by the Institute of Medicine (IOM) and competency domains identified by the Interprofessional Education Collaborative (IPEC). An activity-based student certificate has been designed around enhancing values/ethics, roles/responsibilities, interprofessional communication, along with teamwork and team based care. This certificate incorporates online education modules, service learning experiences, PIPES meetings (Promoting Interprofessional Education among Students), simulation, conference/forum attendance, interprofessional student interactions within various activities, student reflections and student demographics. Outcomes are assessed through reflective writings, along with pre- and post-program surveys including the IEPS (Interdisciplinary Education Perception Scale) and the ELIQ (Entry Level Interprofessional Questionnaire). Currently in its pilot phase, the certificate program has 13 participants, representing biostatistics, social work, physical therapy and masters of public health. Early responses show an enthusiasm for interprofessional collaboration.

The speakers will introduce the MIPERC IPE Student Certificate program and discuss the process development, incorporating the IOM core competencies and the IPEC competency domains, along with the opportunities and challenges of implementing the IPE student certificate. The methods of collaboration, discussion, and communication throughout the development process will be illustrated. Each component of the program will be briefly described. Preliminary student outcomes and results will be outlined.

15ii	2:05 PM	Oral	Wilson	103
------	---------	------	--------	-----

Leveling the IPEC Competencies: A Blueprint for Planning Interprofessional Education

Cara Busenhardt (*University of Kansas Medical Center*)

Background/Rationale: Interprofessional education, where students from two or more health professions learn from, with, and about one another, is one approach to prepare health professional learners for the collaborative practice-ready workforce currently desired in health care. Collaborative, interprofessional practice is necessary to provide safe, high quality, accessible, patient-centered care with improved outcomes for individuals, families, and communities. A review of the literature related to interprofessional education, competency-based education, and use of interprofessional education competencies in curriculum design is provided. To guide educators in developing interprofessional education experiences for health professional learners, the "Core Competencies for Interprofessional Collaborative Practice" has been developed. Additionally, the University of Toronto Core Competencies Framework provides motivation for educators to level (i.e., beginning, intermediate, or advanced) appropriate learning activities for different learners, based on their developmental stage.

Objectives:

1. describe a developmental approach to curriculum design appropriate for interprofessional education.
2. identify IPEC competencies that are appropriate for beginning, intermediate, and advanced health care learners.
3. develop a learning activity, utilizing concepts learned during the presentation, with appropriate level of competencies for a desired learner profile (utilizing the four competency domains of Values and Ethics, Roles and Responsibilities, Collaborative Communication, and Teams and Teamwork).

Methods: The purpose of this study was to gain consensus of interprofessional education experts on the leveling of interprofessional education competencies for health care learners using a Delphi approach.

Results: Eighteen panel experts completed the first round with 14 of the 18 completing the second and third rounds. All but one of the 39 Interprofessional Education Collaborative competencies were designated as beginning, intermediate, or advanced competencies by experts in the field of interprofessional education.

Conclusions: The results of the Delphi study provide a blueprint that utilized a developmental approach for planned, leveled interprofessional education learning experiences. Educators may use the suggestions of this expert group to develop educational offerings that are appropriate for different levels of learners, built on a developmental approach. Additionally, this study provides an important contribution to the interprofessional education field, utilizing expert advice on the appropriate design of interprofessional learning opportunities for different levels of health professions learners.

15iii

2:25 PM

Oral

Wilson

138



Evaluation of Interprofessional Collaboration in a Rehabilitation Team and the Preliminary Development of an Evaluation Framework

Siobhan Donaghy (*Sunnybrook Health Sciences Centre*), Derek Km Cheung (*Queen's University School of Rehabilitation Therapy*), Sara McEwen (*Sunnybrook Research Institute*)

Background/Rationale: Based on identified institutional and literature gaps, the primary objectives of this project were to identify the learning needs and organizational structures/supports required to foster interprofessional collaboration (IPC) with a single rehabilitation team, and to develop a comprehensive, ecologically-valid framework to guide the evaluation process.

Objectives: Participants will be introduced to a comprehensive and ecologically-valid approach to evaluating and fostering IPC within a clinical team.

Methods: A participatory research approach utilizing Kemmis and McTaggart's steps was undertaken. The planned change was the introduction of an IPC evaluation framework to a single team. The framework consisted of a voluntary, individual and anonymous assessment of team practice (Collaborative Practice Assessment Tool, CPAT); a consensus-based quality improvement tool (IP-COMPASS); a process of synthesizing data; and a group consensus process to establish IPC recommendations, priorities, and implementation plans. The researchers implemented the framework in collaboration with the team and its leadership. Throughout this process, the researchers maintained reflective notes and discussed potential modifications to the framework for generalization to other teams.

Results: Results from the CPAT and the IP-COMPASS indicated strengths and opportunities from both individual and team perspectives; the use of both methods permitted identification of issues that may not have been raised using one process alone. The top priority recommendation established by the team was to Promote and enable accessible opportunities for team members from multiple professions /roles to demonstrate shared leadership. The team perceived all recommendations to be feasible to implement through an implementation plan. Researcher reflections suggested that the process for incorporating leadership input into the evaluation process requires additional development prior to future evaluations of the framework.

Conclusions:

- The implementation of a comprehensive, grassroots IPC evaluation framework can lead to the development of ecologically valid recommendations.
- Further development of the evaluation framework is recommended.

15iv

2:45 PM

Oral

Wilson

257



Collaborative Team Leadership: How Can it be Enacted as a Complementary Enrichment to Organizational Leadership?

Carole Orchard (*Western University*), Margot Rhykoff (*Western University*)

Objectives:

1. Understanding of the evolving literature around team leadership,
2. Exposure to a new framework to situate leadership within both the vertical formal leadership in organizations and the informal leadership within practice teams,
3. Opportunity to explore how team leadership can be studied to enrich our understanding about interprofessional team collaborative working.

Collaborative leadership within interprofessional teams in practice has been advocated with limited research, or frameworks to assist in shaping its enactment and effectiveness. Although collaborative leadership is identified as a competency for members of collaborative teams, the elements associated with team leadership have received limited discussion within the field of interprofessional collaborative practice. To date leadership theories have focused on a single leader. However, in collaborative leadership this role is shared across the team and requires a change in skill sets from that normally addressed.

Method: A framework is proposed by the authors to provide a beginning means to further study this important area of collaborative teamwork. Literature to support the development of this framework will be presented. In this framework transformative vertical leadership within an organization is connected with shared leadership within practice teams through relational coordination advocated by Gittel. The leadership elements for transformative leadership proposed by Posner and Kouses have been adapted into team processes. In this presentation the framework will be presented with the adapted leadership. The audience will be engaged in a discussion related to how this framework might assist in further studies of its application within interprofessional collaborative teams.

Results: Development of frameworks to connect formal and informal leadership within interprofessional team practice has been lacking. This proposed framework is designed to begin discussions around studies of this important area for team practice.

I6i

1:45 PM

Oral

Monroe

147



A Comparison between Cohorts of Health Science Student Participants in an Interprofessional Education Forum: Does the Number of Professions Influence Outcomes?

Chad Lairamore (*University of Central Arkansas*), Lorrie George-Paschal (*University of Central Arkansas*), Duston Morris (*University of Central Arkansas*), Adam Bruenger (*University of Central Arkansas*), Mary Garnica (*University of Central Arkansas*), Myra Grantham (*University of Central Arkansas*), Barbara Jones (*University of Central Arkansas*), Heather Martens (*University of Central Arkansas*)

Background/Rationale: Interprofessional education (IPE) is a developing trend in healthcare education with the promise of teaching students to work together to ensure safer patient-centered healthcare. Previous research has demonstrated IPE may have positive outcomes, however evidence supporting the best methods for implementing IPE are needed.

Methods: Pre and post ratings on the Readiness for Interprofessional Learning (RIPLS) and Interdisciplinary Education Perceptions Scale (IEPS) were investigated for multiple cohorts of health student participants in IPE forums. Group one (2010-2012 cohorts) included student representatives from five disciplines: dietetics, nursing, occupational therapy, physical therapy, and speech language pathology. Forum participants in group two (2013 and 2014) expanded to nine disciplines by including exercise science, health education, pharmacology, and psychology students. Following the same protocol, students in each forum were divided into interprofessional groups to discuss roles, team goals, and outcomes for a case scenario. The only changes made between groups included the number of disciplines and a broadening of the case scenario to ensure a role for each profession.

Results: A mixed model ANOVA was used to compare differences between and within groups. There was a significant increase in RIPLS and IEPS scores from the beginning to the end of the forum for both groups ($p < 0.001$). However, participants in 2010-2012 group demonstrated a larger change in both RIPLS ($p < 0.001$) and IEPS ($p = 0.027$) scores when compared to the 2013-2014 group.

Conclusions: The incorporation of an IPE forum with numerous professions participating and a broad case scenario was moderately effective for introducing students to other health disciplines and increasing knowledge of other disciplines' identity. However, when compared to implementing an IPE forum with a targeted case and fewer professions involved, the larger grouping was less effective at influencing student perceptions of the need for teamwork and collaboration. Possible reasons for the differences between the groups will be discussed.

I6ii

2:05 PM

Oral

Monroe

158



Teaching Interprofessional Collaboration thru Low-fidelity Simulation of Patient Care Rounds

Lori Thuente (*DePaul University*), Susan Tappert (*Rosalind Franklin University of Medicine and Science*), Tamsin Batteson (*Rosalind Franklin University of Medicine and Science*)

Background/Rationale: Interprofessional collaboration has been proven to reduce the number of medical errors but the incorporation of interprofessional training into the educational curriculums of health care professionals' remains noticeably absent. Few innovative educational approaches through which to teach students interprofessional collaboration currently exist however various educational methods are being researched to determine their efficiency and effectiveness.

Objectives:

1. Verbalize the process of collaboration and the desired outcomes of teamwork and collaboration
2. Demonstrate expected levels of performance/standards of teamwork and collaboration using behavioral responses
3. Reflect on their experience, noting areas of competence and areas for improvement
4. Verbalize how to transfer the knowledge learned from this simulation to actual patient care experiences

Method: This mixed methods study determined if attitudes and observed collaborative behaviors among an interprofessional group of students in eight health care professional programs improved/increased following an intervention that included a didactic session on the process of collaboration, a low fidelity simulation of interprofessional patient care rounds, and facilitated debriefing sessions. Two scales from the TeamSTEPPS Teamwork Attitudes Questionnaire (TAQ) were used as pre- and posttests. Anecdotal and observational data were collected.

Results: Students ($N=515$) from eight programs simultaneously participated in the 90 minute study. Statistical significance ($p < .05$) was reached in 11 of the 12 TAQ questions used, five of those were significant at $p = .00$, indicating that attitudes towards teamwork and collaboration improved substantially. The seven observed collaborative behaviors increased between 3-18%, pre to posttest. Students reported the intervention taught them about other provider roles and responsibilities and gave them the language necessary to collaborate to provide better patient care.

Conclusion: Low-fidelity scripted simulation of patient care rounds is a highly effective and efficient method to teach interprofessional collaboration simultaneously to large groups of students in diverse health care professional programs.

17i

1:45 PM

Oral

Buck Mountain

278

**Interprofessional Education to Promote Culturally Competent Diabetes Care**

Sallie Mayer (*Virginia Commonwealth University*), Jeannie Concha (*Virginia Commonwealth University*), Danielle Avula (*Chesterfield Family Practice*), Karen Bunn (*CrossOver Healthcare Ministry*)

Background/Rationale: The Virginia Commonwealth University (VCU) Pharmacist Collaborative Care and Outreach in the Community program does not limit its patient care to pharmacotherapy. The Pharmacist Collaborative Care program engages health researchers of diverse ethnic and cultural backgrounds to promote Interprofessional Education (IPE). The process of sharing knowledge helps to identify strategies for culturally tailoring chronic disease management programs. The rationale for this presentation is to describe: a) how the IPE between VCU's Pharmacist Collaborative Care and the Department of Family Medicine and Population Health program initiated new cultural knowledge, b) examples of how it was demonstrated during patient clinic visits, and c) how it initiated research to further explore the role of cultural diabetes causation beliefs in diabetes management.

Objectives: Describe how the role Interprofessional Education can enhance diabetes care programs for Latino patients.

Methods: Latino culture-centered theories about diabetes were exchanged during the IPE meeting between VCU's Collaborative Care pharmacist and the health researcher from the Department of Family Medicine and Population Health. Focus groups were conducted with Latinos patients to further explore the influence of culture-centered theories in diabetes management.

Results: New knowledge about Latino culture-centered theories was gained via IPE discussions. This includes the belief that negative or strong emotions, also known as "susto", can cause the onset of diabetes and influence glycemic control. The knowledge gained as a result of the IPE has been demonstrated during pharmacist-patient encounters in the diabetes clinic. Data from the focus groups further illustrated the importance of asking about patient's culture-centered theories for prioritizing treatment and management goals.

Conclusion: Interprofessional Education can be a process that introduces new knowledge and research that can be used for enhancing and culturally tailoring diabetes management programs for Latino and culturally diverse patients.

17ii

2:05 PM

Oral

Buck Mountain

286

**A Tale of Two Hospitals: Creating Inter-organizational Synergies in Student IPE**

Lindsay Beavers (*St. Michael's Hospital*), Elizabeth McLaney (*Sunnybrook Health Sciences Centre*), Sasha Miles (*St. Michael's Hospital*), Aimee Hindle (*St. Michael's Hospital*), Rebecca Singer (*Centre for Interprofessional Collaboration*), Isabella Cheng (*Sunnybrook Health Sciences Centre*), Brigitte Hales (*Sunnybrook Health Sciences Centre*), Lina Gagliardi (*Sunnybrook Health Sciences Centre*)

Background/Rationale: As academic hospitals continue to develop IPE activities there is an opportunity to collaborate with respect to curricular content. Currently most IPE activities for students are offered in isolation at various teaching hospitals so redundant accreditation processes and curriculum content pose a challenge. To increase capacity, efficiency, and relevance of accredited IPE activities, two academic teaching hospitals partnered with the University of Toronto's Centre for Interprofessional Education (CIPE) along with a representative from quality and patient safety to assess the feasibility of transplanting accredited IPE activities from one organization to another.

Methods/Methodology: Each hospital developed a patient safety themed IPE activity that was video broadcast/recorded, archived and shared at the other organization. Working with the CIPE, IPE leaders at both sites ensured that the facilitator guides and participant evaluations were informed by similar principles, but adapted for organizational context. Post event, IPE leaders shared evaluations, reflections, successes and challenges in support of quality enhancement.

Results: The partnership extended the audience capacity by more than 100 percent. Pilot data suggest the partnership was successful with qualitative and quantitative student evaluations positive and comparable across both organizations despite heterogeneity of student populations. Furthermore, partnership allowed IPE leaders and facilitators to focus on quality content delivery versus creation of content and its accreditation. Debriefing discussions by IPE leaders at both organizations highlighted several factors that facilitated the successful partnership including: technology that allows sharing of content (synchronous or asynchronous delivery), flexibility of the accrediting process, generalizability of quality/patient safety themed content across organizations, and willingness among partners to openly share intellectual property and experiences.

Conclusions: Innovative partnerships between academic hospitals and the university have the potential to significantly increase system capacity to provide IPE opportunities for students in an efficient and effective manner.

17iii

2:25 PM

Oral

Buck Mountain

345

**What's in it for Me? Interprofessional Collaboration Across Academic Institutions**

Sylvia Langlois (*University of Toronto*), Anne Godden-Webster (*Dalhousie University*), Lynne Sinclair (*University Health Network*), Carrie de Palma (*University of British Columbia*), Stephen Tattle (*Canadian Working Group for HIV and Rehabilitation*), Gayle Restall (*University of Manitoba*)

Background/Rationale: Concepts of interprofessional education (IPE) and collaboration are now becoming entrenched in most academic and practice settings. Collaborative educational efforts among health profession faculties and programs within universities and colleges are gaining momentum, yet partnerships among academic institutions are often tenuous. The competitive culture of academic environments that promotes institutional recognition and rewards individual contributions can often hinder freely sharing information. While collaborations do occur, they are shaped by a consideration of benefit to academic career and institutional reputation.

Four universities and the Canadian Working Group on HIV and Rehabilitation engaged in a collaborative project to produce a manual to inform the use of educational modules. To create the facilitator manual, each of the participants contributed their own materials developed and revised over time. The result was a manual of best practices for the training and support of facilitators of IPE learning activities; yet over time, the implicit barriers and enablers of the collaboration began to surface, creating a desire to explore the phenomenon further.

Methods: An external facilitator created questions to guide an in-depth collegial discussion focusing on enablers and barriers of collaboration across academic institutions as experienced by the committee members. The eight main tenets of Contact Theory were used to guide question development and corresponding interactive activities. Additionally, two theories of small group communication (Functional Theory and Symbolic Convergence Theory) and Tuchman's Stages of Group Development were considered to inform questions pertaining to committee interactions. Collaborators collectively analyzed transcriptions to identify emerging themes.

Results: Results highlighted both individual and institutional factors that can inhibit or facilitate inter-institutional collaborations.

Conclusions: These results provide insights to the barriers and facilitators of collaboration and could be used to foster future inter-institutional work to advance theory and best practice in interprofessionalism.

17iv

2:45 PM

Oral

Buck Mountain

527

**Introducing Health Professional and Legal Students to Medical Malpractice**

Donald Woodyard (*Indiana University Emergency Medicine*), Christopher Woodyard (*Charlotte School of Law*)

Much of the resentment between the legal and medical professions is a result of the tort reform debate, which has pitted doctors versus lawyers in a very public and political battle of eye catching headlines: 54 cents of every dollar that injured patients received were used to pay legal fees; \$200B spent annually on defensive medicine because doctors fear lawsuits. However, lawyers and doctors are more likely to interact on a professional level outside the realm of the dreaded medical malpractice lawsuit. From trying to understand the cause of death of a homicide victim to ridding a neighborhood of environmental health hazards, the opportunity for meaningful collaboration is substantial.

Interprofessional students enrolled in an IPE Course had an interactive experience with law students centered on medical malpractice. This included a 90-minute didactic session giving an overview of the judicial system and malpractice litigation, followed by a 3-hour mock medical malpractice trial, where students were assigned to roles based on a true medication error case. Defendants and Expert Witnesses were assigned counsel by Law students and required to prepare outside of class. Students later completed a retrospective survey on the experience.

30 Nursing, Pharmacy, Medical, and Law students participated in the trial. Surveys of Health Affairs students (N=24) showed that 100% enjoyed the experience and felt more comfortable working with lawyers. While all students reported fearing litigation, the mean dropped from 4.0 to 3.5.

Some participants indicated reduced fear of litigation, but all students reported fear. All students favorably reported more comfort working with lawyers, understanding that lawsuits are a rare occurrence, and recognition that many of the myths surrounding torts are not true. This experience provided an opportunity for law students to practice their skills with healthcare professionals and juries. More collaborative opportunities among these professions are needed.

18i

1:45 PM

90 min. Workshop

Shenandoah A/B

529

**Creating Interprofessional Case Toolkits for Sustainability and Dissemination**

Mayumi Willgerodt (*University of Washington*), Debra Liner (*University of Washington*), Jennifer Sonney (*University of Washington School of Nursing*), Amy Kim (*University of Washington*), Taryn Lindhorst (*University of Washington*), Linda Vorvick (*University of Washington*), Brenda Zierler (*University of Washington*)

Background/Rationale: Despite abundant literature on various methods to engage in interprofessional education (IPE), there is an unmet need for systematic approaches to develop and disseminate effective IPE materials. Hands-on opportunities to learn about IP approaches to case development—including how to build IP teams for case development, how to create interactive learning opportunities that equally value each profession and how to develop a faculty guide that includes predicted IPE facilitation challenges—are needed. Additionally, little guidance exists on how to package trainings (IPE Toolkit) so they can be sustained and shared with others. Drawing from our experiences, we will lead participants through a series of exercises. Participants will leave with the tools to create a pedagogically sound and comprehensive case toolkit.

- Objectives:**
1. Describe successful approaches to creating and implementing cases for interprofessional learners
 2. Practice co-creating IPE cases and accompanying training materials using an established case development framework and template
 3. Identify strategies for avoiding common pitfalls in IPE case development
 4. Summarize key steps and resources for developing and disseminating case-based IPE toolkits

Teaching Methods: We will use “liberating structures” methodologies, designed to be highly interactive.

- Fishbowl. Presenters will share how they have created cases, common challenges and pitfalls, and how to co-create cases with other professions, using the fishbowl technique.
- Case Creation. Participant teams will work together to create a case. Challenges will be addressed using the “wise crowd” technique for consultation.
- Shift and Share. Participants will rotate through designated groups to discuss their cases with other participants
- Small group work: Using the purpose-to-practice (P2P) method, participants will then work to outline an accompanying faculty guide using a template.
- Large group discussion: Facilitators will discuss with participants the different elements of an IPE Toolkit (e.g., learning management course site, video production, MedEdPortal submissions). Questions and answers after discussion.

19

1:45 PM

90 min. Workshop

Pocahontas

544

**Collaborative Teams2: Team Faculty Development on Collaborative Healthcare Teams**

Susan J. Wagner (*University of Toronto*), Denyse Richardson (*University of Toronto and University Health Network*), Molyn Leszcz (*University of Toronto and Mount Sinai Hospital*)

Background/Rationale: Skilled, knowledgeable interprofessional educators are required to prepare individuals and teams for collaborative practice; therefore, faculty development leaders are key to the success of these initiatives. The Educating Health Care Professionals for Interprofessional Care (ehpic) faculty development course, consisting of five modules, was developed at the University of Toronto in 2005 to address this need.

- Objectives:**
- Describe the value of utilizing a play within a play or lived experience approach to collaborative team faculty development
 - Describe methods and techniques that enhance this approach
 - Discuss how participants might advance these principles in their own contexts.

Teaching Methods: The focus of this workshop will be on the newly revised Module 2: Collaborative Teams of this faculty development program. Snowden’s theoretical framework will situate collaborative teams as complex entities. Then, an overarching conceptual framework for the session will guide participants through a series of activities that focus on narrative and experiential learning. Principles, challenges (including power and hierarchy), benefits and the value of reflection of collaborative teams will be illuminated as part of this parallel faculty development process. Important design and logistical considerations in utilizing collaborative teams to best facilitate learning will also be highlighted.

Brief didactic teaching and interactive small and whole group discussion, as well as experiential learning in the moment, will be utilized to share lessons learned and techniques used over the years of this faculty development module on collaborative teams. Participants will also be engaged in reflection and discussion around the application of these techniques in this situation and the application to their own contexts.

References:

Snowden, D. & Boone, M., 2007. A leader’s framework for decision making: Wise executives tailor their approach to fit the complexity of the circumstances they face. *Harvard Business Review*: 85(11), pp.69-76.

I10i	1:45 PM	Discussion	Appalachian	423
-------------	----------------	-------------------	--------------------	------------

Practice & Education: Learning Together to Improve Patient Safety and Outcomes

Jeannie Garber (*Jefferson College of Health Sciences*), Cindy Smith (*Carilion Clinic*)

The Institute of Medicine Report (1998) *To Err is Human* suggests we evaluate and redesign clinical processes and revise healthcare provider education curriculum. Creating academic/practice partnerships is key to making these changes occur in clinical practice and in higher education. The healthcare environment could be described as follows: a complex system, multiple interconnected parts, operates 24 hours per day/7 days per week, resists standardization, adopts a culture of individualism and historically reimbursed without regards to quality and patient safety. Within such a complex system, errors occur and communication is most often the root cause of error and poor patient outcomes. Both students and providers need to know how their interprofessional behaviors impact quality and patient safety. This discussion session will provide an opportunity for students, providers, educators and quality professionals to share their interprofessional efforts and initiatives that have made a positive impact on patient safety and quality in their organization. Small groups will be formed. Participants will share their stories that have positively impacted patient safety and outcomes as well as higher education initiatives related to patient safety and quality. Relationships will be formed and opportunities for future discussion will be identified.

I10ii	2:30 PM	Discussion	Appalachian	536
--------------	----------------	-------------------	--------------------	------------

Advocating for the Urban Poor: How Universities & Community Clinics Work Together to Target Social Determinants of Health

Janet Buelow (*Armstrong State University*), Rod McAdams (*Armstrong State University*), Sandy Streater (*Armstrong State University*)

Objectives:

1. Explore a new model of interprofessional team partnerships working with community organizations and a local university
2. Gain strategies for overcoming challenges in working with community organizations and multiple university departments
3. Expand repertoire of student learning experiences to enhance interprofessional collaboration and address social determinants of health.

Economic opportunities, neighborhood safety, availability of healthy foods and inadequate housing all contribute to why some Americans are healthier than others. Furthermore, poor computer access, education, extended work hours and language skills impact why some Americans cannot access the healthcare system effectively. Health professions students need an understanding of how social determinants impact their patients' struggle for health and a better quality of life.

A Patient Advocacy course started three years ago has grown in both demand from students and from community clinics and hospitals. Students get a firsthand look at how poverty, neighborhoods, and illiteracy impact health, while providing three hours of service per week to assigned community sites. Students learn how to work with poor clients, helping with their specific goals. Services range from helping enter the job market, finding a medical home, accessing affordable child care or food to health promotion workshops and weekly calls of encouragement. Students from seven health professions have taken this course and worked as interprofessional teams assessing client needs, facilitating services and monitoring outcomes for their clients. As the course has grown, a sense of obligation to community sites has developed. However, organizations often suffer during academic breaks due to lack of student services.

111

1:45 PM

90 min. Workshop

Mill Mountain

190

**Caregivers Are Heroes**

Holly Wise (*Medical University of South Carolina*), Paul Jacques (*Medical University of South Carolina*), Nancy Carson (*Medical University of South Carolina*)

- Objectives:**
1. Design and implement an IP learning opportunity to develop empathy and compassionate care in health professions students.
 2. Determine appropriate outcome measures for the CGI experience.
 3. Describe the use of humanities as a mechanism for the synthesis and presentation of student reflections.

Compassionate care is recognized as an intrinsic element of patient-centered care and the evidence seems to indicate that empathy and compassionate care can be developed in health professions students. However, relatively few of the methodologies reported to date have been interprofessional (IP) in nature. The purpose of this interactive workshop is to describe Caregivers Are Heroes (CAH), an innovative IP experiential educational strategy designed to imbue compassion/caring within health professions curricula that has potential for universal and global application.

CAH has been refined and enhanced since its inception and over the past 5 years has included 900 occupational therapy (OT), physician assistant (PA), and physical therapy (PT) students as they interacted with 265 caregivers (CGs). Each year, 170 first semester students from the three programs are assigned to an IP team which consists of 3-4 students representing at least 2 two professions. Each team is matched with a CG identified by a community partner organization. The students are prepared for the caregiver interview (CGI) through a series of three interactive large group sessions followed up by individual IP team meetings. When possible, the team interviewed the CG in their home setting. At the conclusion of the semester, each IP team partners with 2 other IP teams to form a "tri-team" of 10 students. The tri-team creatively shares their CGI experiences through music, art, poetry, drama, etc. with 5 other tri-teams. A pre-CGI survey and post-CGI survey have been developed to gather demographic information and measure change in student 1) attitudes towards helping others, 2) knowledge of four issues related to caregiving, and 3) perception of education value of the caregiver experience. Survey results indicate that the students have positive changes in their attitude towards helping others, greater understanding of the issues related to being a CG, and value the IP experience.

3:15 PM	Closing Session and Location Announcement for CAB VI Roanoke Ballroom
3:45 PM	Adjourn
5:30 – 9:00 PM	ART BY NIGHT at the Taubman Taubman Museum

POSTER SESSION

Wednesday, September 30, 2015 • 12:00 – 1:30 PM

1 Evaluation of Student Perceptions and Behaviors within an Interprofessional Education (IPE) Program

0

Melissa Rotz (*Temple University School of Pharmacy*), Anisha Grover (*University of the Sciences*), Gladys Duenas (*University of the Sciences*)

Methods: We conducted a prospective, cross-sectional study to compare student perceptions of IPE across a spectrum of team behaviors within an IPE activity, and to evaluate if the composition of the team affects behaviors. Perceptions were collected using the “Student Perceptions of Physician and Pharmacist Interprofessional Clinical Education” (SPICE) survey tool (1) and behaviors were assessed using the “Performance Assessment of Communication and Teamwork” (PACT) tool.(2) Each data set was analyzed to produce descriptive statistics. SPICE scores were compared across team performances. PACT scores were dichotomized and then compared across team compositions.

Results: 122 students enrolled in the IPE program were included in the analysis. Compared to medical students, pharmacy students were younger and had fewer college degrees. Mean SPICE scores were 41.16 (out of 50) and mean PACT scores were 9.39 (out of 12). No differences in SPICE scores were observed across PACT scores. No differences in PACT scores were observed across balanced teams or teams with a defined leader.

Conclusions: Overall student perceptions of IPE were positive and team behaviors were above average. An unintended finding was that perceptions were not different across team behaviors suggesting that there may not be a relationship between the two. Based on this finding, educators should shift their focus from evaluating perceptions of IPE to evaluating what shapes behaviors within IPE.

References:

1. Fike et al. Am J Pharm Educ. 2013 November 12; 77(9): 190.
2. Chia-Ju Chiu et al. Performance Assessment of Communication and Teamwork (PACT) Tool Set.

2 Adapting the McMaster-Ottawa Scale and Developing Behavioral Anchors for Assessing Individual and Team Performance in a Team Observed Structured Clinical Encounter (TOSCE)

1

Desiree Lie (*University of Southern California*), Win May (*University of Southern California*), Regina Richter-Lagha (*University of Southern California*), Christopher Forest (*University of Southern California*), Kevin Lohenry (*University of Southern California*), Yvonne Banzali (*University of Southern California*)

Current scales for team performance do not provide adequate behavioral anchors for allowing feedback. The Team Observed Structured Clinical Encounter (TOSCE) provides an opportunity to adapt and develop an existing scale for this purpose. The McMaster-Ottawa Scale was converted to a three-point scale with behavioral anchors. Students from four professions were trained to perform in teams of four at three different levels as individuals and teams. Blinded faculty raters were trained to evaluate individual and team performances. G-theory was used to analyze ability of faculty to accurately rate individual students and teams using the retooled scale. Sixteen faculty, in groups of four, rated four student teams, each participating in the same TOSCE station. Faculty expressed comfort rating up to four students within a team. Accuracy of faculty raters varied (38-81% individuals, 50-100% teams), with errors in the direction of over-rating individual but not team performance. There was no consistent pattern of error for raters. We conclude that the TOSCE can be administered as an evaluation in an interprofessional setting. However, faculty demonstrate a ‘leniency error’ in rating students, even with prior training using behavioral anchors. To improve consistency, we recommend that at least two faculty rate each TOSCE station.

3



Uniting Saint Louis University's Interprofessional Education Program with Organizational Learning: A Theory-Based Model to Guide IP Education and Practice

12

Clair Reynolds (*Saint Louis University - Center for Interprofessional Education*), David Pole (*Saint Louis University - Center for Interprofessional Education and Research*), Leslie Hinyard (*Saint Louis University - Center for Interprofessional Education and Research*)

The Saint Louis University (SLU) Center for Interprofessional Education and Research (CIER) has established an interprofessional education (IPE) curricular framework that integrates IPEC Core Competencies and IPE domains that represent the unique mission of Saint Louis University. The SLU IPE domains include: interprofessional practice, patient-centered care, wellness, patient safety and quality, and social justice.

In an attempt to support SLU CIER's efforts towards enhancing our theory-based framework at all levels to generate research questions and evaluation opportunities, the lead researcher (a doctoral student in Industrial/Organizational Psychology) integrated the components of an organizational learning theory with the guiding principles of the SLU program. The five disciplines of a learning organization include: personal mastery, mental models, shared vision, team learning, and systems thinking. Utilizing this organizational learning theory as our framework, we qualitatively categorized and mapped each IPEC core competency to the disciplines. We then categorized the SLU IPE domains and SLU IPE course learning objectives at the baccalaureate and post-baccalaureate levels into the model.

The result of this effort was an all-encompassing model where one can identify how individual IPE course learning objectives relate to the SLU IPE domains, the IPEC core competencies for IP collaborative practice, and organizational learning theory. This exercise also helped to expand the SLU IPE Curricular Framework to identify personal and organizational attributes that may enhance the promotion of an IPE/CP culture. Thus, we have brought together two disciplines to guide future work consulting with health care organizations to improve the culture and support for interprofessional collaboration.

The SLU Poster will:

1. Introduce organizational learning theory and the Five Disciplines of a Learning Organization;
2. Introduce a novel approach to organizing and integrating interprofessional competencies based upon organizational learning theory;
3. Describe how the model has been utilized to develop research questions and target evaluation efforts.

4



Pediatric Oral Health Interprofessional Clerkship

15

Judith Haber (*NYU College of Nursing*), Erin Hartnett (*NYU College of Nursing*)

Background/Rationale: The goal of the NYU College of Nursing Teaching Oral-Systemic Health (TOSH) Program Pediatric Oral Health Interprofessional Clerkship is to promote acquisition of the Core Competencies for Interprofessional Collaborative Practice (IPEC, 2011) and the Interprofessional Oral Health Core Clinical Competencies (HRSA, 2014) among future primary care providers by engaging family nurse practitioner (FNP), dental (DDS), and medical (MD) students in an interprofessional oral-systemic health clinical experience. The objectives of the clerkship are for students to (1) apply pediatric oral health assessment (health history, exam, risk assessment, prevention, education and referral), (2) identify the pediatric oral-systemic connection, and (3) practice a team-based approach to improve oral-systemic health outcomes.

Methods: During this interprofessional education experience at Bellevue Pediatric Dental Clinic, teams of FNP, DDS, and MD students, worked together with a pediatric dental resident. Team members collaborate in reviewing the patient chart, taking the patient's medical and dental history, performing an oral assessment, applying fluoride varnish, and providing education and anticipatory guidance. The pediatric dental resident then conducts a debriefing session where the team discusses the importance of interprofessional teamwork and communication skills in providing patient centered care. The Interprofessional Collaborative Competencies Attainment Survey (ICCAS) was selected to evaluate the degree to which students, using a pre-test/post-test approach, report a change in attitude about IP competencies following the IP learning experiences.

Results: Descriptive data for the pilot phase reveal that the clerkship is associated with perceived positive change from pre-test to post-test for each of the six interprofessional competency domains measured by the ICCAS. There was also an increase in ICCAS mean scores for all three student types. The magnitude of change and statistical significance of this data and the data from the second phase of the Clerkship will be finalized by December 2014.

Conclusions: These findings suggest that the Pediatric Oral Health IP Clerkship was similarly effective among all three student types in increasing the students' perception of their own interprofessional competencies. Interprofessional oral health clinical experiences are an excellent exemplar to increase communication, collaboration, roles and responsibilities and team functioning in developing students' interprofessional competencies.

5 Faculty Attitudes about Interprofessional Education

18

Gary Beck (*University of Nebraska, College of Medicine*), Erin Hoffman (*University of Nebraska, School of Allied Health Professions*), Elizabeth Lyden (*University of Nebraska, College of Public Health*), Catherine Bevil (*University of Nebraska, College of Nursing*)

Objectives: Describe faculty attitudes toward IPEA
Compare faculty and student attitudes toward IPEA Identify barriers to faculty participation in IPEA

Methods: The NIPEAS is a 19-item questionnaire assessing attitudes related to Interprofessional collaboration. The items are rated from 1=Strongly Agree to 5=Strongly Disagree. Institutional Review Board approval was obtained for this study. Full-time faculty were sent a link to the NIPEAS questionnaire which additionally included questions about perceived barriers to participating in IPEA. Factor analysis and scree plots were used to identify underlying factors among the 19 items. Crystallization/immersion methods were used to identify themes related to barriers to participation.

Results: 280 faculty completed the NIPEAS. Exploratory factor analysis identified three factors: Team approach to health care, Receptivity to teammates; and Self-efficacy as a team member. Faculty indicated the most common barriers to participation were scheduling conflicts, relevance of the activities, location, and prior negative experiences.

Conclusions: Faculty and student factor analysis results loaded similarly, suggesting the attitudes measured are similar for faculty as well as students. With the emphasis on increasing Interprofessional educational activities, potential solutions are being investigated to address scheduling conflicts to allow faculty time to participate in IPEA. To address other barriers that were identified, training of faculty for IPEA sessions will be augmented to provide context for relevance and strategies to address negative perceptions.

6 A Customized Workshop in Interprofessional Collaborative Care for International Healthcare Graduates, 2008-2014

36

Cornelia van Ineveld (*University of Manitoba*), Heather Dean (*University of Manitoba*), Stephanie Mowat (*University of Manitoba*), Kathryn Braun (*Red River College*), Colleen Rand (*Winnipeg Regional Health Authority*), Moni Fricke (*University of Manitoba*), Eva Karpyza (*Health Sciences Centre*), Lisa Diamond-Burchuk (*University of Manitoba*), Linda Rost (*Health Sciences Centre*), Nancy Kleiman (*University of Manitoba*)

Background/Rationale: International graduates of health professions have diverse education and experience working in interprofessional teams. The International Medical Graduate (IMG) office at the University of Manitoba designed a 20-day orientation for all IMG physicians to provide contextual information relevant to practising medicine in Manitoba.

Methods: A 3-hour workshop on interprofessional collaborative care has been delivered as part of the orientation since 2008 to an audience of 536 international graduates, including 460 physicians, 57 nurses, 16 pharmacists, and 3 dentists. The workshop facilitators include a variety of health professionals from nursing, occupational therapy, physiotherapy, clinical health psychology, social work, pharmacy, and medicine. They facilitate small group case-based discussions and serve as panel members for a discussion of roles, responsibilities, access, and medico-legal issues.

Results: The Points for Interprofessional Education System (PIPEs) was used to assess the interprofessional education of the workshop. This workshop scores in the orange category, meaning that this learning activity is immersive and case-based, with high team interaction. Participant data collected with iClickers indicates a range of familiarity with collaborative practice, highlighting the need for the workshop. The program has been highly rated in evaluations using Likert scales and written feedback from participants, with all sections perceived as useful by the majority of participants.

Conclusions: The next steps will include formal evaluation of the long-term outcomes of the program, in particular to determine whether the workshop gives participants an appropriate orientation to what, when, and how to access support for collaborative practice in Manitoba.

7

**A New IPE Course at Eastern Virginia Medical School**

40

Jeffrey Johnson (*Eastern Virginia Medical School*), Robert Alpino (*Eastern Virginia AHEC Program*)

Eastern Virginia Medical School (EVMS) is an academic health center dedicated to achieving excellence in medical and health professions education, research and patient care. EVMS enrolls approximately 1300 students in 13 degree programs based within our School of Medicine and School of Health Professions. During this academic year we are implementing a 1-credit interprofessional education (IPE) course involving 200 students from 8 diverse disciplines including medicine, physician assistant, surgical assisting, art therapy, clinical psychology, public health, and biomedical sciences. Students convene for six 2-hour sessions using didactic and case-based learning combined with breakout sessions for 20 groups of 10 students each. Each session has learning objectives and assigned readings that correspond with four major competency domains: values/ethics, professional roles, communication, and teamwork. Case topics include an overview of TeamSTEPPS, diabetes, cancer, Alzheimer's disease, sexually transmitted diseases, and epidemics.

Each session is guided by an expert presenter, and the topics are explored from a research, patient care, and population health perspective. Faculty members from multiple disciplines facilitate the small groups. Formative and summative evaluation protocols are used to assess student and faculty perceptions of each session and the overall value of the course. Students will also complete a pre- and post-test documenting their knowledge and views about IPE. Next year we plan to add 150 first-year medical students to the course, and possibly students from other schools in the future. Our goal is to ensure that students have exposure to and meaningful engagement with their peers in other programs and disciplines. If successful we may attempt to expand the course to a regional model that will include multiple universities that offer graduate level health professions education.

8

**Strategic Process Intended to Infuse Interprofessional Education and Practice into a Health Profession**

43

Anthony Breitbach (*Saint Louis University*), Russ Richardson (*University of Montana-Western*)

Background/Rationale: Professional preparation in athletic training (AT) has grown quickly from modest roots based in physical education in the 1960's to its emergence as a recognized health profession today. The profession has long embraced interprofessional practice (IPP) but many times was not included in discussion of interprofessional education (IPE) at the institutional, governmental and international levels. As a result, the concept of IPE, which has been an emphasis in medicine, nursing and allied health since the 1990's has not been a part of AT programs. Investigation into IPE/IPP in AT found that the concepts were misunderstood by AT educators where there was a lack of common language and appreciation for the role that it has in the future of health care.

Methods/Methodology: In 2012, the Executive Committee for Education of the National Athletic Trainers' Association authored "Future Directions in Athletic Training" which made recommendations regarding the evolution of AT. IPE was included and a strategic plan developed for formal inclusion of Interprofessional Education and Practice (IPEP) into AT. An important part of this strategy was to develop a white paper regarding IPEP in AT to inform the profession and other stakeholders on the best evidence and pedagogy that can be implemented in professional programs in AT.

Result: This white paper was developed using a structured process with an inclusive work group of authors from a wide range of setting. This work group has organically developed the NATA Interprofessional Education and Practice (IPEP) interest group in 2015.

Conclusion: A strategic process, including a white paper on IPEP in AT, will be presented. This process is intended to make IPEP a standard component of AT professional programs and for athletic trainers to become valuable members of interprofessional teams positively contributing to improved patient/client outcomes.

9 Say Ahh! A Blended Interprofessional Education Approach for First-year Health Science Students

45

Jessica Holloman (Northeastern University), Maria Dolce (Northeastern University, School of Nursing)

Background/Rationale: Considering the release of the 2011 Core Competencies for Interprofessional Collaborative Practice and 2014 Oral Health Core Clinical Competencies for Primary Care Practice, the development and delivery of interprofessional learning experiences for students is more critical than ever. Interprofessional education (IPE) is an important aspect of health science education, and exposing students to these competencies early in their academic career assists in building a learning continuum for IPE and collaborative practice.

Methods: A multi-modal IPE approach was developed, implemented, and evaluated for first-year health science students at Northeastern University. Both social development and discovery learning theory served as an operational framework for the design of a blended learning experience. Teaching methods included socialization and interactive team-based case learning across multiple sessions. Pre- and post-assessments were administered and students were asked to evaluate each session. Quantitative and qualitative results of each teaching session informed the design of the subsequent sessions. Results: Findings suggested that the approach was beneficial and effective at (a) creating awareness about oral health and its link to overall health and (b) providing meaningful context for interprofessional collaborative practice through teamwork and communication exercises.

Conclusions: The delivery of interprofessional competencies can be challenging and often requires innovative teaching strategies. A blended approach of socialization and interactive team-based case learning was found to be an effective method for the introduction of these competencies to first-year health science students. Learning theories, such as social development and discovery learning theory, are recommended as frameworks for the design of interprofessional experiences for first-year health science students.

Objectives: At the end of this session participants will be able to (a) discuss the importance of delivering interprofessional and oral health competencies (b) describe a multi-modal IPE approach for the delivery of these competencies (c) apply blended interprofessional teaching strategies at their own institution.

10 Advancing Interprofessional Education and Clinical Expertise for Health Professions: Tips for Optimizing the Office-Based Clinical Rotation Experience

52

Marlene Sefton (University of Illinois at Chicago), Memoona Hasnain (University of Illinois at Chicago)

Health issues, disease management strategies, and care coordination continue to become increasingly complex. No longer can a single practitioner provide all services needed for high quality, patient-centered care. An interprofessional, team-based approach to patient care is a must for providing comprehensive, quality health and disease management. Complexity of care necessitates educating healthcare profession students in the team-based approach to improved patient care, outcomes and safety. Educational strategies for interprofessional education (IPE) within the in-patient hospital setting have been well developed with many resources available. However, translating these IPE strategies to the community office-based setting has not been adequately accomplished. Many inpatient IPE resources depend on students from multiple healthcare disciplines being on-site in the hospital and readily available for consultation and collaboration. By contrast, in the office setting, resources in clinical rotations are often limited to one or two students paired with a preceptor of the same profession. Intentional steps must be taken to bring together students from different disciplines for a shared learning experience crafted to optimize team-based learning and practice.

IPE has been defined by WHO (2010) as, "When students from two or more health professions learn about, from and with each other to enable effective collaboration and improve health outcomes (p. 10)." The overriding goal of IPE is to facilitate healthcare students' understanding of professional roles to enhance communication between healthcare providers improving working relations and coordination of care. The IPE core competency domains that focus educational strategies are:

1. Values/Ethics for Interprofessional Practice
2. Roles/Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork (Interprofessional Education Collaborative Expert Panel, 2011).

Strategies to promote interprofessional care through IPE in the community-based office setting are complex and multifaceted. Orientation and training of clinical adjunct faculty in the principles of IPE and models applicable to community settings are imperative. Models guide preceptors on establishing previsit goals and role identification with students, logistics for the visit itself, and post-visit reflection activities enhancing interprofessional learning. This poster gives insights and tips for clinical educators to improve the preparation of interdisciplinary health care providers in an office-based clinical rotation setting using an IPE framework.

11 University of Virginia: Developing, Implementing, and Assessing the Impact of Innovative Undergraduate Interprofessional Education (IPE) Experiences Based on Collaborative Care Best Practice Models 55

Valentina Brashers (*University of Virginia Schools of Nursing and Medicine*), Jeanne Erickson (*University of Wisconsin-Milwaukee College of Nursing*)

Background/Rationale: While interprofessional education (IPE) competencies provide a framework for team-based care, these behaviors need to be made clinically relevant and fully integrated into pre-licensure curricula.

Methods: At the University of Virginia, we developed Collaborative Care Best Practice Models (CCBPMs), which formed the basis for four IPE simulation workshops focused on different patient populations, illnesses and care settings. These workshops were implemented for all third year medical and nursing students: respiratory distress, end-of-life discussion, chronic pediatric illness, and care transition for a cognitively-impaired adult. The first cohort of students completed the respiratory distress and end-of-life IPE workshops, and a second cohort of students completed four workshops. A set of Collaborative Behaviors Observational Assessment Tools (CBOATs) derived from the CCBPMs for the respiratory distress and the end-of-life workshops were developed. The CBOATs were used in the objective longitudinal assessment of student learning for both cohorts during two Interprofessional Teamwork Objective Structured Clinical Examinations (ITOSCEs), conducted before and after the students completed the series of IPE simulation workshops.

Results: Over a two year period, 457 third year medical and nursing students participated in the IPE simulations and ITOSCEs. The medical and nursing students in both cohorts demonstrated significant improvement in ITOSCE scores for both profession-specific and teamwork skills. Medical students improved to a greater degree than nursing students. Comparisons between the two cohorts showed that participation in four IPE experiences versus two IPE experiences did not significantly improve ITOSCE scores.

Conclusions: By engaging in undergraduate IPE simulation experiences based on CCBPMs, students learn specific and measurable behaviors necessary for effective team-based clinical practice. For students to apply IPE competencies in clinical care delivery, they must learn to integrate the appropriate profession-specific and teamwork skills needed for different practice areas, patient populations, and care settings.

12 Taking Baby Steps: An Initial Foray into Education - Challenges Faced, Lessons Learned and Plans for the Future. Advice for Fellow Neophytes 60

Elizabeth Kalb (*Indiana University School of Medicine*), Ruth Metzger (*University of Southern Indiana*)

- Objectives:**
1. Appreciate the common challenges that may be found in instituting IPE across programs and/or institutions
 2. Outline possible strategies to overcome such challenges and allow effective implementation of IPE programming
 3. Share ideas for possible exercises and programs

Interprofessional Education is recognized as becoming a crucial element of healthcare education and training however for programs just starting to add this to their curriculum it can be difficult to determine what to do and how to best do it. This poster will review initial efforts in for IPE between undergraduate medical students with the Indiana University School of Medicine and graduate and undergraduate health professions students at the University of Southern Indiana. Students came together in a session to be introduced to Interprofessional Education concepts; learn about each other's training programs and professions, and complete a case management exercise together. Students completed the Readiness for Interprofessional Learning Scale (Ruebling, Pole, Breitvach, Kettenbach, Westhus, Linstart, & Carlson, 2014) before and after to assess attitude change. The results indicated positive, although non- statistically significant changes in attitudes related to teamwork, professional identities, and roles and responsibilities. Informal student and instructor feedback about the experience was positive. This poster will address challenges faced such as coordinating widely divergent schedules; lessons learned for future undertakings and planned next steps for programming. It is intended to offer insight and advice for others who are just starting to add IPE to their curriculum.

13 **Outcome from a Global Partnership in Health Care Education with a Focus on Interprofessional Exchange and Internationalization** 62

Kelly Macauley (*MGH Institute of Health Professions*), Hanne Skov (*Metropolitan University College*), Krista Lehtonen (*Metropolia University of Applied Sciences*), Ulla Vehkaperä (*Metropolia University of Applied Sciences*)

Background/Rationale: In 2010, Metropolitan University College created a course, 'Innovation and Entrepreneurship: Change Agents in Healthcare'. In order to address the globalization of the professions, Metropolitan sought out international partners: MGH Institute of Health Professions (USA), Seton Hall University (USA), and Metropolia University of Applied Sciences (FI) in 2011.

A strong international and interprofessional collaboration between the partner institutions grounds this course. This relationship has facilitated shared practice, created new knowledge, and promoted international networking opportunities between students and lecturers. Furthermore, this is a unique collaboration between the coordinators representing each institution, who develop and conduct the course together on a yearly basis.

Methods/Methodology: The course is conducted annually for a 5-6 week period with the participating institutions hosting on a rotating basis. Students learn about and complete the innovation process in small, interprofessionally and internationally diverse teams, a key element to innovative theory. A crucial component is pairing with a working-life partner who identifies an issue for students to address, which allows them to work with user-involvement.

Weekly formative surveys and a summative assessment were collected electronically from all participating students to assess the perceived quality of the course experience across several parameters. A summative faculty survey was collected yearly. Annually, coordinators from the participating institutions meet to discuss outcomes from the surveys and modify the course for the upcoming year.

Results: The survey responses collected from 2011-2014 were similar and saw improvements in the students' perceptions on the constructs measuring collaboration, project management, multidisciplinary teamwork, professional growth, innovative thinking, research and development, and willingness to work on an international project. Three additional themes noted in open ended questions were: feedback delivery varies across cultures, language challenges, and no evidence of professional divisions existed.

Conclusions: The course improved participants understanding of innovation, health care systems abroad, language skills, respect for diverse opinions, methods for problem solving, and promoted international networking and collaboration. Additionally, the students often express significant personal growth.

14 **Making it Happen: Implementation of a College-wide Interprofessional Symposium & Expo in Health and Human Services** 63

Corey Cassidy (*Radford University*), Kenneth Cox (*Radford University*)

Interprofessional education (IPE) "occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (World Health Organization, 2010). IPE is an important approach for preparing health and human services students to provide care that is patient centered and based in a collaborative team environment. The goal of this approach is to develop knowledge, skills and attitudes that result in interprofessional team behaviors that carry into clinical practice (Buring et al., 2009). In order to achieve this goal, students must experience these competencies while engaged with faculty during the course of their education.

Despite literature that supports the benefits of interprofessional collaboration among healthcare practitioners, many higher education programs continue to educate in silos, leading to a lack of awareness of the role of other disciplines. Additionally, although opportunities and possibilities presented by interprofessional healthcare education, research, and practice are profound, designing and implementing sustainable IPE experiences for faculty, staff, and students has continued to be challenging in health and human services-based programs.

At Radford University, Waldron College of Health and Human Services (WCHHS) prepares students for careers in nursing, speech-language pathology, physical therapy, occupational therapy and social work. In 2013, WCHHS began to focus its efforts on overcoming the challenges that have faced IPE and productive interprofessional collaboration and developed several new college-wide interprofessional initiatives. The Waldron College Interprofessional Symposium & Expo (WCIPSE) was first implemented in 2014 to share new and unfolding scholarship, share programs that have been created, increase communication and collaboration across disciplines, and in general, strengthen the identity of Waldron College as a vibrant, interprofessional academic community. The WCIPSE is now integrated into the curricula of all five programs. The event has been embraced by faculty and students in the college and across the university campus.

15 A Faculty Development Workshop: Aligning Interprofessional Education With Practice 74

Stacy Jaffee Gropack (*School of Health Professions, Long Island University*), Bojana Beric (*School of Health Professions, Long Island University*), Anna Nogid (*College of Pharmacy, Long Island University*), Diane Maydick (*School of Nursing, Long Island University*)

Background/Rationale: Current practice and accreditation standards in the health professions are increasingly demanding that curriculum provides training in interprofessional team based care. Despite much being written on the development of curriculum, faculty still need hands-on experiences in creating learning activities that will enhance students' ability to practice in an interprofessional context. The purpose of this presentation is to describe a skill-building workshop developed to prepare faculty members to align interprofessional education and practice.

Methodology: Participating and working in teams of five, thirty-five faculty members from seven programs in health professions were engaged in a small-group case-based learning experience, with an objective to create the interprofessional academic/clinical experience that could be integrated into their curricula.

Results: As an outcome, each inter-professional team of faculty developed a simple IPE classroom activity that they presented during the final section of the workshop. Common observation and a consensus reached was that everyone increased his or her ability to work in an interprofessional team, and gained skills in creating an interprofessional activity. General concern expressed: not being able to think about teaching outside of their own professional silo, and that there is a need for further training in developing interprofessional activities.

Conclusion: To competently address the need for students to develop interprofessional competencies, emphasis has to be placed on faculty development. More specifically, creating academic experiences that allow students and faculty to transition from individualistic to collectivistic approach in professional preparation, and to transfer knowledge into skills.

16 A Comparison of Two Instruments to Assess Students in an Interprofessional Health Promotion Course for a Vulnerable Population 79

Kathleen Packard (*Creighton University*), Jennifer Yee (*Creighton University*), Ann Ryan Haddad (*Creighton University School of Pharmacy and Health Professions*), Martha Todd (*Creighton University*), Ann Laughlin (*Creighton University*), Barbara Harris (*Creighton University*), Kimberly Begley (*Creighton University*), Joy Doll (*Creighton University*)

Background/Rationale: There are over 120 instruments that have been identified to assess the impact of IPE. It is not clear which of these is most appropriate to utilize throughout a university-wide curriculum to assess knowledge, skills, abilities and attitudes towards IPE. This study compared two instruments, the Student Perceptions of Interprofessional Clinical Education-Revised (SPICE-R) and the Team Skills Scale (TSS) plus attitudes questions in an interprofessional health promotion course for vulnerable populations through the context of community engagement.

Methodology: In its third offering, 27 students enrolled in the semester-long course (9 exercise science, 2 nurse practitioner, 6 occupational therapy, 7 pharmacy, and 3 social work). The students were divided into three teams each assigned a client with complex health and social issues. They engaged in learning activities, discussed team skills, and developed a collaborative agreement. The TSS plus attitudes questions and the SPICE-R instruments were administered at the beginning and the end of the course. Mean pre and post scores were compared using paired student's t tests.

Results: There were statistically significant improvements for all independent TSS and attitudes questions after the course intervention. Mean total TSS plus attitudes scores were pre-72.5+12.0 and post-85.1+10.2, $p < 0.0001$. While there were trends towards improvement for all of the SPICE-R questions, only two achieved statistical significance (strengthening cooperation among disciplines and carrying out discipline-specific responsibilities). The mean total SPICE-R scores significantly improved, pre-45.0+3.5 and post-47.0+3.3, $p = 0.004$.

Conclusions: Both the SPICE-R, which measures attitudes, and the TSS, which measures students' perceptions of knowledge skills and abilities, were effective in detecting improvements after the intervention. The TSS was more sensitive in detecting changes for individual questions. An interprofessional course in caring for vulnerable populations improves students' attitudes and perceptions of their abilities to provide collaborative care.

17 **Exploring the Impact of an Interprofessional Care Protocol on the Patient Experience and Outcomes for Seniors with Diabetes**

83

Diane Bridges (*Rosalind Franklin University*), Diane Mast (*Walden University*), Ateequr Rahman (*Rosalind Franklin University*), Neil Horsley (*Rosalind Franklin University*)

Contemporary healthcare has placed intensified focus on the patient experience. Ultimately the patient experience is influenced by relationships with healthcare providers. In order to make a positive impact on patient outcomes and quality of care, the patient experience must be positive. Interprofessional collaboration is recognized as a key aspect of a culture that fosters patient-centered care and a positive patient experience. This quasi-experimental study explores the impact of interprofessional collaboration to develop a preventive services care protocol for seniors with diabetes. Patients were studied over six months using pre-test and post-test measures. Both quantitative data from clinical outcomes and qualitative data from the Diabetes Quality of Life Questionnaire are used to explore the impact of an interprofessional care protocol on the patient experience for seniors with diabetes. Results of the study, while not conclusive, suggest that significant improvements in blood glucose levels and aspects of quality of life, such as perceptions of being able to manage self care and reported feeling ill less often, were realized after receiving services that followed the interprofessional protocol. The study offers insights into the importance of interprofessional collaboration as a factor that can enhance the patient experience and presents a continuing education model to facilitate interprofessional collaboration within the healthcare workforce setting.

18 **Building Blocks: Behavioral Health Integration into the Patient Centered Medical Home (PCMH)**

91

Deirdre Rea (*Carilion Clinic*), Thomas Milam (*Virginia Tech Carilion School of Medicine and Research Institute*), Bush Kavuru (*Carilion Clinic*), Chinton Shah (*Carilion Clinic*), Rick Seidel (*Carilion Clinic*), Brent Lorton (*Carilion Clinic*)

Studies estimate that the prevalence of anxiety and depression is high in patients with chronic illness. In COPD alone the estimates range as high as 75% for anxiety and 80% for depression (Yohannes, 2010). Severe anxiety symptoms are the single highest predictor of admission when presenting to the ED with a COPD exacerbation (Gudmundsson, 2005) and COPD patients with depression remain hospitalized twice as long as patients without depression (Gudmundsson, 2005). When treated for depression, patients report fewer hospitalizations and better quality of life (Ng, 2007). In treating the whole patient, it is important to include behavioral health assessments as part of overall chronic disease care. The lack of psychiatric providers has placed the onus of responsibility for early identification and onset of behavioral health treatment on the ambulatory primary care sites. A toolkit was developed by a multidisciplinary team from the Department of Psychiatry to provide guidance for primary care on assessment and initial treatment of depression and anxiety. Ambulatory nurse care coordinators administer the PHQ-9 for depression and GAD-7 for anxiety as part of the initial patient assessment. A scoring rubric determines whether care coordinators continue watchful waiting, provide supportive counseling and/or refer to the PCP for medication initiation. A medication decision-tree provides direction for the PCP's to begin the first 4 months of treatment with ambulatory nurse care coordinators following up with weekly phone calls and monthly re-administration of the scored tools. Scores on subsequent re-tests guide the providers and nurses on the appropriate course of treatment. More treatment is thus handled in the ambulatory setting with only treatment refractory cases being sent for specialist referral.

19



Breaking Barriers: Dental Providers Training Non-Dental Providers How to Perform an Oral Health Risk Assessment

93

Jessica Holloman (Northeastern University), Maria Dolce (Northeastern University), Lori Giblin (Massachusetts College of Pharmacy and Health Sciences), Lori Rainchuso (Massachusetts College of Pharmacy and Health Sciences)

Background/Rationale: The World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice (2010) calls for a collaborative practice-ready workforce to strengthen the current health care system. In 2014, following recommendations by the Institute of Medicine (2011), the Health Resources and Services Administration released a report outlining oral health core clinical competencies for all primary care providers. Professional development, an extension of continuing education, provides a framework to address this skill-gap and deliver appropriate oral health skill sets to all health care professionals. Bouvé College of Health Sciences at Northeastern University, the largest health sciences school in metropolitan Boston, is utilizing professional development as a framework to cultivate faculty, preceptors and clinicians with initiating the core clinical competencies in oral health.

20



Creating Sustainable IPE Curricular Programming in a Large School

117

Rahim Karim (School of Community and Health Studies - Centennial College)

Background/Rationale: The School of Community and Health Studies at Centennial College is a leader in Interprofessional Education (IPE). The School, spread across three campuses consists of six departments. It offers certificate, diploma, postgraduate, apprenticeship and joint/collaborative degree programs. Our faculty and staff have presented at various conferences on IPE curricular innovations. The School has created an IPE Directional Plan to provide a framework for its IPE activities. This document helps point us towards creating sustainable IPE curricular experiences among all programs.

Objectives:

1. Creation of a framework on which sustainable IPE activities can be built within the program curriculum.
2. Build increased capacity in the School around Interprofessional Education.

Methods: Our IPE Directional Plan uses the WHO "Framework For Action on Interprofessional Education and Collaborative Practice" to define and provide strategies to incorporate IPE initiatives in our programs and has adapted the 2010 Canadian Interprofessional Health Collaborative national competency framework for our IPE experiences. The Plan was disseminated during our May 2014 School meeting to all our faculty and staff. In order to encourage uptake and create increased capacity we worked with the University of Toronto, Centre for Interprofessional Education to deliver a professional development session during our August 2014 School meeting. This session highlighted our Directional Plan and examined innovative teaching methods in IPE and emerging themes in curriculum planning, development and evaluation.

Results: Feedback from our faculty and staff from the school wide development event confirmed that members have varying levels of IPE background knowledge and are at different stages with respect to IPE activity development and/or use within their programs. Our Directional Plan is helping us create enduring IPE curricular experiences among all programs within the School.

Conclusion: Building a framework is allowing us to create and enhance sustainable IPE curricular activities in a large school. We will continue to develop faculty capacity as we move forward with implementation.

21 Creating a Person-centred, Interprofessional Documentation Tool for Pain Management in Adult Rehabilitation 119

Siobhan Donaghy (*Sunnybrook Health Sciences Centre - St. John's Rehab*), Susan Schneider (*Sunnybrook Health Sciences Centre - St. John's Rehab*), Jennifer Shaffer (*Sunnybrook Health Sciences Centre - St. John's Rehab*), Elizabeth Williamson (*Sunnybrook Health Sciences Centre - St. John's Rehab*)

Background/Rationale: Sunnybrook Health Sciences Centre (SHSC) is a Best Practice Spotlight Organization candidate with the Registered Nurses Association of Ontario, and is committed to building a strong culture of interprofessional care, in part through the implementation of specific best practices. One initiative has focused on a corporate standard for person-centred pain management. An opportunity was recognized in the St. John's Rehab (SJR) program to take an interprofessional approach to the implementation of this standard.

Methods: An interprofessional clinical leadership team reviewed the evidence and conducted an inventory of existing tools and processes used to assess, treat and evaluate pain in adult rehabilitation. A chart audit and a resulting gap analysis identified the need to for an integrated clinical documentation tool to support team communication and person-centred pain management. Clinicians were then engaged in the development of an integrated pain flow sheet for pain management. A reflective process identified that interprofessional competencies in communication, person-centred care and role clarification were fostered during the tool development process.

Results: An integrated documentation flow sheet was created which provides a shared tool for interprofessional communication, and supports person-centred care planning. Education regarding the use of the tool was designed and co-facilitated, modelling principles of interprofessional care and education through the process.

Conclusions: The principles of interprofessional care can be effectively fostered and applied to the implementation of a clinical standard. These principles can be embedded and supported through the creation of integrated clinical documentation tools. Next steps are to evaluate the use of the tool and its impact on the patient experience.

22 Integration of Education, Research, and Interprofessional Skills on International Health Mission Trips 123

Susan Meacham (*Edward Via College of Osteopathic Medicine (VCOM)*), Dean Sutphin (*VCOM*), Brian Hill (*VCOM*), Dalia Meisha (*VCOM*), Maria Garcia (*VCOM*), Ryan Bolt (*VCOM*), Heather Jones (*VCOM-Carolina*), Diane Sutphin (*VCOM*), Dixie Reynolds (*VCOM*)

Background/Rationale: The VCOM mission is to prepare globally minded physicians focused on serving underprivileged populations. VCOM post-baccalaureate (PB) health mission trips offered transformational experiences for all on many levels. The week long experiences were excellent venues for fostering the VCOM mission and advancing interprofessional education, research, and cultural awareness.

Methods: Prior to each trip the program director refined the assessment plan. Senior faculty provided expertise in curriculum, agricultural education, nutrition, dentistry/orthodontics, histology/immunology, public health, urban and regional planning, early education, speech, vision, hearing and special education. VCOM admissions, alumni, development and student services staff offered technical assistance. VCOM PB students brought varying perspectives from previous undergraduate/graduate programs, work and life experiences. VCOM host-country medical staff, nonprofit representatives and interpreters recruited participants and assisted with program implementation. Pre-trip education for PB students included training on protection of human subjects, data collection, data entry, physical measurements; heights, weights, circumferences and vision and hearing screening. PB student groups created learning objectives, instructional methods and materials, and evaluation tools for lessons given to school age children on oral health, nutrition, personal hygiene, substance abuse and sexual abuse. Impact: To date six trips have been completed in the Dominican Republic, El Salvador, and Honduras. On each trip 7-8 faculty and staff served as preceptors for 20-30 PB students. To date more than 140 PB students have presented education sessions to over 1,000 qualifying and age appropriate host country children, many accompanied by siblings and family members.

Results: PB students administered pre- and post-tests and confirmed statistically significant improvements in responses to questions, i.e., the use of circular motions to brush teeth. This improvement was noted during two trips in two different countries with two different PB groups delivering education to multiple groups of children. Statistical significance was not achieved on four other oral hygiene questions on frequency of brushing, baby teeth health, and the effect of oral health on overall health. Likewise, during the same year students delivered and evaluated lessons on nutrition and found significant improvements were not as consistent. PB students reported improvements between pre- and post-test responses by El Salvadoran but not Honduran children. With further evaluation PB students reported no differences in El Salvadoran test responses based on gender, teaching environment and interactive-non-interactive teaching. Additionally, the intangible benefits were immeasurable. Witnessing students interact with children in another country, many speaking another language and adjusting to the many 'distractions' to instruction in each new and challenging physical location were teaching-learning opportunities possible only through on-site international program.

23

**Creating a Menu of Interprofessional Learning Activities**

131

Lauren Collins (*Thomas Jefferson University*), Tracey Vause Earland (*Thomas Jefferson University*), Christine Arenson (*Thomas Jefferson University*), Shoshana Sicks (*Thomas Jefferson University*), Sarah Dallas (*Thomas Jefferson University*), Elizabeth Speakman (*Thomas Jefferson University*)

Background/Rationale: Building on our commitment to train students to provide effective team-based care to achieve the Triple Aim, we created a new “menu” of Interprofessional Education and Practice (IPEP) Learning Activities for all second year students from medicine, pharmacy, nursing, physical therapy, occupational therapy, and couple and family therapy. This menu was generated by expanding several existing successful IPE pilots and by developing a series of new programs to address needs, experience, and schedules of second year students who are eager for clinically oriented IPE training. The Menu of Interprofessional Education and Practice (IPEP) Learning Activities was designed to enrich our institution’s interprofessional program offerings, to broaden our IPE content to reflect changes in healthcare delivery models, to empower students through self-directed learning, and to ease scheduling challenges that are often barriers to successful IPE programming. Each student is now required to participate in at least one of these IPEP Learning Activities, which include interactive classroom-based, simulation or clinical experiences, over the course of their second year as part of our two-year longitudinal IPE curriculum, the Health Mentors Program.

Results: Mixed methods evaluation of these IPEP Learning Activities indicates that this new menu of IPE options will enable our graduates to achieve core competencies in IPE and will better prepare them for future interprofessional collaborative practice. Building on seven years of IPE experience and garnering feedback from over 4100 graduates of our existing longitudinal IPE curriculum, a Menu of IPE Learning Activities can fill a gap in current IPE initiatives, bridging the divide between classroom-based IPE and real-world clinical practice.

24

**Designing an Interprofessional, Intercollegiate Graduate Course**

141

Judy Cusumano (*Jefferson College of Health Sciences*), Lisa Allison-Jones (*Jefferson College of Health Sciences*), Kathleen Williams (*Jefferson College of Health Sciences*), Stephanie Deluca (*Virginia Tech Carilion Research Institute*), Susan Polich (*Jefferson College of Health Sciences*), David Musick (*Virginia Tech Carilion School of Medicine*), Richard Vari (*Virginia Tech Carilion School of Medicine*), David Trinkle (*Virginia Tech Carilion School of Medicine*), Ava Porter (*Jefferson College of Health Sciences*)

Developing and facilitating a healthcare topics course to be offered across disciplines and across institutions can be a challenging task. Balancing schedules, logistics, locations, topics, content, credit hours, and faculty workload across programs and institutions can present what sometimes seems as insurmountable barriers.

We will share the process for developing an interprofessional and intercollegiate graduate course. Faculty from an allied health college and a medical school share their experiences over the course of several years developing and honing a course in healthcare ethics, while helping participants consider and plan for their own course. Special attention will be focused on developing the infrastructure necessary for successful course facilitation.

25 **Outcomes of an Immersive Faculty Development Program in Interprofessional Education** 145

Mandy Jones (*University of Kentucky*), Stacy Taylor (*University of Kentucky*), Kevin Schuer (*University of Kentucky College of Health Sciences*), Mikael Jones (*University of Kentucky College of Pharmacy*)

Background/Rationale: Faculty preparation is a key factor supporting IPE success. We adapted a faculty development (FD) program in IPE modeled from the Interprofessional Faculty Development in Team-Based Care program developed by University of Washington and University of Missouri to inform FD initiatives within the University.

Objectives:

1. Describe logistics of the faculty development program.
2. Discuss learner expectations
3. Summarize program outcomes and implications.

Methods: Pharmacy and Physician Assistant (PA) faculty (n=13) participated in this 7-hour program. Faculty completed online work related to IPE and attended a live training session on interprofessional facilitation. Training culminated in an immersive activity where faculty facilitated interprofessional students participating in a team-based error disclosure simulation. Faculty were evaluated by each student in their group using the IPE Facilitation Skills (IFS) survey by Sargeant et al. Quantitative and qualitative data were gathered from student and faculty evaluations and pre-post surveys.

Results: Seventy-eight percent of faculty had little to no prior IPE experience; 92% reported gains in IPE knowledge and skills and felt better prepared to lead IPE initiatives; 85% reported a desire to facilitate future IPE events. Of these, 55% went on to serve as facilitators for the University's year-long interprofessional core curriculum. Mean IFS scores reported by students ranged from 3.76 to 3.86, indicating good to excellent ability in interprofessional facilitation by faculty.

Conclusions: This program was effective in preparing faculty to facilitate IPE and positively impacted their desire to participate in future activities. All faculty reported that the simulation exercise with students was most valuable to their learning, which supports current literature indicating that immersive real-time IPE activities are essential elements of FD curricula.

26 **A Model for Team-based Interprofessional Mentorship for Physical Therapy and Occupational Therapy Residents** 156

Anna Domina (*Creighton University*), Kelly Nelson (*Creighton University*), Jacy Vermaas-Lee (*Creighton University*)

Interprofessional Education (IPE) and Interprofessional Collaborative Practice (IPCP) are valuable concepts within health care education, with many sources identifying the potential for reducing error, managing patients more effectively, improving patient outcomes, reducing health care costs, and improving cultural competence of practitioners as a few of the benefits.¹⁻⁴ Through post-professional health education in occupational and physical therapy, residents are exposed to interprofessional practice both clinically and academically. However, it is often a mentor of the same discipline that provides mentorship within an interprofessional context of practice. This project explores the impact of interprofessional, team-based mentoring, with a focus on mentorship across disciplines, and its role in perceptions, values and clinical reasoning skills for pediatric occupational and physical therapy residents.

References:

1. Daniel L, N-Wilfong D. Empowering interprofessional teams to perform effective handoffs through online hybrid simulation education. *Crit Care Nurs Q.* 2014; 37 (2): 225-9.
2. Lee L, Hillier LM, Weston WW. Ensuring the success of interprofessional teams: key lessons learned in memory clinics. *Can J Aging.* 2014; 33 (1): 49-59.
3. Brock D, Abu-Rish E, Chiu CR, Hammer D, Wilson S, et al. Interprofessional education in team communication: working together to improve patient safety. *Postgrad Med.* 2013; 89 (1057): 642-51.
4. Oelke ND, Thurston WE, Arthur N. Intersections between interprofessional practice, cultural competency and primary healthcare. *J Interprof Care.* 2013; 27 (5): 367-72.

27 Interprofessional Practice from the Preceptor Perspective 166

Betsy Melcher (*Duke University Medical Center Department of Community and Family Medicine*), Nicholas Hudak (*Duke University*), Rachel Mullis (*Duke University*), Perri Morgan (*Duke University*)

Background/Rationale: Interprofessional education (IPE) and practice (IPP) is a recent focus in healthcare. Physician Assistant programs are incorporating interprofessional education (IPE) opportunities to promote these models of care based on the competencies that have been described by the Interprofessional Education Collaborative Expert Panel (IPEC). Many PA programs are meeting the IPE accreditation standard by incorporating IPE in the didactic phase of their programs. It is also generally accepted that IPP is occurring regularly during the clinical phase of PA education. However, there are few studies describing these experiences or the role of preceptors in evaluating student interprofessional skills. The purpose of this study is to describe whether preceptors' are evaluating students' IPP during clinical rotations and to define preceptor awareness of these measures as described by the IPEC.

Methods: This study involved a single electronic survey of preceptors affiliated with an accredited PA Program. Investigators referenced the 4 competency domains defined by IPEC as the student measures potentially being evaluated during rotations. Descriptive statistics were utilized to analyze the results.

Results: A total of 66 preceptors completed the survey (response rate 33%). Most respondents (87%) reported that they were not familiar with the IPEC competencies but many (60%) reported that they were interested in more information. Respondents reported that they were assessing the four competency domains described by IPEC in 95-100% of students they precept.

Discussion: This study investigates the perception of clinical preceptors regarding interprofessional behaviors as defined by the IPEC competencies. Results suggest that the respondents are already assessing these skills in the PA learner, despite not necessarily being aware of the IPEC defined competencies. Understanding the preceptor perspective on IPP may guide program support for preceptor development. Future studies could include the student perspective on IPP during rotations and assess the site characteristics potential impact on the quality of IPP interactions.

28 Launching IPE Core Curriculum: Not for the Faint of Heart! 170

Sharon Turner (*UK College of Dentistry*), Janice Kuperstein (*UK College of Health Sciences*), Patricia Burkhart (*UK College of Nursing*), James Norton (*UK College of Medicine*), Jim Ballard (*UK Center for IPE*)

Background/Rationale: Academic health centers are at various stages of integrating IPE into the curricula of health professions colleges, with the goal of assuring that all students graduate having acquired the core competencies identified in Core competencies for interprofessional collaborative practice. A fundamental question that arises during this process concerns the relative value feasibility, and authenticity of a strategy that includes all health professions students in a common experience.

At our University, we have revisited our initial commitment to this "all together" strategy and arrived at a new strategy that includes a common base of knowledge, supplemented with a menu approach in which colleges/programs select didactic and clinical learning experiences to embed into authentic interprofessional experiences. We will contrast these two approaches, and engage participants in an activity to explore, from their own institutional vantage point, the advantages and disadvantages of each in terms of feasibility, desirability, and likelihood of achieving documentable competence among students at the point of graduation. Topics to be considered include faculty development, logistics, curricular authenticity, decision making and sustainability.

29 What is the Impact of Interprofessional Primary Care Practice on Patient and Healthcare Outcomes? A Scoping Review 185

Livia Macedo (*Texas Tech University Health Sciences Center School of Pharmacy*), Stuart Haines (*University of Maryland School of Pharmacy*), Jeannie Lee (*University of Arizona College of Pharmacy*), Ruta Valaitis (*McMaster University*), Deborah Sturpe (*University of New England*), Grant Russell (*Monash University*), Kevin Clauson (*Lipscomb University*), Ahlam Saleh (*University of Arizona College of Pharmacy*)

Systematic reviews have provided some insight on the impact of interprofessional practice (IPC) on patient outcomes. Despite strong interest in interprofessional practice, relatively little is known about its impact in primary care settings. This scoping review describes the essential elements of an interprofessional primary care practice and explores what is known about its impact on patient care including clinical, humanistic, and economic outcomes. We completed a comprehensive review of the literature examining the breadth of knowledge related to interprofessional practice in primary care settings. An exhaustive search was conducted (n > 35,000 manuscripts, monographs, and reports) to identify relevant studies based on pre-defined criteria. Two reviewers independently reviewed and extracted data from each identified study in a standardize manner. The data was organized into major themes, analyzed, and summarized. This study provides new insights and has important implications for future research including the design of randomized clinical trials (RCTs) that examine the impact of interprofessional primary care practice.



Yevgeniy Latyshev (*Virginia Tech Carilion*), Joelle Miller (*Virginia Tech Carilion*), Timothy Ball (*Virginia Tech Carilion*)

Background/Rationale: Congenital heart disease (CHD) is the most common birth defect in the United States. A substantial increase in life expectancy has been observed over the past decades, with approximately 90% of children with CHD surviving into adulthood. Despite advances in surgical and percutaneous techniques, most of these heart defects are palliated not cured with life-long ramifications requiring surveillance by specialized practitioners^{1,2}.

The American Heart Association has published clinical guidelines for the management of patients with adult congenital heart disease (ACHD)³ which specify that adolescents should be transitioned to an ACHD center without interruption of care; however, the needs for delivery of health care are largely unmet^{4,5}. The Department of Health and Human Services Maternal and Child Health Bureau has identified transition of care as one of six core performance outcomes for youth with special health care needs.

Echocardiographic certification is segregated into adult and pediatric core competencies. This divisive system limits the experience of adult sonographers particularly in the imaging of patients with ACHD. This frequently results in inadequately trained sonographers incompletely imaging these complex patients.

Methods: Virginia Tech Carilion (VTC) Department of Cardiology has developed an inter-professional ACHD clinic model designed to seamlessly integrate patient care. This service began in 2010 with a single adult cardiologist and has expanded into a multidisciplinary clinic composed of pediatric and adult cardiologists, adult cardiology fellows, and adult cardiology sonographers. Same-day studies are coordinated enabling collaboration between the pediatric cardiologist and the sonographers performing echocardiograms. The team evaluates, develops assessments and plans, and discusses them with the patients and their families.

Conclusion: The VTC Department of Cardiology has responded to the unmet needs of patients with ACHD by establishing a patient centered, collaborative clinic delivering comprehensive, integrated healthcare. This inter-professional team facilitates collaborative learning for professionals engaged in the care of this vulnerable population.

References:

1. Goossens E. Transfer of Adolescents with congenital heart disease from pediatric cardiology to adult health care, JACC Vol 57, No. 23, 2011
2. Knauth A, Verstappen A, Reiss J, Webb GD. Transition and transfer from pediatric to adult care of the young adult with complex congenital heart disease. Cardio Clin 2006;24:619-29
3. Warnes C, et al. ACC/AHA 2008 Guidelines for the Management of Adults with Congenital Heart Disease: Executive Summary. Circulation. 2008; 118:2395-2451
4. Hilderson D, Saidi AS, Van Deyk K, et al. Attitude toward and current practice of transfer and transition of adolescence with congenital heart disease in the United states of America and Europe. Pediatr Cardiol 2009;30:786-93
5. McManus M, Pollack L et al. Current Status of Transition Preparation Among Youth With Special Needs in the United States. Pediatrics 2013;131:1090

31 Introducing Interprofessional Education and Care Concepts in a Geriatric Multi-level Centre: Development and Introduction of a Toolkit for Staff and Students 195

Lisa Sokoloff (*Baycrest*), Faith Boutcher (*Baycrest*), David Conn (*Baycrest*)

Background/Rationale: Evidence suggests that an interprofessional approach in geriatric care improves survival, quality of life, social activity, and patient satisfaction; reduces physician visits, emergency department visits, hospital stays, and readmissions; improves quality of care; and reduces costs. An IPE/C toolkit was developed for health professional staff to increase awareness and understanding of IPE/C in a geriatric care centre.

Methods/Methodology: Focus groups for students and staff informed development and content of the toolkit. A modified phenomenographical approach was used for the focus groups. Implementation across five clinical teams was done via two workshops. The Attitudes Toward Health Care Teams (ATHCT) questionnaire was used to measure staff's attitudes towards their team pre- and post-workshops.

Results: Focus Groups identified staff and students' understanding of IPE/C and informed development of an IPE/C toolkit comprised of IPE/C tools and resources.

Combined data (N = 51) indicated a positive trend on all ATHCT questions. Statistically significant results were found on two questions: "Patients receiving team care are more likely than other patients to be treated as whole persons" ($p = .01$) and "Hospital patients who receive team care are better prepared for discharge than other patients" ($p = .005$). This suggests that participants were more positive about teams and teamwork after the workshops. Limitations/challenges included attendance and scheduling issues, lack of physician participation and lack of time for review of the toolkit.

Conclusions: This pilot project provided baseline data on staff and students' understanding of and attitudes toward IPE/C in a geriatric centre and demonstrated that an IPE/C toolkit delivered via team workshops can enhance healthcare team attitudes. Next steps include expanding implementation to other teams and introduction to all staff and students. Further strategies are needed to improve attendance at future workshops, e.g., scheduling them after hours or remunerating staff who attend.

32 Changing Student Attitudes Toward Interprofessional Learning and Collaboration Through Interactions with Healthcare Mentors: Findings from a Mixed Methods Approach 197

Robert Wellmon (*Widener University*), Linda Knauss (*Widener University*), Mary Baumberger-Henry (*Widener University*), Normajean Colby (*Widener University*)

Background/Rationale: An increasing number of academic institutions are including opportunities for interprofessional learning (IPL) and collaboration (IPC) in the curriculum of its students studying to become health care and human service professionals. Faculty and schools are being encouraged to create learning experiences that foster the skills needed to work on interprofessional teams. However, the effectiveness of those learning experiences have been hard to document in a systematic manner. The purpose of this presentation is to report on the findings from a six-hour curricular experience involving student interaction with healthcare mentors (HCM) that demonstrate positive changes in student attitudes toward IPL and IPC. HCM are individuals are living with one or more chronic health conditions and offer faculty the opportunity to create high impact, authentic IPL experiences.

Methods/Methodology: A mixed methods approach was implemented to examine changes in student attitudes. Pre and post-IPL surveys using the Interdisciplinary Education Perception Scale (IEPS) and the Attitudes Toward Health Care Teams Scale (ATHCTS) were completed by students in clinical psychology, nursing, physical therapy and social work. A control group that did not participate in the IPL experience was also included in the analysis. Between and within group differences were examined using a 2 (control versus IPL) by 2 (pre versus post-IPL) repeated measures ANOVA. In addition, discipline-specific focus groups were conducted to further investigate the students' perspectives on the IPL activity.

Results: No statistically significant between group differences were found for the pre-IPL surveys. Statistically significant pre versus post-IPL differences for the IPL group were found for the IEPS subscales examining attitudes toward competency and autonomy, the need for cooperation and perceptions of cooperation. In addition, the IPL group demonstrated statistically significant within and between group differences for the three ATHCTS subscales. The focus group identified the following key themes that account for the success of the learning experience: (1) openness by the group to communication; (2) respect among the disciplines during the team meeting; (3) identified the value of incorporating ideas from other disciplines and the HCM; and (4) highlighted the importance of the process for providing patient-centered care. Data collected in the subsequent 2 years that the curriculum has run continues to demonstrate the value and impact of the learning experience.

Conclusions: The data support the effectiveness of partnering with HCM to create an authentic learning experience. These experiences, when carefully crafted, have the capacity to positively changing student attitudes toward learning "from, with and about" peers in other professional disciplines and working collaboratively. A relatively short, high-impact learning experience had the intended positive learning outcomes.

33 Using a Patient Code Simulation Scenario to Change Attitudes Toward Interprofessional Learning and Collaboration Among Nursing and Physical Therapy Students 198

Robert Wellmon (*Widener University*), Kristin Lefebvre (*Widener University*), Dawn Ferry (*Widener University*)

Background/Rationale: High-fidelity simulators are being used with greater frequency to meet curricular goals and learning objectives by a number of healthcare professions. Simulation is a technology that may allow pre-professional students to acquire the skills needed to work collaboratively on teams. In working together to solve a problem posed by the simulation, students practice teamwork and communication skills and can learn about the roles of other disciplines. The purpose of this presentation is to describe an interprofessional simulation involving physical therapy (PT) and nursing (RN) students and to report on changes in attitudes toward interprofessional collaboration (IPC) and learning (IPL) following the clinical scenario involving a simulated cardiac arrest.

Methods/Methodology: An interprofessional simulation was developed to improve problem solving and collaboration skills among PT and RN students. The scenario required consultation between PT and RN students regarding the health status of a simulated patient. While the PT students were interacting with the simulator, blood pressure, heart rate and pulse dropped; these changes were followed by the appearance of ventricular tachycardia on the ECG monitor and subsequent progression of the simulator to a full code. The students worked collaboratively to manage the emergency and resuscitation procedures implemented stabilized the simulator. A post-simulation debriefing allowed the students to discuss working together to respond to the code scenario.

Prior to and following completion of the learning experience, 4 surveys were completed: (1) the Interdisciplinary Education Perception Scale (IEPS) - an 18 item attitudinal inventory that measures student perceptions toward collaboration with other disciplines; (2) the Readiness for Interprofessional Learning Scale (RIPLS) - developed to assess student preparedness for educational activities designed to increase effectiveness in collaborative practice; (3) the Attitudes Toward Healthcare Teams Scale (ATHCTS) - examines attitudes of healthcare team members toward collaboration; and, (4) the Team Skills Scale (TSS) - examines perceptions of team interactions.

Results: There were statistically significant improvements on the IEPS for the subscales examining perceptions of competency and autonomy ($p=.030$) and the RIPLS subscales examining teamwork and collaboration ($p=.021$). A statistically significant increase in scores on the ATHCTS was found for team value ($p=.012$) and team efficiency ($p=.018$). The TSS also increased significantly ($p<.001$). Qualitative feedback suggested that the experience was perceived positively.

Conclusions: Simulation technologies allow students to practice a variety of skills and become actively involved with learning. Educators are using simulation in courses to promote interprofessional learning and collaboration skills but have yet to fully explore the effectiveness of those experiences. The code simulation implemented positively altered attitudes towards IPC and provided the students with a better understanding of the need for teamwork in an inpatient environment. Further development of the learning experience based on the data collected to date will be used for program development to address other areas important to IPC related to understanding professional roles and values of other disciplines.

34 The Health Care Team Challenge™: A Bridge to Mutual Benefits for Learners, Educators, Clinicians and Patients 199

Anne O'Riordan (*Queen's University*), Ralph Yeung (*Queen's University*), Rosemary Brander (*Queen's University*), Jo-anne Peterson (*Queen's University*)

Background/Rationale: The Health Care Team Challenge™ (HCTC) is a well-recognized, interprofessional education (IPE) activity originally developed at the University of British Columbia (UBC), in which teams of healthcare students voluntarily participate in a friendly competition to develop and present IP care plans for an individual with complex health problems. A judging panel selects the winning team, based on the most realistic and patient-centred care plan, with particular attention to innovative, collaborative approaches. At Queen's University, Canada, the Office of Interprofessional Education & Practice (OIPEP) has supported the HCTC for 6 consecutive years.

Methods: OIPEP adapted an original UBC case for the first competition and created a theoretical case for the second. Subsequently, clinical teams from the local healthcare community developed cases based on their patient populations and areas of expertise. Two clinical team members join patient, faculty and student representatives to form the judging panel for the event. This collaboration has enhanced the relevancy and depth of understanding of clinical issues for student participants, and forged new, stronger relationships between the university and clinical community. Representative areas of practice have included a regional stroke program, geriatric outreach service and two primary care Family Health Teams. Results: Student participants report acute awareness of the responsibilities and challenges of providing interprofessional collaborative care for a real patient within a true life context, as compared with a theoretical case, with increased motivation to create realistic, evidence-based interprofessional care plans. Judges and clinical teams report unexpected enjoyment while participating in this process, despite the time required to fully engage in case development and judging duties. Ideas from the student teams are shared with the rest of the clinical teams to enhance care for their patients.

Conclusion: A university based IPE activity is improved through community partnerships resulting in win-win outcomes for all stakeholders.

35



Perceptions of Collaborative Relationships in Healthcare Teams: The Collaborative Practice Assessment Tool (CPAT)

200

Anne O'Riordan (*Queen's University*), Rosemary Brander (*Queen's University*), Margo Paterson (*Queen's University*), Kiley Rider (*Queen's University*), Vaughan Byrnes (*Johns Hopkins University*), Jennifer Medves (*Queen's University*)

Background/Rationale: The Collaborative Practice Assessment Tool (CPAT) was developed by a team of educators and researchers at Queen's University, Canada, to enable interprofessional teams to self-identify strengths and weaknesses in their collaborative practice.

Methods: The CPAT was developed following a systematic literature review which identified constructs of collaboration as well as existing tools that assessed perceptions of teamwork. The CPAT includes 56 items across nine domains including: mission, meaningful purpose, goals; general relationships; team leadership; role responsibilities/autonomy; communication/information exchange; decision-making/conflict management; community linkages/coordination; and patient involvement. Developed for diverse settings and professions, this tool helps teams to identify professional development needs as a first step in implementing educational interventions.

Results: The published results of pilot tests demonstrate that the CPAT is valid and reliable in assessing levels of collaborative practice within teams¹. To date, the CPAT has been requested by over 130 educators, clinicians and researchers in 13 countries and has been translated from English to French, Japanese and Taiwanese.

Conclusions: The CPAT is gaining exposure as a useful tool for interprofessional clinical teams interested in examining their collaboration competencies with a view to improving their ability to collaborate. A database of users is being maintained with a plan to consider future revision of the tool based on user feedback.

Reference:

Schroder, C., Medves, J., Paterson, M., Byrnes, V., Chapman, C., O'Riordan, A., Pichora, D. & Turner, C. (2010) Development and pilot testing of the Collaborative Practice Assessment Tool. *Journal of Interprofessional Care*, 25:189-195.

36



Sustaining IPE Through Engaging, Re-engaging and Strategizing: IPE for the 'Long Haul'

212

Mandy Lowe (*Centre for IPE, University of Toronto*), Maria Tassone (*Centre for IPE, University of Toronto*), Tracy Paulenko (*University Health Network*), Lakshmi Matmari (*UHN*)

Background/Rationale: While there is seemingly no shortage of advice about how to initiate interprofessional education (IPE), sustaining these efforts often provides a greater challenge. Learnings about leading and sustaining IPE in a multi-hospital academic network (University Health Network, Toronto, Ontario, Canada) will be shared including the value of attending to unintended outcomes and unconventional partnerships.

Methodology: Current state analysis revealed opportunities to build on years of IPE-related work to further strengthen IPE within the hospital, thus a strategy for sustaining IPE was co-created and has started to be implemented.

Results: The IPE strategy includes:

- Aligning and strengthening IPE leadership in the hospital including re-engaging with profession, program and education leadership through targeted discussions about where IPE was already thriving in each area, unintended outcomes of IPE (e.g. staff recruitment) and how IPE could advance work in priority areas
- Building and refining IPE capacity in our educators through targeted and open information sessions, tailored workshops, co-coaching and mentorship for individuals and groups and ensuring IPE opportunities for staff and students together
- Setting the standard of excellence in IPE including incorporation of IPE indicators on the hospital's balanced scorecard
- Leading scholarship and innovation in IPE including fostering the work of a group of IPE champions dedicated to creating a new approach to IPE placements; partnering IPE with key initiatives within the hospital and the University of Toronto (e.g. quality improvement and IPE; health literacy and IPE; patient-centred care and IPE, research skills and IPE; etc.)
- Using quality improvement approaches (e.g. lean) to refine IPE-related processes

Conclusion: Through strategic engagement and re-engagement across hospital portfolios at all levels of the organization, new and unconventional partnerships have been created that set the stage for sustaining IPE.

37 Evaluating the Impact of an Interprofessional Childhood Obesity Course on Students' Interprofessional Socialization and Valuing 232

Brie Dunn (*University of South Carolina*), Aidyn Iachini (*University of South Carolina*), Betsy Blake (*University of South Carolina*), Teri Browne (*University of South Carolina*), Christine Blake (*University of South Carolina*)

Background/Rationale: Childhood obesity is a significant health concern of importance to interprofessional education and practice. Because childhood obesity is caused by a complex interplay of individual and social factors, solutions often require a range of professionals to collaborate across disciplinary boundaries. Unfortunately, few educational efforts exist that help socialize university students to interprofessional teamwork particularly in relation to addressing the causes of childhood obesity. The purpose of this study was to evaluate the impact of an interprofessional childhood obesity course that included an interprofessional service-learning component on students' interprofessional socialization and valuing. We also sought to uncover other interprofessional learning outcomes resulting from the course.

Methodology: Thirteen students from one 14-week interprofessional course offered at a southeastern university completed a pre- and post-test. The 24-item Interprofessional Socialization and Valuing Scale (King, Shaw, Orchard, & Miller, 2010) was used to assess students' self-perceived ability to work with others, value in working with others, and comfort in working with others. Students also qualitatively reflected on how the course impacted their personal growth and future professional practice at the end of the course.

Results: Results from paired sample t-tests indicated that students' perceptions of their ability to work with others ($t(12) = 2.69$; $p < .05$), value in working with others ($t(12) = 3.35$; $p < .01$), and comfort in working with others ($t(12) = 2.72$; $p < .05$) significantly increased over the course. Key themes that emerged from the qualitative data included enhanced knowledge of other professions and overall better preparation for leading and working in interprofessional teams.

Conclusions: Findings of this study suggest that an interprofessional course focused on a complicated health issue such as childhood obesity holds promise in preparing students for interprofessional collaboration and teamwork, and may also foster development of knowledge and attitudes critical for interprofessional care of complex health concerns.

38 Assessment of a Short Interactive Case Study Using the Interprofessional Collaborative Competencies Assessment Survey (ICCAS) 234

Paula Weistroffer (*College of Dentistry, University of Iowa*), Joel Gordon (*College of Medicine, University of Iowa*), Mary Berg (*College of Nursing, University of Iowa*)

Background/Rationale: Emphasis on interprofessional education (IPE) has increased in recent years. Because of the many challenges associated with these type of programs, assessment is of special importance. Many tools are available and have been developed in an attempt to satisfy program curriculum and accreditation standards. Our purpose was to assess the impact of a 2½ hour interactive case study on the attitudes and behaviors of students from 4 health science colleges and 2 health science programs at our academic institution.

Methods: We utilized the ICCAS tool developed and validated by MacDonald, 2010; Archibald, 2014. The tool was administered pre and post-case study, on paper, to all 504 students who participated. The data was collected and analyzed blindly to determine statistical significance. Comparisons were made in the aggregate and among the 6 individual colleges and programs.

Results: Our results demonstrate a statistically significant improvement in attitudes and behaviors regarding IPE, in all of the domains tested, for both aggregate and individual colleges and programs. Improvements were uniform in all of the 6 survey domains. The only domains that contained any non-significant results were in Communication and Collaborative Patient/Family-Centered Approach. These were found in the Dental, Medical and Physical Therapy students and interestingly, were within the same two survey items.

Conclusion: The ICCAS tool was effective in assessing change in student attitudes and behaviors, which for many, was their first experience learning with students from other health science disciplines. Although the time was brief, attitudes about IPE improved in all domains. This tool, along with course evaluations, allowed us to demonstrate the value of this activity. These results indicate that even short IPE experiences can result in improvement in attitude, behavior and development of collaborative patient-centered health care teams.

39

**5 Years of EPIC: Advancing IPE & IPCP at North York General Hospital**

241

Daphne Flatt (*North York General Hospital*), Voula Christofilos (*North York General Hospital*), Rick Penciner (*North York General Hospital*)

Background/Rationale: North York General (NYGH) is a community teaching hospital situated within the greater Toronto area. The hospital has been undergoing a cultural transformation and is committed to supporting IPE and IPCP for patient-centred care. Structures and processes to enable this vision have been adopted including; supportive leadership, internal and external partnerships, IPE for staff, physicians and students, continuous interprofessional quality improvement initiatives, and patient and family engagement.

Objectives:

1. Gain awareness of an educational strategy to support cultural transformation at a community teaching hospital.
2. Recognize the impact of participation in an intensive interprofessional education certificate course on health care providers from a personal and professional perspective.
3. Understand the value of facilitating IPE/PCP training & projects on health care quality, safety and outcomes.

Methods/Results/Conclusions: Over the past 5 years, the hospital committed to sending a team of healthcare professionals to an intensive IPE certificate course developed by the Centre for Interprofessional Education at the University of Toronto. The EHPIC (Educating Health Professionals in Interprofessional Care) course enhances knowledge & skills in IPE/PCP and utilizes a collaborative approach to the participants' identified project that would advance IPE and IPCP within their organization. (www.cpd.utoronto.ca)

Each of the teams enrolled in the EHPIC course consisted of 4 - 5 health care professionals and represented a minimum of 3 different disciplines. At the end of each course, each project had clearly defined objectives for IPE & IPCP, a clear implementation plan, and identified measurable outcomes. The individual and team impact of participation in the EHPIC course as well as the resulting development and implementation of the IPE/PCP projects will be discussed. Organizational impact in terms of leadership development, collaboration, best practice, and advancing interprofessional education and care will be highlighted.

40

**Beyond IPEC: Developing Core Competencies for Professional Practice**

248

Leslie Portney (*MGH Institute of Health Professions*), Mary Knab (*MGH Institute of Health Professions*), Peter Cahn (*MGH Institute of Health Professions*), Laurie Lauzon Clabo (*MGH Institute of Health Professions*), Alex Johnson (*MGH Institute of Health Professions*)

Background/Rationale: The MGH Institute of Health Professions prepares graduates as nurses, occupational and physical therapists, speech-language pathologists and physician assistants. As we continue to develop IPE and practice opportunities, we have used the IPEC domains to infuse IPE across disciplines and curricula. To make IPE truly comprehensive, however, we realized that a larger focus was necessary as we prepare students for their full professional roles, which include interprofessional practice, but also require broader skills, such as advocacy, leadership and understanding systems, which are not part of the IPEC domains.

Methods: We developed core competencies that would be expected of all graduates, and that would reflect the needs of contemporary health care. We embraced a model that considered the four IPEC domains as an inner core within a larger framework of common competencies, which in turn would overlap in various ways with competencies specific to each profession. Using focus group methodology, faculty from all programs brainstormed lists of competencies considered essential to each of our disciplines. These lists were then refined based on reviews of literature and thematic analysis to determine classifications.

Results: Our leadership approved a model of 6 professional competency domains: PROFESSIONALISM, PATIENT-CENTERED CARE, COMMUNICATION, CRITICAL THINKING, SYSTEMS-BASED PRACTICE and LEADERSHIP. Each domain was defined, and 2-3 competency statements were developed within each domain. Each competency was further delineated within a developmental model reflecting outcomes at early, mid and later stages of the program. Programs have mapped the model by identifying specific assignments across courses and professions as appropriate, through which students demonstrate their achievement of each competency.

Conclusions: The core competencies have created an integrated framework for individual program requirements and interprofessional activities to assure that our graduates are meeting professional expectations as they progress, while continuing to reinforce the IPEC domains and uniprofessional knowledge, skills and behaviors.

41 Teaching Interprofessional Competencies in an Asynchronous, Online Environment: A Roadmap to Success

251

Heidi Sanborn (*Arizona State University*)

This poster will share the work done to integrate nationally-defined interprofessional IPEC competencies into an online baccalaureate completion program. A collaborative review with program faculty resulted in a targeted revision of course and unit-level objectives, learning experiences and assessments that are based on the IPEC framework. As a result of this work, students are learning critical skills that prepare them for interprofessionalism in a world that is increasingly punctuated with asynchronous, technology-based collaboration. This project demonstrates that interprofessional competencies can be successfully incorporated into an online nursing curriculum.

42 Interprofessional Education in the Community: Lessons Learned from 18 Years

259

Amy Blue (*University of Florida*), Erik Black (*University of Florida*), Gina Murray (*University of Florida*), Cindy Wielgos (*University of Florida*), Dorothy Brunson (*University of Florida*), Richard Davidson (*University of Florida*)

Background/Rationale: Providing a large group of pre-clinical students a meaningful interprofessional learning experience based upon patient and family interaction is challenging. Since 1997, first year health professions students at the University of Florida have engaged in a required interprofessional education activity working with families in the local community on health issues of interest to the family. Both a service-learning and interprofessional education activity, Interdisciplinary Family Health (IFH), introduces students to community resources for individuals' health needs through an interprofessional team approach.

Methods: IFH is a two-semester experience in which students conduct four home visits with a family from the local area. During the home visits, students learn about the family's health and well-being and work on a project of value to the family that improves the family's well-being. Students participate in six campus-based small group discussions facilitated by faculty that include debriefings about the family visits, and discussions about effective teamwork, cultural competency, social determinants of health, patient safety, health professions roles and responsibilities, and access to care.

Results: As of spring 2015, more than 7, 800 students have participated in IFH, with 2, 602 families involved and over 14,904 total home visits conducted. An average of 73 faculty have been participated on a yearly basis. Student projects have addressed issues related to diet, exercise, pet health, access to care, and links to needed resources in the community. Some have provided service such as building a wheel chair ramp to a house.

Conclusions: IFH is a unique IPE activity that provides students real life experience as an interprofessional team working to improve a family's health in the community. Lessons learned for program development include how to recruit families, manage student expectations, and evaluate the program for learner and community benefit. IFH provides a model for others interested in community-based IPE.

43 Collaborative Development of a Tool to Measure Faculty Readiness for Interprofessional Teaching

260

Kelly Lockeman (*Virginia Commonwealth University*), Susan Polich (*Jefferson College of Health Sciences*), Brenda Zierler (*University of Washington*), Melissa Bradner (*Virginia Commonwealth University*), Deborah Diazgranados (*Virginia Commonwealth University*), Diane Dodd-McCue (*Virginia Commonwealth University*), Susan Johnson (*Virginia Commonwealth University*), Cynthia Kirkwood (*Virginia Commonwealth University*), Sharon Lanning (*Virginia Commonwealth University*), Colleen Lynch (*Virginia Commonwealth University*), Emily Peron (*Virginia Commonwealth University*)

Background/Rationale: This poster arises from a collaborative project between Virginia Commonwealth University (VCU), Jefferson College of Health Sciences (JCHS), and the University of Washington (UW). The project began at VCU, where nine faculty members representing five different health professions schools, formed a faculty learning community (FLC) to focus on interprofessional education (IPE). The FLC found a gap in faculty development opportunities for teaching interprofessionally and wished to fill that gap at their own institution. A needs assessment began with a literature review that revealed the general scarcity of empirical evidence defining the knowledge, skills, and attitudes (KSAs) needed to teach interprofessionally and the absence of quantitative tools to predict the readiness for interprofessional teaching.

An objective measurement of readiness would help institutions assess faculty abilities and pinpoint areas where faculty development initiatives are warranted. After identifying the need for such a tool, VCU FLC members approached faculty at JCHS and UW to collaboratively develop an instrument using the Delphi technique. The Delphi technique is a method in which data are collected from experts within a specific topic area to explore an area of research (Dalkey & Helmer, 1963). The process incorporates rounds of anonymous information gathering and controlled feedback in order to engage in consensus building and decision making.

44



Enhancing Participation in Structured Interprofessional Education Clinical Experiences for Students: Practice Implications of a Theme-based Approach

270

Tracy Paulenko (*University Health Network & University of Toronto*), Debbie Rolfe (*University Health Network*), Nancy Boaro (*University Health Network*), Karen Cameron (*University Health Network*), Joanne Kwong (*University Health Network*), Lisa Muc (*University Health Network*), Luxmika Pathmaganth (*University Health Network*), Ian Roth (*University Health Network*), Lesley Ruttan (*University Health Network*), Nicole Sandison (*University Health Network*), Sanjeev Sockalingam (*University Health Network*), Mandy Lowe (*Centre for IPE, University of Toronto*)

Background/Rationale: Each year our academic teaching hospital (University Health Network, Toronto, Ontario, Canada) hosts over 7000 students in profession-specific clinical education experiences. These clinical experiences vary in length (3 to > 52 weeks) and occur at various times throughout the year. Structured interprofessional education (IPE) student clinical placements occur in a specific clinical area over four weeks. Variation in timing of profession-specific placements makes it challenging to coordinate students who are on the same unit at the same time. To optimize students' ability to participate and maximize the professional diversity of the student group, a condensed IPE clinical placement was implemented. It was designed to meet the academic criteria and learning outcomes from the Centre for Interprofessional Education, University of Toronto.

Methods: An IP working group designed a modified structured IPE clinical placement for students to meet the best practice criteria. Drawing on the group's collective IPE expertise, a theme-based IPE clinical placement was created to enhance student participation from across professions, clinical areas and sites. A "transitions in care" theme (e.g., shift changeovers, acute care to rehabilitation) was explicitly chosen to broaden accessibility.

Results: The theme-based, modified structured IPE placement facilitated participation of students from less represented professions (e.g. clinical ethics, nursing, spiritual care), from diverse clinical areas and from across the network's sites. Using a global rating scale mapped to the learning outcomes, student's self-assessment improved pre- to post-placement. Qualitative comments indicate that placement duration warrants further consideration.

Conclusions: To prepare health care students to be practice-ready interprofessional care providers, it is imperative that as many students as possible from different professions, have the opportunity to engage in high quality IPE placements in the clinical setting. The theme-based, modified structured IPE placement advances this goal.

45



From Invitation to Innovation: Seeding Transformative Partnerships to Improve the Health of Chicago

273

Elissa Foster (*DePaul University*), Kay Thurn (*DePaul University*)

Background/Rationale: Evidence from diverse healthcare stakeholders calls for greater collaboration and integration between entities that traditionally care for individual patients and those that respond to health needs at the community level. Even within healthcare institutions that house both clinical and population-based professionals, different paradigms of thought, mental models, professional lexicons and organizational cultures present barriers to collaboration. Within the city of Chicago, challenges to the health of the community run the full spectrum of risks and demographics—chronic health conditions among adults, violence among school children, environmental health risks among the underserved, and problems of access affecting many sectors of the population. As a Chicago academic institution founded on principles of social justice, DePaul asked how we could support the development of partnerships that both inform our approaches to interprofessional education/practice and advance the outcomes of those providing care in the community in keeping with the triple aim. **Methods:** The proposed poster reports on the initial stages of building collaborative relationships among educational, health care, and community partners in Chicago. For the first time in Chicago, diverse voices from within and beyond our home institution were invited to engage in the planning, recruitment, delivery, and participation in a one-day symposium and facilitated dialogue (March 23, 2015). Dialogues will be audio recorded and analyzed for (1) themes related the interprofessional collaboration and (2) possibilities for innovative partnerships. Insights from the symposium will be distributed to the participants and several emergent projects will be supported with ongoing coordination through DePaul and other academic partners.

Results/Conclusions: Although the final outcomes of the symposium will not be known for some months, at the time of the conference we will report on "lessons learned" (both from the perspective of interprofessional education/practice and community partnership building) and innovative partnerships and projects that emerge from the facilitated dialogue.

46 **Cleveland Museum of Art Vital Signs Sessions and Cleveland VA Center of Excellence: Enhancing Interprofessional Relationships and Patient Centered Care at the Art Museum** 285

Laura Martin (*Cleveland Museum of Art*), Christina Larson (*Cleveland Museum of Art*), Laura Clementz (*Louis Stokes Cleveland VA Medical Center*), Lisa Bell (*Louis Stokes Cleveland VA Medical Center*), Mary A. Dolansky (*Frances Payne Bolton School of Nursing at Case Western Reserve University*), Elizabeth Painter (*Louis Stokes Cleveland VA Medical Center*), Mamta K. Singh (*Louis Stokes Cleveland VA Medical Center*)

Background/Rationale: The Cleveland VA Center of Excellence in Primary Care - "Transforming Outpatient Care" (TOPC-COE) is an innovative interprofessional program funded by the Veterans Health Administration's Office of Academic Affiliations that focuses on primary care. Participating learners include MD, Nurse Practitioner, and Health Psychology residents/students. As part of the training program, a segment of the curriculum was developed to address topics in Culture and Healthcare. The Cleveland Museum of Art's Vital Signs sessions are one of the highlights of the curriculum.

Methods: Vital Signs: Cleveland Museum of Art Programs for Healthcare Professionals has been developed to enhance healthcare education curricula. The TOPC-COE has been a key partner for realizing this mission. Believing in the capacity of art to foster creativity, innovation, tolerance, observation skills, cultural competence, and self-knowledge, Vital Signs uses the museum's galleries and collections as laboratories for cross-professional training of healthcare providers. Learners from the TOPC-COE participate in interactive sessions at the CMA that include Art Rounds, which center on gallery activities, Art Labs, which involve exploration and analysis of art objects from the museum's Education Art Collection, and Contour Drawing sessions that address mindfulness and focus.

Results: A brief evaluation was administered after each session from January 2012 thru December 2014 where 64 evaluations were collected. On a 1 to 5 scale (1 being the lowest and 5 being high), an average rating of 4.6 for usefulness of the session and average rating of 4.4 in increased confidence regarding use of tools/skills from the session. In support of the curriculum goals, common themes identified within comments included increased observation, improved perception awareness, adoption of humanistic values, connection to clinical practice, and emancipation from bias/assumption.

Conclusions: Arts integration for healthcare education is a creative and memorable way for healthcare professionals to learn interprofessional teamwork with the potential to improve their medical practice.

47 **Developing an Interprofessional Simulation Program for Health Science Professional Students in Physician Assistant and Pharmacy Education** 288

Betty Lynne Johnson (*Campbell University*), Peter Fenn (*Campbell University*), Scott Perkins (*Campbell University*), Robert Schmid (*Campbell University*), David Coniglio (*Campbell University*)

Background/Rationale: A 2012 joint statement by the Physician Assistant Education Association (PAEA) and the Society of Teachers of Family Medicine (STFM), called for increased collaboration among health professional education programs to produce innovative interprofessional education (IPE) programs. We developed a series of innovative IPE learning experiences for physician assistant (PA) students and pharmacy (PharmD) students utilizing a state-of-the-art simulation (SIM) center.

Methods: Curricular Innovation: Clinical scenarios were developed requiring students to utilize knowledge and skills appropriate for their unique roles, requiring a team-based approach to the management of the simulated patient. Objectives included learning "about, from and with" each other. SIMs included a debriefing session to review key diagnostic and management components of the case.

The survey measured enhanced understanding of and ability to diagnose and treat the condition, confidence in treating the condition, and if the debriefing enhanced knowledge and skills. Participants also rated the clarity of learning objectives, and instructor effectiveness. Answers were recorded using a 5-point Likert-like scale (0 = Strongly Disagree and 5 = Strongly Agree, 3 = a neutral opinion).

Results: Seven IPE SIMs have been completed; five are evaluable. Number of participants completing surveys ranged from 27-40 per SIM. Regarding enhanced understanding, ability to evaluate, diagnose and manage a condition mean scores ranged from 3.97 to 4.51. Effective debriefing mean scores ranged from 3.97 to 4.58. Mean scores for clarity of objectives and instructor effectiveness ranged from 3.8 to 5.0.

Conclusion: Participants report enhanced understanding of and confidence in managing disease processes after completion of IPE SIM events. Learning objectives and instructor effectiveness also rated highly. Based on these preliminary data, planning is underway for increasing the implementation of IPE opportunities within the PA and PharmD curricula as well as with other health sciences students at our institution.



E. Adel Herge (*Thomas Jefferson University*), Nethra Ankam (*Thomas Jefferson University Hospital*), Deborah Hopkins (*Thomas Jefferson University*), Shoshana Sicks (*Thomas Jefferson University*), Elizabeth Speakman (*Thomas Jefferson University*), Susan Wainwright (*Thomas Jefferson University*), Julie Wheeler (*Thomas Jefferson University Hospital*)

Background/Rationale: An important focus in interprofessional education is preparing students to work in collaborative practice, learning how to work in collaborative teams and developing services to improve patient care (Barr, 2007). Four core competencies have been developed to inform interprofessional education from pre licensure through practice trajectory (Interprofessional Education Collaborative Expert Panel, 2011). The four domains are: ethics/values, roles/responsibilities, interprofessional communication, teams and teamwork.

Methods/Methodology: An academic health center identified the need for varied interprofessional educational experiences for students in health professions, nursing, pharmacy and medicine and created a menu of learning activities that offered students a variety of pedagogical experiences. A learning activity was developed by the faculty of the university and the clinical staff at the hospital to address these interprofessional competencies. Students in occupational therapy, physical therapy, nursing and medicine attend a hospital-based team presentation of challenging discharge scenario. Held four times during the academic year, this one hour case based presentation led by members of the hospital clinical staff affords students the opportunity to participate in case based discussions with the clinical staff including identifying the challenges faced by the interprofessional team providing services for this patient and family, exploring the roles and responsibilities of each team member and designing an interprofessional plan of care. Students complete a University developed Observation Guide to evaluate team process. Students in occupational therapy complete a reflection paper describing their observations of the team process, the interprofessional communication and offering an ideal solution for the dilemma and the rationale for this solution.

Results: Students who participated in the learning activity identified the importance of communication and collaboration in enhancing effective teamwork and assuring quality patient centered care. Clinical staff who participate in the learning activity report gaining an improved knowledge base for patient care/discharge planning as well as improved critical analysis skills.

Conclusions: Exposing students to interprofessional case based team discussions in an academic health center enhances the student's understanding and appreciation of the significance of interprofessional collaboration and communication in patient centered care. Real life opportunities to experience team interaction is an innovative and effective way to address core competencies of interprofessional education.

Reference:

Barr, H. (2007). Interprofessional education: The fourth focus. *Journal of Interprofessional Care*. 21(S2) 40-50. Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative

49



Medication Reconciliation Across the Continuum of Care: Improving Health of At-risk Rural Patients (IHARP) Program

297

Ann Lucktong (*Carilion Clinic*), Courtney Dickerson (*Carilion Clinic*), Leticia Moczygemba (*Virginia Commonwealth University*), Karen Williams (*Carilion Clinic*), Andrea Pierce (*Virginia Commonwealth University*), Michael Czar (*Carilion Clinic*), William Lee (*Carilion Clinic*), Tanvi Patil (*Carilion Clinic*), Nikisa Blevins (*Carilion Clinic*), Heidi Wengerd (*Carilion Clinic*), Kelley Mills (*Carilion Clinic*), Randi Carpenter Earls (*Carilion Clinic*), Gary Matzke (*Virginia Commonwealth University*)

Background/Rationale: Up to 50% of medication errors during transitions of care can be attributed to incorrect medication information. Despite this, less than 10% of patients in primary care settings have an accurate medication list.

Methods: IHARP is a progressive model in rural southwest Virginia at Carilion Clinic. Seven pharmacists are integrated with 21 primary care clinics and work with the health care team to optimize medication-related health outcomes. Patients with ≥ 2 chronic diseases, > 4 medications, and ≥ 18 years old were eligible for IHARP. A standardized patient assessment was utilized to perform medication reconciliation during a medication review at each patient encounter. In collaboration with Carilion's information technology department, a program was built in order to track patients and their interventions, outcomes, and allow community pharmacists access to the patients' active medication list. The number and type of discrepancies identified during medication reconciliation are reported. Barriers to medication reconciliation are also described.

Results: Between July 2013 and December 2014, pharmacists identified 3,360 medication discrepancies in 1,149 patients. The most common discrepancies identified were incorrect medication or dose listed (55%), incorrect dosage form (29%), incorrect instructions in the EMR (11%), medication taken by patient but not in EMR (4%), and duplicate medications listed (1%). Pharmacists worked with patients, physicians, and care coordinators to resolve discrepancies and create the best possible medication list at each visit. IHARP pharmacists identified several system barriers to medication reconciliation including the variability in training of staff members that update medication lists and inadequate time or understanding of medications to confirm and resolve potential discrepancies with community pharmacies and providers.

Conclusion: The IHARP program, using a structured care model, promotes and fosters interprofessional collaboration to improve the accuracy of medication lists.

50



Utilizing a Pediatric Clinic Dietetics Internship to Improve Patient Outcomes and Teach Interprofessional Collaboration in a Clinical Setting: A Cross Institutional Collaboration Model

320

David Farmer (*University of North Texas Health Science Center*), Lyn Dart (*Texas Christian University*), Nusrath Habiba (*University of North Texas Health Science Center*), Martha Rew (*Texas Woman's University*)

Background/Rationale: University of North Texas Health Science Center (UNTHSC) Pediatricians expressed concern at the lack of follow-through from pediatric patients' families for dietetics referrals to a local children's hospital. A parallel concern is that few health professions' curriculums provide adequate practical integration of nutrition and eating behavior on health management and quality of life, creating a need for shared learning experiences between nutritional sciences, dietetics and other health professions. An idea surfaced to create a medical home utilizing a Pediatric Clinic Dietetics Internship to help improve patient outcomes and teach Interprofessional collaboration in a clinical setting.

A pilot program was initiated in the spring 2014 with Texas Christian University Sr. Dietetics students rotating through the UNTHSC Pediatrics clinic providing nutrition screening and education for pediatric patients and their families. Dietetics students work alongside UNTHSC medical and physician assistant students on patient cases with clinic pediatricians. The dietetics internship has become a year round program and Texas Woman's University was recruited to join this innovative medical home venture. This unique three institution collaboration has allowed for improved access to nutrition screening and education for pediatric clinic patients and their families year round while providing a rich opportunity for Interprofessional education.

51

**S.H.O.W. IPP Outreach Activities: Unique Integrated Collaborations**

325

Liz Harrell (*Student Health Outreach For Wellness*), Michelle DiBaise (*Northern Arizona University*), Oaklee Rogers (*Northern Arizona University*)

Background/Rationale: Student Health Outreach for Wellness (S.H.O.W.), a student lead, IPE, tri university organization leveraged community partnerships to enhance student exposure to interprofessional collaborative practice core competencies, integrated practice and community resources in innovative ways.

Methods: S.H.O.W.'s extensive community partners: Human Services Campus (Health Care for the Homeless, Central Arizona Shelter Service, Lodestar Day Resource Center, Society of St. Vincent de Paul, NOVA Safe Haven, and Community Bridges), Crossroads Mental Health Transitional Facilities, Midwestern University, and Arizona State's Center for Applied Behavioral Health Policy has allowed for the development of IPE outreach activities.

Results: S.H.O.W. has successfully engaged in three district outreach activities. The Human Service Campus partnership resulted in S.H.O.W. hosting its first Inaugural Health Fair where 150 students and faculty providers; 28 MD, 11

Occupational Therapy, 9 DNP, 3 PA and other disciplines provided general support, free healthcare and education to approximately 300 homeless participants while over 30 community agencies provided additional information and services. S.H.O.W.'s Crossroads Inc. partnership has resulted in 6 Doctor of Nursing Practice (DNP) and 30 Physician Assistant (PA) students performing an average of 25 intake assessments and 55 TB skin tests the first week of service for individuals recovering from drug addiction. The partnership with ASU's Center for Applied Behavioral Health Policy resulted in 1 social work student, 8 DNP, 4 PA, 5 Nursing, 2 PA, 10 Medical (MD) and 9 Doctor of Osteopath students providing physical health assessments at the Mental Health Awareness Coalition's Candlelight Vigil.

Conclusion: S.H.O.W. successfully provided care to Arizona State's vulnerable populations using a flexible, collaborative approach. S.H.O.W. will be even more effective by integrating the assessment of the IPP experience and structuring outreach activities to mutually benefit all stakeholders: students, community agencies and population.

52

**A Comprehensive Approach to IPE in a Graduate Training Clinic: The Loyola Clinical Centers, Loyola University Maryland**

328

Janet Schreck (*Loyola Clinical Centers, Loyola University Maryland*), Kara Tignor (*Loyola Clinical Centers, Loyola University Maryland*)

Background/Rationale: Research supports the importance of invested higher level administration and carefully constructed infrastructure in creating successful IPE opportunities in academia. The Loyola Clinical Centers (LCC) is an exemplar of such support and infrastructure. Since its opening in 2003, the LCC has operated as a training facility under the auspices of Loyola University Maryland. As an integral part of its mission, the LCC provides clinical training and supervision to graduate students in speech-language pathology, pastoral counseling, psychology, and education while offering state-of-the-art clinical service to the Baltimore community. Benchmarking surveys revealed only five other similar multidisciplinary training clinics in the nation, indicating that the LCC provides a distinctive training environment where graduate students from varying disciplines share workspace, materials and caseload. Recognizing the innovative nature of the LCC, its administrators and faculty have purposely placed a high priority on development of interprofessional education (IPE) and interprofessional practice (IPP). The development of IPE and IPP has been one of the LCC's key strategic initiatives in its past 2 strategic plans.

Objectives:

1. Identify at least 1 new didactic and 1 new experiential interprofessional education (IPE) activity employed at the Loyola Clinical Centers.
2. Describe the benefits of those didactic and experiential IPE opportunities for aspiring psychologists, speech-language pathologists, pastoral counselors, and literacy specialists.
3. Identify potential challenges to implementing new didactic and experiential IPE activities in university training clinics. Background

Conclusions: It is the authors' experience, validated by both quantitative and qualitative assessment measures, that participation in this type of purposeful IPE curriculum, including joint orientation workshops, fosters development of a critical skill set for graduate students. Students gain a greater understanding of and respect for the scope of other disciplines. They learn about assessment tools used by other disciplines, and the typical diagnoses for which those clinicians conduct evaluations. They are exposed to intervention strategies employed by other disciplines and how those techniques may complement the treatment plan specific to their own discipline. Students also benefit from faculty models as they learn how to negotiate conflict due to "turf wars," and to maintain the autonomy of their respective disciplines while collaborating as an interdisciplinary team member.

While incredibly beneficial, IPE training models require a great deal of resource investment and are accompanied by a number of challenges that must be overcome in order to be successful. Challenges that will be highlighted and discussed include scheduling conflicts, lack of faculty experience with IPE and IPP models, lack of resources to develop and initiate initiatives, difficulty with bridging academic and clinical education in the area of IPP, and difficulty gathering direct assessment evidence in support of IPE student learning outcomes.

53

The MGH Interprofessional Clinical Exposure: An Innovative Collaborative Clinical Education Model

330

Caitlin Fitzgerald (*MGH Institute of Health Professions*), Mary Evenson (*MGH Institute of Health Professions*), Meredith O'Dea (*MGH Institute of Health Professions*), Trish Zeytoonjian (*MGH Institute of Health Professions*)

Background/Rationale: The Interprofessional Clinical Exposure (IPCE) is embedded within the IMPACT Practice series, a required interprofessional three course program for entry-level program students at the MGH Institute of Health Professions (IHP). The IPCE was created by a partnership between the Massachusetts General Hospital and the IHP to educate students for future interprofessional collaborative practice.

Methods: The IPCE uses a collaborative clinical learning exposure model. Working in interprofessional pairs on an inpatient unit, speech therapy, physical therapy, occupational therapy, and nursing students learn the value of interprofessional care. Each dyad is assigned a nursing Clinical Instructor (CI) during one encounter and a physical therapy, speech therapy, or occupational therapy CI during the second encounter. Additionally, students complete a patient shadowing experience. Students reflect on their experiences via facilitated group debriefings at the end of each session and as a small group within the context of the IMPACT course series.

Students and CIs participate in an orientation to understand targeted learning objectives and expectations of the IPCE. An advisory leadership group assists in allocating resources, maximizing cost effectiveness, and evaluating process and outcomes.

Evaluation of the IPCE will include examination of self efficacy changes in both CIs and students, student learning outcomes, use of resources at the medical center and academic institution, and effectiveness of clinical instructor training.

Results: Through this clinical experience, dyads learn about how team member roles and responsibilities, interprofessional communication and collaboration, and values and ethics related to interprofessional practice affect the provision of safe and effective care. Opportunities are present to appraise teamwork during this experience. Pilot Spring 2015 semester results will be collected and disseminated at this meeting.

Conclusion: With growing evidence of links between safe effective care delivery and interprofessional teamwork, this innovative and cost effective interprofessional clinical education model is worth pursuing.

54

Interprofessional Education Using Standardized Patients in a Multidisciplinary Health Professional College: Student Perceptions and Lessons Learned

331

Kelly Anderson (*Wichita State University, School of Oral Health*), Barbara Smith (*Wichita State University*), Gina Brown (*Wichita State University*)

Background/Rationale: The goals of this Interprofessional Education (IPE) exercise were to enhance knowledge of other healthcare professionals' roles, foster collaboration in patient care management and improve communication skills among healthcare professional students. This was the first time this university incorporated eight disciplines into a simulated patient scenario. The faculty development team developed standardized patients with appropriate symptomatology to engage each discipline. Students had some clinical experience and were in their final two years of their professional programs.

Objectives:

1. The learner will understand positive qualitative statements from an IPE event from a student point of view.
2. The learner will understand the lessons learned from an IPE event from faculty who developed the case scenarios.

Methods/Methodology: The students were given a pre/post evaluation self-measure survey using a Likert scale rating (1-5). The areas that were measured were their knowledge and ability of basic interprofessional communication skills, comfort level in communicating with other healthcare professionals when conflict exists; experience on simulated or real world clinical IPE teams; experience on an IP research team; and understanding, interest and previous experience with IPE.

Results: Four professions had sufficient numbers to include in analyzes: dental hygiene (DH), physician assistant (PA), physical therapy (PT), communication sciences and disorders (CSD). No differences existed in pre and post test survey scores between graduate (n=118) and undergraduate DH students (n=32). Responses to open ended questions were also similar.

Conclusions: This IPE event proved to be positive in the students' opinions and increased their ability and comfort level in working with each other. Post qualitative comments such as "Great way to get various professions to interact, learned about other professions & their role in healthcare, and "Ability to learn and continually educate ourselves with interaction through other professions" were consistent through all disciplines. Various lessons learned included difficulty for faculty to have time to develop IPE events due to over load on top of teaching expectations, and students difficulty in realizing collaborative patient care in their future practice. Overall, the students valued the time with other disciplines.

55



Incorporating Dental Hygiene Students into an Interprofessional Educational Event: Comparing Undergraduate Student to Graduate Student Responses

332

Kelly Anderson (*Wichita State University, School of Oral Health*), Barbara Smith (*Wichita State University*), Gina Brown (*Wichita State University*)

Background/Rationale: Dental hygienists (DH) are underutilized in interdisciplinary collaboration, and what utilization that does take place is not well studied. As interprofessional education (IPE) becomes an important tool in developing a collaborative health care model for patients, the importance of oral health is recognized as a vital component. The primary goals of this study were to determine if undergraduate DH students had different perceptions of an IPE event than graduate students, and if the concept of oral health was valued by other disciplines.

Objectives:

1. The learner will recognize the value of undergraduate student participation in IPE alongside graduate students.
2. The learner will recognize the value of dental hygiene students to incorporate oral health information into IPE experiences.

Methods/Methodology: Students from eight disciplines participated. Faculty developed cases using standardized patients with appropriate symptomatology to engage each discipline. Teams included students who were in their program's final academic year. A survey using a Likert scale (1-5) was given before and after the exercise with statements such as "I rate my understanding of the values and ethics needed in IPE practice as". Demographic data were also collected. Students answered open-ended questions such as "List one thing you learned." Frequency tables described the participants and their open ended responses. Nonparametric statistics were used to analyze the survey results.

Results: Four professions had sufficient numbers to include in analyses: dental hygiene (DH), physician assistant (PA), physical therapy (PT), communication sciences and disorders (CSD). No differences existed in pre and post test survey scores between graduate (n=118) and undergraduate DH students (n=32). Responses to open ended questions were also similar. For example, "I learned what a dental hygienist can do besides cleaning teeth, and "I can use their knowledge if I ever have patients with mouth/oral problems."

Conclusions: In this setting, the undergraduate DH students had the same perceptions about IPE as graduate students. Incorporating DH students into IPE activities was an important addition to promote oral health concepts as well to include undergraduate health professional students into IPE experiences.

56



Common Curricular Content: Step One in Moving to Common Curricular Time

341

Sylvia Langlois (*University of Toronto*)

Background/Rationale: Trends in the health care system continue to focus on interprofessional collaboration to attain holistic, cost effective care. This trend demands the need for curriculum redesign and a focus on team-based learning; "an instructional approach aimed at preparing students for effective, collaborative work within a cohesive group" (Frenk et al., 2010, p. 1044). Barriers to team-based learning can be seen as logistic; high student numbers, strict accreditation guidelines, and difficulty navigating the curriculum and schedules of all health professions. In order to redesign curriculum, common topics must be identified. This will ensure faculty and student support by facilitating relevant curriculum changes that are not viewed as additive or unnecessary.

Objectives: To identify common curriculum, when and how it is taught in each program.

Methods: Course outlines were collected from the eleven health care profession programs at the University of Toronto. Week by week topics or course objectives, course number, year and semester taught, and length of time spent on topic were identified. Topics were considered common themes if they occurred in 4 of the 11 professions; they were broken down into subthemes for a concentrated review. Each semester within each program was identified and colour coded as introduction, intermediate and senior level and length of time taught. This information was plotted by subtheme to clarify at what level the information was being presented, when and for how long.

Results: The following themes were identified: Ethics; professional values and responsibilities; communication with patients/clients; communication with team; collaboration in patient/client care; clinical knowledge; clinical assessment and treatment knowledge; social aspects of health; health care system; anatomy, neuroanatomy and physiology; quality and safety; research; policy and law; business and marketing.

Conclusions: Many educational institutions are exploring what curricular topics can be addressed in an interprofessional format. Since uni-professional education is similar across institutions, these results will be of interest more broadly.

57



Do Students have the Ability to Lead?: Assessment of Competencies in an Interprofessional Student Facilitator Program

344

Sylvia Langlois (*University of Toronto*), Dean Lising (*University Health Network*), Rebecca Singer (*University Health Network*)

Background/Rationale: Adequate preparation of student leaders in interprofessional education has been explored to date, despite the tremendous potential learning benefits, development of collaborative competencies and sustainability of IPE. Although IPE curricula provide many learning opportunities for students to develop collaborative competencies, there are currently insufficient experiences for senior students to develop leadership skills in an interprofessional context. One potential opportunity is to prepare students to facilitate IPE learning activities where their peers have enrolled. Although peer facilitation in online interprofessional environments, particularly with nursing and medicine, has been explored, the impact of face-to-face peer facilitation has not yet been reported. This presentation is a report of a study exploring the experiences and competency development of students who participated in an interprofessional student facilitator education program.

Methods: A program for senior health profession students started with a 2.5 hour workshop on interprofessional facilitation, focusing on theory, key strategies, tools and specific learner-related issues. Subsequently, students were paired to participate in two developmental facilitation opportunities with experienced interprofessional educators. Multi-source feedback on competency acquisition and performance were derived from self-, student co-facilitator and experienced educator assessments using an interprofessional facilitation scale (Sergeant, Hill & Breau, 2010) following each experiential opportunity. Student participant experiences were captured in evaluation data. Subsequent focus groups of experienced and student facilitators examined experiences and learning in greater depth.

Results: Individual scale item results and themes from focus group analysis will be presented, along with considerations for the implementation of a similar program.

Analysis of data indicates high overall student satisfaction with the leadership opportunity, as well as good development of interprofessional facilitation skills.

Conclusions: Providing training education and experiential opportunities to senior health profession students fosters growth and development of interprofessional facilitation competencies, as well as leadership skills.

Reference:

Sergeant, J., Hill, T. and Breau, H. (2010) Development and testing of a scale to assess interprofessional education (IPE) facilitation skills. *J Contin Educ Health Prof*, 30(2): p. 126-31.



Online Interprofessional Learning About Therapy Teams in Schools and Early Intervention: A Mixed Methods Study

346

Dana Howell (*Eastern Kentucky University*), Christine Myers (*Eastern Kentucky University*), Shirley O'Brien (*Eastern Kentucky University*), Colleen Schneck (*Eastern Kentucky University*)

Background/Rationale: The Individuals with Disabilities Education Act mandates interprofessional practices for children and families receiving services in schools and early intervention. In order to adequately implement team-based approaches, therapy providers must understand their role on the interprofessional team (Shasby & Schneck, 2011). Research supports the use of collaboration as an effective strategy for school-based practice (Bayona, McDougall, Tucker, Nichols, & Mandich, 2006; Bose & Hinojosa, 2008). Early intervention services under Part C of IDEA (2004) also require interprofessional teaming with collaboration across disciplines and with families (Moore et al., 2012).

To support effective interprofessional teamwork, students in the therapy disciplines who are training to work in schools and early intervention settings need to be educated about interprofessional team roles. Despite this need for interprofessional education and practice, limited research is available examining the attitudes that graduate students in health care have toward interprofessional learning or working as part of a team in school and early intervention practice settings (Myers, Howell, & Wittman, 2014). The purpose of this study was to examine the changes in attitudes toward interprofessional online learning, interprofessional therapy teams, and the team approach to care among graduate students enrolled in an online class about schools or early intervention practice.

Methods/Methodology: To date, data have been gathered during two 16-week online courses for graduate preservice students (N = 26) in occupational therapy (n = 17), physical therapy (n = 3), and speech therapy (n = 6) who were training to work in school-based practice or early intervention. All participants were female. Students in both courses were solicited via e-mail and had the option to participate. All participating students provided informed consent.

A survey about attitudes toward interprofessional learning, interprofessional therapy teams, and the team approach in schools and early intervention was developed by the researchers using three resources as a guide: Guidance for Performance Evaluation of School Occupational Therapists (AOTA, 2013), the Attitudes toward Health Care Teams Scale (Heinemann et al., 1999) and the Interprofessional Team Simulation Training Pre/post Assessment (Brock et al., 2011). The survey was piloted with 15 students and no changes were required. The survey was administered via an online survey tool at the start and end of each semester. Aggregate scores were analyzed via SPSS.

Participants also engaged in an online discussion using discussion questions about the roles and scope of practice of their own and other disciplines in early intervention or school based practice. Graduate students in special, regular, and early childhood education (n=25) participated in the online discussion, in addition to the other participants. The researchers downloaded the discussions and identifiers were removed. Data was analyzed qualitatively using data management software by coding information related to understanding of interprofessional roles.

Results: Data collection and analysis is ongoing. Additional participants will be recruited in the spring and summer of 2015. Early survey analysis shows improved understanding of the benefits of online interprofessional training for schools and early intervention. Attitudes toward interprofessional teams in schools and early intervention were generally positive and changed little pre to post. Early analysis of the qualitative data shows confusion regarding the role and scope of disciplines in both settings.

Conclusions: Students benefit from interprofessional education about the team approach in schools and early intervention, and online interprofessional education is a viable option. Therapists who are new to school and early intervention practice settings may need additional training and practice to effectively engage with the interprofessional team.

References:

- American Occupational Therapy Association. (2013). Guide for performance evaluation of school occupational therapists. Rockland, MD: AOTA, Inc.
- Bayona, C. L., McDougall, J., Tucker, M. A., Nichols, M., & Mandich, A. (2006). School-based occupational therapy for children with fine motor difficulties: Evaluating functional outcomes and fidelity of services. *Physical and Occupational Therapy in Pediatrics*, 26(3), 89-110.
- Bose, P., & Hinojosa, J. (2008). Reported experiences from occupational therapists interacting with teachers in inclusive early childhood classrooms. *American Journal of Occupational Therapy*, 62, 289-297.
- Brock, D., Abu-Rish, E., Vorvick, L., Wilson, S., Liner, D., Schaad, D., & Blondon, K. (2011). Interprofessional team simulation training pre/post assessment. Washington: Center for Health Science Education, Research, and Practice.
- Heinemann, G., Schmitt, M., Farrell, M., Brallier, S.A. (1999). Development of an attitudes toward health care teams scale. *Evaluation of the Health Professions*, 22, 123-142.
- Moore, L., Koger, D., Blomberg, S., Legg, L., McConahy, R., Wit, S., & Gatmaitan, M. (2012). Making best practice our practice: Reflections on our journey into natural environments. *Infants and Young Children*, 25(1), 95-105.
- Myers, C., Howell, D.M., & Wittman, P. (2014). Interprofessional role perception and communication of preservice students and therapists in schools and early intervention. *Journal of Occupational Therapy, Schools and Early Intervention*, 7 (1), 70-85.
- Shasby, S., & Schneck, C. (2011). Commentary on collaboration in school-based practice: Positives and pitfalls. *Journal of Occupational Therapy, Schools & Early Intervention*, 4(1), 22-33.

59



Merging of Relevant IPE Themes from a Longitudinal Curriculum to Create a Capstone Project

351

Darcy Solanyk (*University of Colorado Denver*), Wendy Madigosky (*University of Colorado Denver*), Mark Earnest (*University of Colorado Anschutz Medical Campus*), Kari Franson (*University of Colorado Skaggs School of Pharmacy*), Amy Barton (*University of Colorado*), Amy Nordon-Craft (*University of Colorado Denver*), Karen Gorton (*University of Colorado Denver*), Diane Brunson (*University of Colorado Denver*), Jackie Glover (*University of Colorado Denver*)

Background/Rationale: The IPEC competencies involve four domains: values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork. Interprofessional training in these domains has the potential to result in safe, cost-effective and timely patient centered care. Developing and assessing an interprofessional educational course that merges multiple distinct domains in a manner that is cohesive and clear is a challenge. One method is to create a capstone-type project that requires students to demonstrate understanding and application of elements of the four domains in a team based learning environment.

This poster will present the elements of a longitudinal curriculum and demonstrate how relevant IPE themes were merged into a capstone project.

POSTER SESSION

Thursday, October 1, 2015 • 3:00 – 4:00 PM

60



Evaluating Attitudes of Teaching Scholars Related to Interprofessional Teamwork and Education

37

Sally Moyce (*University of California, Davis*), Jeri Bigbee (*University of California, Davis*), Craig Keenan (*University of California, Davis*)

Background/Rationale: Effective interprofessional practice must begin with strong educational programs which emphasize the importance of collaborative leadership. Recognizing the need for professional development in interprofessional education, the UC Davis Interprofessional Teaching Scholars Program (ITSP) was launched as a collaboration between the Schools of Nursing and Medicine in 2013. The goal of the ITSP is to enhance the knowledge, skills and attitudes of faculty in health professions education and to promote the development of educational leaders who can affect the culture of education.

Objectives:

- a. Understand the effect of an Interprofessional Teaching Scholars Program in the development of interprofessional teamwork for faculty members.
- b. Examine how attitudes toward teamwork and interprofessional education change in response to a faculty development program.
- c. Gain insight into the development and evaluation of an interprofessional faculty development program in an academic health center setting.

Methods: The purpose of this study is to examine the effect of the ITSP on the attitudes of faculty scholar participants related to interprofessional teamwork and education. The sample included 11 faculty members, including 8 physicians (from a variety of specialties), 1 nurse, 1 basic scientist, and 1 physician assistant. Prior to beginning the program in September 2014, faculty scholars completed a validated survey developed by Curran et al (2007) of attitudes related to interprofessional learning, teaching and practice. Participants will complete the same survey at the conclusion of the program in June 2015. Pre- and post-test results will be compared to determine how attitudes related to teamwork and interprofessional education changed over the course of the program.

Results: Results of this study will be used as part of overall program evaluation to measure outcomes regarding faculty scholars' response to interprofessional development. Results will be used to refine the ITSP and improve educational strategies aimed at promoting collaborative practice.

Conclusion: Assessing attitudes related to interprofessional teamwork and education is a critical element in evaluating the effects of the ITSP. Understanding how perceptions change in response to faculty development is essential in advancing interprofessional faculty development.

61 Care Planning from an Interprofessional Student Team: How Unconventional Partnerships Can Benefit the Patient 86

Barbara Cortright (A.T. Still University), Anna Dechant (A.T. Still University), Sofia Mani (A.T. Still University), Hernandez Xochitl (Grand Canyon University)

Background/Rationale: For A.T. Still University's 2014 Collaborative Case Competition each interprofessional student team was asked to develop an integrated healthcare plan for a fictional patient. The purpose of the competition was to showcase innovative solutions for improving patient care guided by four IPEC core competencies for collaborative practice:

- Understanding roles and responsibilities involved in the patient's care
- Interprofessional communication
- Values and ethics
- Teams and teamwork

Methods/Methodology: The goal of the interprofessional team was to create an interprofessional plan of care for the patient and his family following an acute care hospital stay.

Results: The team developed innovative solutions to typical healthcare problems, such as lack of communication and stereotyping among different healthcare professions. The core of the plan sought to improve the patient's outcome through envisioning him as a member of a community and drawing on community resources to improve his quality of life. As a result, unconventional partnerships were also envisioned among social and healthcare workers, the patient's church, veterans' organization, and students from the local agricultural college. The patient was a retired farmer and a veteran and the healthcare plan developed by the interprofessional team incorporated an unusual approach through the "Thank a Veteran Foundation" and a mentoring program for local agricultural students. This approach shifted the focus from the need for help from his community to thanking him for his wartime service and empowering him to share his extensive agricultural knowledge and life experience with local students, thereby improving his self esteem and quality of life.

Conclusion: The presentation is an illustration of the power of the collaborative decision-making model for patient – provider interaction (Grady 2010) and an example of community partnership for improved patient outcomes.

62 An Online Faculty Development Course: Introduction to Interprofessional Education for Faculty 89

Ruth Eby (Indiana Wesleyan University)

Background/Rationale: Interprofessional education (IPE) has been identified as a way to prepare students to be collaborative-ready at graduation to achieve the triple aim of health care. It is critical that those who facilitate IPE understand its ethos, principles, and methods. They must be aware of its implications to styles of teaching.

Methods/Methodology: A significant factor to the success of IPE is faculty's knowledge of, skills to facilitate, and attitudes toward IPE. Based on theories of adult learning and the Social Interdependence Theory, an engaging faculty development course will be delivered to faculty. The online course created by representatives of the health and caring professions programs to meet the needs of university faculty residing throughout the US. The course consists of three modules 1) interprofessional education and the IPEC core competencies, 2) strategies for implementation, and 3) facilitating learning online and face to face. Weekly discussions provide an opportunity for faculty to discuss implementation of what is learned.

Results: The online course will be delivered during the spring semester. The effect of the course on faculty knowledge, skills, and attitudes will be evaluated using a pre-test/ post-test which includes a test of knowledge, the Team-Skills Scale, and the Readiness for Interprofessional Learning Scale.

Conclusions: Education is the key to changing the future of healthcare. The knowledge, skills, and attitudes faculty bring with them can predispose students to appreciate interprofessional coursework and development of a positive attitude toward interprofessional collaboration they will take into practice. Thus, we must explore innovative methods, such online courses, to educate faculty and foster interprofessional education promoting interprofessional collaboration.

63



The HeArt of Medicine: Using Art-based Interprofessional Workshops to Enhance End-of-Life Care Education

110

Pranay Sinha (Yale), Lauren Catlett (University of Virginia School of Nursing), Chelsea Becker (University of North Carolina), Susan Murphy (UVA), Hunter Poarch (University of CA), Alexander Wolf (UVA SON), Rebecca Donald (UVA SOM), Kristine Gade (UVA SOM), Kaitlin Layne (UVA SON), Rosa Yoon (UVA SON), John Owen (UVA SON), Valentina Brashers (UVA SON), Jeanne Erickson (University of Wisconsin), Marcia Day Childress (UVA SOM)

Background/Rationale: Doctors and nurses who feel uncomfortable with the difficult conversations and decisions surrounding end-of-life (EOL) care inadvertently transfer this discomfort to their dying patients and the patients' families. This discomfort can impede clinicians from communicating effectively with these vulnerable patients about topics such as advanced directives and from making timely hospice referrals when these referrals are appropriate.

Objectives:

1. Describe a successful art-based program to enhance nursing and medical students comfort with EOL patient care.
2. Describe the importance of providing EOL education to health profession students in the United States.
3. Describe the use of surveys to identify existing attitudes regarding interprofessional collaboration and EOL care as well as to measure attitudinal and/or behavioral changes following program completion.

Methods/Methodology: The HeArt of Medicine (HOM) program consisted of three visual art-based workshops designed to enhance personal communication, develop learners' powers of observation, and improve visual diagnostic acumen. The HOM program had three medical and nursing student learning objectives: (1) state policies for hospice referral and expand knowledge regarding palliative care, (2) engage in shared decision making and interprofessional collaboration in EOL discussions to improve patient care, and (3) describe and demonstrate techniques in bereavement counseling and personal coping strategies.

Results: Preliminary findings reveal that, after completing the HOM program, medical and nursing students were more willing to collaborate with other health professionals, felt more comfortable participating in EOL conversations, and found the care of terminally ill patients more rewarding.

Conclusions: The HOM program was successful in providing students a knowledge and experiential base to care for dying patients with a greater degree of comfort and collaboration and gave students an appreciation of their role in EOL care. The collaborative nature of the workshops helped students realize that they will practice as part of a team.

64



Crucial Conversations and Conflict Resolution Simulation

149

Maitri Patel (University of Kansas), Jana Zaudke (KU Medical Center), Sarah Shrader (University of Kansas)

Background/Rationale: Interprofessional (IP) teamwork is beneficial; however, conflicts may still arise. Ensuring crucial conversations and resolving conflicts within the team will improve patient outcomes and safety. Typically students do not have an opportunity to demonstrate these skills, as most conflicts arise after they become practitioners. This project describes the development of a simulation focusing on team-based conflicts and the impact on student confidence related to conflict resolution.

Methods/Methodology: During the academic year 2013-14, 48 medical, pharmacy, and nursing students participated in the simulation during their interprofessional primary care rotation. The simulation consisted of four mini-cases where students interacted with a standardized colleague acting the part of a healthcare professional and creating conflict. Each of the four cases lasted five minutes followed by ten minute debriefing sessions after each one. Students were asked to anonymously complete a survey pre- and post-simulation; descriptive statistics were used to analyze results. This project was approved as exempt from the institutional review board.

Results: One-hundred percent of the students completed both surveys. On the Likert scale, 67% of the students strongly agreed and 33% agreed the simulation increased their ability to communicate with an IP team. Students felt the skills practiced in the simulation would help them in their career, 55% strongly agreed and 45% agreed. Post-simulation, 67% of students felt confident and 33% somewhat confident in their ability to resolve conflicts with their team versus pre-simulation where 30% felt confident and 63% somewhat confident. Post-simulation, students' lessons learned were grouped into common themes that included: how to speak up, using patient-centered care to resolve conflicts, using communication strategies to resolve conflicts, and the connection between professional hierarchies and conflict.

Conclusion: Overall, the simulation was a successful activity that provided students with an opportunity to practice conflict resolution skills and improve their confidence in this area of interprofessional communication.

65 **Enhancing Undergraduate Women's Health Clinical with Interprofessional Simulation** 233

Genevieve Beard (*Virginia Commonwealth University - School of Nursing*)

By creating a cohesive and informed group of champions for interprofessional simulation, more students will enter the profession with teamwork training and appreciation for how multiple disciplines can affect patient care.

Background/Rationale: Multiple publications and reports have come out in recent years charging health care education institutions to implement concepts of interprofessionalism and team-based care into their curriculums. Simulation is a viable method to provide students with an opportunity to build relationships and improve communication strategies between professions, (Bandali, 2008).

Objectives: Integrating core competencies of professionalization into already full curricula is a highly important charge that presents multiple challenges to health care educators, (IPEC report, 2011).

Methods: Leveraging a relationship with OB/GYN faculty in the medical school allowed for the opportunity to incorporate an interprofessional component to an already established women's health simulation in the nursing curriculum. Third year medical students played the role of the provider in a simulation with 2-3 nursing students. This format provided a mutually beneficial opportunity to practice teamwork skills with future colleagues. Students rotated three different simulations including a non-reassuring fetal surveillance, a shoulder dystocia and a post-partum hemorrhage. A variety of simulation modalities was used including a high-fidelity birthing simulator and standardized patient actors. During the debriefings, emphasis was placed on fundamental principles such as communication, teamwork, patient safety and evidence based care. Students were encouraged to reflect on their own behavior and identify areas for self-correction as appropriate. After the simulations were complete, students were given the opportunity in the large group to share their own reflections and feedback as well as complete a post-simulation evaluation consisting of eight Likert-Scale questions and three open-ended questions for students to provide feedback on the entire simulation day.

Results: Nursing students reported that the most valuable concepts learned were the importance of quality communication between providers and nurses as well as the importance of using reassuring and comforting communication with patients. Medical students appreciated the opportunities to practice their roles and develop their own leadership skills in order to be effective team members.

Conclusions: Based on the feedback provided by both nursing and medical students, the interprofessional obstetric simulation experience was regarded as highly positive. While the simulations were women's health focused, the resultant values reported by students are seemingly translational; thus making interprofessional simulation in any content area a potentially viable method to address team-care concepts in pre-licensure students.

References:

- Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.
- Issenberg, S.B., & Scalese, R.J., (2008) Simulation in Health Care Education. *Perspectives in Biology and Medicine*. 51 (1) : 31-46.
- Robertson, J. & Bandali, K. (2008). Bridging the gap: Enhancing interprofessional education using simulation. *Journal of Interprofessional Care*. 22 (5): 499-508.



The International Research Centre for Communication in Healthcare (IRCCH): Interprofessional, Multicultural Approaches to Healthcare Communication Challenges

358

Diana Slade (*Hong Kong Polytechnic University & University of Technology Sydney*), Elizabeth Rider (*Harvard Medical School*), Jack Pun (*Hong Kong Polytechnic University & University of Oxford*), Christian M.I.M. Matthiessen (*Hong Kong Polytechnic University*), Marvin Lam (*Hong Kong Polytechnic University*)

Background/Rationale: The role of communication in healthcare receives increasing attention, yet little research exists that brings together perspectives from interprofessional healthcare researchers and practitioners with linguists and communication specialists. Recognising the increasing linguistic and cultural diversity of both patients and clinicians, the International Research Centre for Communication promotes cross-linguistic, cross-cultural and cross-national research collaborations to study the role of communication in the delivery of safe, effective and compassionate healthcare. The Centre provides a forum for internationally recognised and multidisciplinary healthcare professionals and communication experts to work together, translating research into education and practice, and improving patient safety and the quality of healthcare practices around the world.

Methods: We have initiated research collaborations and presented colloquia, workshops and papers at international conferences through the International Collaborative for Communication in Healthcare (a precursor to the Centre) since 2010. The Collaborative was officially founded at Hong Kong Polytechnic University in March 2011.

Results: It has now been 18 months since the centre was launched in Hong Kong. The Centre, co-convened by Hong Kong Polytechnic University (PolyU) and University of Technology, Sydney (UTS), was formally launched at PolyU in June 2013 with over 83 members from over 15 countries. Curtin University, Western Australia, became a strategic partner in July 2013. Since its establishment, the Centre has built on international collaborations formed during the International Roundtable and Symposium on Healthcare Communication hosted by PolyU in 2011. To-date, this has led to jointly run colloquia and symposia at different international conferences as well as the formation of new research collaborations. In particular, the development of an International Charter for Human Values in Healthcare² has been the result of interprofessional collaborative effort by people, organizations and institutions around the world working together to restore core human values to healthcare. The values of the International Charter inform the Centre's research, education and practice initiatives. In 2015, IRCCH is the new Asia-Pacific Healthcare Hub of Charter for Compassion International.

Conclusions: The Centre continues to develop a strategic research agenda for communication in healthcare to improve the quality and safety of patient care. The Centre's work will mobilize knowledge and expertise gained from research to guide the teaching and implementation of communication skills in healthcare education and practice. Interprofessional Collaborations between IRCCH members have generated several publications, including journal articles².

References:

1. The International Charter for Human Values in Healthcare. 2012. Available at: <http://charterforhealthcarevalues.org>
2. Rider EA, Kurtz S, Slade D, Esterbrook Longmaid III HE, Ming-Jung Ho, Pun Kwok Hung J, Eggins S, Branch WT. 2014. The International Charter for Human Values in Healthcare: An interprofessional global collaboration to enhance values and communication in healthcare. *Patient Education and Counselling* (2014), <http://dx.doi.org/10.1016/j.pec.2014.06.017>

67 Are Future Health Professionals' Attitudes, Learning Strategies and Personality Traits Conducive to Interprofessional Collaboration? 361

Natalie Carrier (*Université de Moncton*), Jacinthe Beauchamp (*Centre de formation médicale du Nouveau-Brunswick*), Anik Dubé (*Université de Moncton*), Michel Johnson (*Université de Moncton*), France Talbot (*Université de Moncton*), Véronique Landry (*Université de Moncton*), Pier Bouchard (*Université de Moncton*), Monique Cormier-Daigle (*Réseau de santé Vitalité- Vitalité Health Network*), Jalila Jbilou (*Centre de formation médicale du NB/Université de Moncton*), Brigitte LePage (*College Communautaire du Nouveau-Brunswick*), Marie-Josée Guérette (*Université de Moncton*)

Background/Rationale: Although Canadian health education programs have made great strides in integrating interprofessional (IP) activities in their curriculum, it has yet to be determined what characteristics predispose learners to integrate collaborative practices as health professionals. This study aimed to understand health learners' characteristics in terms of learning skills, attitudes towards IP learning, and personality traits to inform integration of IP education in training programs.

Methods/Methodology: A survey was conducted across three Francophone post-secondary institutions in New Brunswick, Canada, that offer health programs. For each program, courses were selected to recruit participants who would represent the continuum of learning. Students who accepted to participate completed four questionnaires: 1) a Socio-demographic questionnaire, 2) the Readiness for Interprofessionnal Learning Scale which measures the attitude of students towards interprofessional learning, 3) the Learning and Study Strategies Inventory Scale which measures ten different learning scales, such as concentration and motivation, and 4) the NEO Five-Factor Inventory-3 which measures five personality traits, such as openness and extraversion.

Results: A total of 465 students from eight different health programs participated in this study. More than three quarters were women aged between 19 and 25 years old. Preliminary results show that learners have positive attitudes towards IP learning, use a variety of learning and study strategies, and have personality traits, such as "openness and agreeability" which are conducive to collaborative team initiatives. Further analysis will be conducted to determine whether these characteristics influence IP collaboration as well as determine differences along the continuum of learning.

Conclusion: A key component of effective instructional design is to integrate learners' attitudes, personalities, and learning preferences. Results from this study will serve as a guide for academic health programs wishing to improve learners' experience while developing IP collaboration skills.

68 A Blended Transfer and Communications Center: Designing a State of the Art Mission Control 370

Melanie Morris (*Carilion Clinic*)

In 2009, a hospital task force was created to address ongoing barriers to the hospital's patient flow and transfer intake processes. The group included major stakeholder membership throughout the hospital (such as nursing, physician leadership, and patient transportation). The resulting recommendation was to develop a central hospital Operations Center, whose main focus would be hospital throughput and flow. As a result, the Transfer Center and Patient Transportation Communications Center were co-located in November of 2012. From the design of the new center's physical space to the collaborative efforts of both departments, the immediate synergies created by this new "Mission Control" model were quickly appreciated from both a throughput and customer service perspective. Because a centralized approach to coordination between these two departments has been such a success, environmental services and clinical transporters also have been incorporated into the center. The Operations Center has evolved into the center of emergency operations and disaster management logistics at both the local and regional levels. The combined operations center focuses on several key goals: seamless entry of patients into the health system, coordination of the safest, most appropriate transport of these patients, and efficient management of hospital throughput needs. Real-time flow information is discussed at daily inter-disciplinary huddles, whose members are charged with making patient throughput and safety the highest priority. Electronic bedboards have been incorporated throughout inpatient units to ensure that throughput needs extend real-time to the bedside nurse.

69 The Design and Implementation of a Large-Scale Interprofessional Experiential Activity 379

Amy Pittenger (*University of Minnesota College of Pharmacy*), Brain Sick (*University of Minnesota*)

Background/Rationale: While it is possible to create meaningful interprofessional experiences for a small group of learners, scalability of meaningful interprofessional experiences to include all learners within an institution is a universal challenge.

Methods: We have designed and implemented a large-scale experiential interprofessional activity using situated reflective learning theory and a modified Kolb's learning cycle that allows for students to critically observe and reflect on interactions occurring within clinical settings using an IPEC competencies rubric as a framework for interpreting their observations and the What? So What? Now What? reflection framework. Utilizing central AHC administrative support, uni-professional point person for the activity, and purposefully structured 2-hour large group debriefing sessions creates a low preceptor burden, but high learning impact experience that can include all learners from multiple health professional programs.

Results: For the academic year of 2014-2015, all pharmacy, BSN nursing, social work, occupational therapy, and almost all medical students (approximately 500 students total) participated in a joint interprofessional experiential learning activity that included both a guided reflection activity, large group interprofessional debriefing session, and retesting of newly conceptualized model of practice.

Conclusions: Students report that the combination of guided reflection ('making the implicit explicit'), interprofessional debriefing, and repeat of the activity at the next rotation site has transformed their interpretation lens for the kinds of interactions that occur within the clinical setting. Operationally, incorporating a joint interprofessional activity within required experiential rotations is both feasible and effective. Learning materials and strategies will be shared.

70 Implementation of an Integrated IPE Course Across Multiple Healthcare Professions 384

Martha Sexton (*University of Toledo*), Michael Peeters (*University of Toledo*), Alexia Metz (*University of Toledo*), Martin Ohlinger (*University of Toledo*), Michelle Masterson (*University of Toledo*)

Background/Rationale: Beginning an interprofessional education (IPE) program at any university is fraught with challenges. Widely documented challenges such as logistical barriers, curricular uncertainty, and faculty members' workload ambiguity all have the potential to derail any well-intentioned interprofessional team. However, the need to overcome barriers is becoming essential because most accreditation agencies are now requiring evidence of teamwork skills in professional program curricula. A diverse faculty team from the University of Toledo (UT) was able to overcome many of those challenges and succeeded in integrating IPE into the first-year curricula of 8 professional healthcare programs (i.e., medicine, nursing, occupational therapy, pharmacy, physical therapy, physician assistant studies, respiratory therapy, and speech-language pathology).

Methods: After obtaining the university's administrative support in requiring IPE the faculty team led a semester-long experiential IPE course. The faculty used the National Competency Framework created by the Interprofessional Education Collaborative (IPEC) to develop learning objectives appropriate for 1st semester students. Assignments to be completed were mapped to satisfy selected competencies in all 4 domains. Attendance at the IPE sessions was mandatory for all first year students enrolled in one of the 8 professional programs; however poor performance consequences were profession specific. 554 students were divided into 48 teams of 11-12 students, which allowed for small group interactions. Teaching strategies included: TeamSTEPPS interactive work-shops, hands-on vital signs skills practice, interviewing standardized patients, identifying simulated safety hazards, and recognizing roles and responsibilities through collaborative interactions; a web-based learning management system (Blackboard) was used to facilitate communication and completion of assignments. Two facilitator-training sessions for faculty emphasized the unique aspects of interprofessionalism.

Conclusions: Determine faculty workload upfront, obtain an IPE coordinator, clarify reporting mechanisms for students, and outline consistent consequences for students across all professions. Continued longitudinal IPE coursework is planned to include community-focused projects, interprofessional simulations, and interprofessional collaborative clinical experiences.

71 Outcomes from an Integrated IPE Course Across Multiple Healthcare Professions 388

Alexia Metz (*University of Toledo*), Michael Peeters (*University of Toledo*), Martha Sexton (*University of Toledo*), Yixing Chen (*University of Toledo*)

In the fall of 2014, first-year students from eight professional healthcare programs at the University of Toledo engaged in a semester-long experiential interprofessional course focused on team collaboration. The 554 students were divided into 48 interprofessional teams of 11-12 students, which allowed for small-group interactions. From the National Competency Framework (Interprofessional Education Collaborative, Core Competencies, 2011), 14 course learning objectives relating to the values/ethics of team practice, professional roles, communication, and patient-centered care were developed. Aligned to learning objectives, eight sessions included activities such as taking vital signs, recognizing professional roles, practicing TeamSTEPPS communication and teamwork strategies, interviewing standardized patients, and identifying simulated safety hazards. Short-term outcomes were measured via pre/post comparison of 1) students' self-assessment of their competency as outlined by the course objectives and 2) student perceptions of the professions engaged in the course. For the first outcome, students rated their own capabilities on a 5-point Dreyfus scale (novice, advanced beginner, competent, proficient, and expert). The distribution of responses will be analyzed for development towards self-perceived competency. For the second outcome, students were asked to provide a word or phrase representative of their perception of each profession. Results have been presented in word cloud format (a graphical representation of word frequency) and analyzed for themes. Preliminary analysis has suggested positive outcomes. Prior to engagement in this IPE course, students' perceptions appeared to be influenced by personal experiences, stereotypes, and media/entertainment. We noted misperceptions, uncertainty, and possible negativity. Afterward the first semester of this course, perceptions appeared to reflect personal experiences, professional training experiences, and interprofessional peer interactions. Post-course responses had more accuracy, variety, and seemed positive. Continued longitudinal IPE coursework is planned and will include community-focused projects, interprofessional simulations, and interprofessional collaborative clinical experiences.

72 Investigating the Organization and Outcomes of TeamSTEPPS Leadership Training 390

Martha Sexton (*University of Toledo*), Paul Rega (*University of Toledo*), Katherine Ebaugh (*University of Toledo*), Kathleen Farrell (*University of Toledo*), Elizabeth Junga (*University of Toledo*), Nathan Nicola (*University of Toledo*), Joshua Zellers (*University of Toledo*)

Leadership training is an underutilized resource within healthcare education and is pivotal for optimizing the efficiency of healthcare workers within an emergent situation. During an emergent evacuation, healthcare professionals are often dependent on first responders which can result in life-threatening delays. TeamSTEPPS, an evidence based teamwork system, may provide healthcare professionals with the team training necessary to assure patient safety during an evacuation. The purpose of this study is to investigate if TeamSTEPPS leadership training improves simulated patient outcomes and/or perceived organization of a team during a simulated emergent evacuation. This study uses a quasi-experimental posttest-only research design with nonequivalent comparison groups. University of Toledo students in the following professional programs: nursing, medicine, respiratory therapy, pharmacy, physician assistant, occupational therapy, and physical therapy will be asked to participate. Participants will be randomly assigned to experimental and control groups. Day 1 (control group participants) will begin with an emergent evacuation training session, followed by an evacuation drill. Day 2 (experimental participants) will also begin with an evacuation training session however they will receive a session on TeamSTEPPS leadership training before participating in an evacuation drill. Measurement tools include: (a) The Expert's Outcome Evaluation of the Simulated Patient, and (b) The Participant's Evaluation Form. It is expected that the TeamSTEPPS training will have a positive effect on the simulated patient's outcomes and that participants who received TeamSTEPPS training will report an increased level of organization during the drill. This study aims to contribute to the interprofessional literature by determining if learning to lead teams results in improved patient outcomes and organization of a simulated evacuation.

73 Patients-as-educators in IPE Workshops: Training Patients for this New Teaching Role 405

Isabelle Brault (*Université de Montréal*), Luigi Flora (*University of Montreal*), Marie-Claude Vanier (*Université de Montréal*), Vincent Dumez (*Université de Montréal*)

Background/Rationale: One of the main characteristics of the Université de Montréal IPE curriculum on collaborative practice in partnership with patients is involvement of patients as educators in the courses. These patients share with students their experiential knowledge developed through living with a chronic disease. Before co-leading the IPE workshops with healthcare providers, they must go through a selection process and mandatory training. This presentation will describe training offered to first time participants. Patients training is essential to ensure optimal pedagogical activity. It aims at developing patients' confidence to embrace this new educator role, develop a common vocabulary, inform them of expectations and nurture exchanges between them. Training includes 4 activities: 1) reading of the co-animators handbook specific to the course; 2) two hour classroom presentation and discussion by an academic expert in interprofessional collaboration and a patient expert in patient partnership; 3) exploration of the IPE course on-line modules; 4) contact between the patient and the healthcare professional from the co-animation duo.

Methods: 73 patients were trained for the Fall 2014 3rd year IPE course involving 1400 students from 11 different health professions. An evaluation questionnaire was completed by the patients to assess relevance of the classroom presentation as preparation for their co-leading of the IPE workshop.

Results: 70% of patients considered the classroom presentation prepared them well for their educator's role in the IPE workshop while 24% felt less well prepared. A small proportion of 6% of patients did not feel prepared.

Conclusion: The classroom presentation is important but the benefits could be enhanced in an interactive workshop format where patients more experienced with IPE courses could exchange with more novice patients.

74 An Organizational Approach to Facilitate Faculty Development for Interprofessional Education (IPE) 413

Lesle G. Portney (*The Association of Schools of Allied Health Professions (ASAHP)*), Stacy M. Jaffee Gropack (*The Association of Schools of Allied Health Professions (ASAHP)*)

Background/Rationale: The Association of Schools of Allied Health Professions (ASAHP) is a national organization, uniquely representing all allied health education and practice in the United States. As the importance of IPE has grown, every health professions school is wrestling with the challenge of helping their faculty learn how to develop interprofessional courses and curricula, and become skilled in the delivery and assessment of IPE learning opportunities. We have considered the tremendous efficiency we can harness across disciplines and institutions by developing collaborative training opportunities that can draw on a variety of program strengths, contribute to broad faculty development, and provide opportunities for research to assess teaching effectiveness.

Methodology: As part of our strategic initiatives, ASAHP has established a process for soliciting proposals to create teaching and training materials specific to the needs of our membership. Our intent is to fund a small number of projects that can forward the mission of ASAHP and support IPE skill development in allied health faculty.

Results: Proposals will be reviewed by members of the ASAHP IPE Strategic Planning Committee as well as members of the Board of Directors. Criteria for funding will represent relevance to ASAHP priorities. The modules developed through these projects will then be distributed to member institutions, and data gathered to determine their effectiveness.

Conclusion: The ASAHP IPE funding initiative will be unique because we are the only national organization representing a multitude of health professions and educational institutions. By creating an organizational approach to facilitate an interprofessional faculty development process, we will be able to share ideas across institutions and disciplines, discuss the essential competencies required for faculty to participate in IPE, and collaborate to assess the effectiveness of the process. The modules created will be truly interprofessional and made available to ASAHP members for use in their own institutions.

75 **Honoring Choices Across Cultures: Teaching Interprofessional and Multicultural Approaches to Advance Care Planning and End-of-Life Care** 419

Jane Miller (*University of Minnesota*), Patricia Walker (*Health Partners*), Brett Hendel-Paterson (*Health Partners*), Miguel Ruiz (*Health Partners*), Sidney Van Dyke (*Health Partners*)

Background/Rationale: In recent years, practitioners, health care systems and community advocates have emphasized the importance of advance care planning (ACP) in improving the quality of end-of-life care and reducing costs. In LaCrosse, Wisconsin, Gundersen Health System demonstrated that ACP significantly reduces unwanted hospitalizations in the last six months of life, decreases hospital care intensity, reduces hospital deaths, and results in high patient and family satisfaction with end-of-life experiences (Dartmouth Atlas of Healthcare, 2014; Detering, Hancock, Reade, Sylvester, BMJ, 2010). However, little is known about how these practices might be received in more diverse linguistic and ethnic communities in the United States.

In 2014, an interprofessional team comprised of physicians, chaplains, community advocates, medical translators, and social scientists from the University of Minnesota and HealthPartners came together to create a simulation-based workshop to teach providers how to approach ACP in diverse patient populations, including Hmong, Somali, and Spanish-speaking communities. Based on the Honoring Choices® curriculum, workshop participants experienced multiple patient and family simulations, designed to recreate the challenges and nuances associated with providing culturally competent end-of-life care. Workshop activities were filmed for ongoing professional development in the practitioners' health system. We will describe the process by which the workshop was developed; the workshop content, logistics, evaluation and outcomes; and the benefits and challenges associated with the collaboration of multiple health science professions.

76 **Telling Interprofessional Stories: From Narrative Inquiry to New Knowledge** 426

Jeannie Garber (*Jefferson College of Health Sciences and Virginia Tech Carilion School of Medicine*)

The use of storytelling or narrative inquiry as a way to understand and make sense of interprofessional behaviors is sparse in current literature. Narrative inquiry as a qualitative research methodology has been used in basic and applied sciences to provide insight and understanding of complex processes. Interprofessional behavior is a highly complex process and is critical to improving patient and organizational outcomes. The use of narrative inquiry is one possible way to gain better understanding of decision making and to discover common behaviors impacting patient outcomes. Healthcare organizations and educational institutions are mandated to implement new practice and education standards that will positively influence population health. The Institute of Medicine Report (1998) *To Err is Human* served as a catalyst to evaluate and redesign clinical processes and as a platform to revise healthcare provider education curriculum. Attempts to quantify teamwork are increasing however, understanding the essence of interprofessional behavior on patient outcomes is practically non-existent. The Interprofessional Education Collaborative (IPEC) project competencies provide a framework for evaluating skills in both quantitative and qualitative studies. These foundational concepts provide the framework for a narrative inquiry experience. Evidence that interprofessional practices make a difference in patient outcomes and organizational performance must be understood and further developed.

77



Effectiveness of an Early Interprofessional Education Course for Physician Assistant, Medical and Nursing Students

436

Patty Vari (*Jefferson College of Health Sciences*), Sara Brown (*Jefferson College of Health Sciences*), Judy Lash (*Jefferson College of Health Sciences*), Jeannie Garber (*Jefferson College of Health Sciences*), Ava Porter (*Jefferson College of Health Sciences*), Dave Trinkle (*Virginia Tech Carilion School of Medicine*), Wilton Kennedy (*Jefferson College of Health Sciences*), Richard Vari (*Virginia Tech Carilion School of Medicine*)

Background/Rationale: The Core Competencies for Interprofessional Collaborative Practice address interprofessional competencies that are critical for safe, high quality patient care. Faculty from a health professions and a medical school developed an early required Interprofessional Leadership (IPL) course that prepared students for interprofessional collaboration. The purpose of our study was to test the effects of the curriculum on interprofessional teamwork skills in two cohorts of healthcare students early in their education (one cohort for each of two years).

Methods/Methodology: Participants included first semester nursing, medical, and physician assistant (PA) students. The study design was a one group, pre test and post test on each cohort. Students from each cohort were placed in teams that remained together throughout the year-long required course, which consisted of small group activities focused on team development, didactic practical application, and skills operationalized in community service-learning projects. The Team Skills Scale Adjusted (Team Skills Scale, Hepburn, et al., 1996) survey was administered to each student pre and post IPL course to measure student perception of team skills attainment. Paired t-tests were used to examine significant differences in the mean scores. The survey will be made available on the presentation poster.

Results: A total of 202 students completed the surveys (74 medical, 48 nursing, and 80 PA). Significant differences were found between pre and post survey means of each Cohort (1 and 2) ($p < 0.05$), indicating skill attainment. In Cohort 2 variation among healthcare profession groups were noted: The PA group was the only health professions group that had significantly greater Team Skills Scale Adjusted scores post test ($p = .007$). Reliability was established with a Chronbach Alpha of .80 and .85 for Cohorts 1 and 2 respectively.

Conclusion: The Team Skills Scale Adjusted survey elicited focused information from students about their perception of collaborative practice skills gained from an IPL course. The surveys indicated the course accomplished its objectives of helping students gain increased perceived competence in teamwork skills.

78



Would You Complete a Six Question Teamwork Survey? I Would.

437

Patty Vari (*Jefferson College of Health Sciences*)

Background/Rationale: The Core Competencies for Interprofessional Collaborative Practice address interprofessional competencies that are critical for safe, high quality patient care. Diversity in the implementation and evaluation of interprofessional education has made it difficult to develop recommendations for how those competences should be taught or evaluated. Lengthy surveys given to students are often submitted with incomplete data, which can detrimentally affect the analysis. The purpose of this presentation is to discuss how a shortened tool, the six question Team Skills Scale Adjusted survey, has provided valuable evaluation data on student perceptions of their IPE skills after completing a year long required Interprofessional Leadership (IPL) course.

Methods/Methodology: The IPL course for physician assistant (PA), medical, and nursing students was designed among other objectives for students to 1) gain insight into their communication behavior that enhances and impedes effective relationships 2) to recognize ineffective teamwork and intervene appropriately 3) apply those skills in an experiential setting. The Team Skills Scale Adjusted is a six-item questionnaire adapted from the Team Skills Scale (Hepburn, et al., 1996), which had internal consistency reported to be .94 Chronbach's Alpha. The Team Skills Scale Adjusted survey was administered to each student pre and post IPL course to measure student perception of team skills attainment. Paired t-tests were used to examine significant differences in the mean scores.

Results: The Team Skills Scale Adjusted questionnaire had reliability of .80 Chronbach's Alpha. A panel of IPE faculty experts determined content validity present for the adjusted scale, whose items were chosen because they closely matched the IPL course objectives. Significant differences were found between pre and post survey mean scores of 202 students, indicating skill attainment ($p < 0.05$).

Conclusion: The Team Skills Scale Adjusted instrument reliability was established. With face content validity determined, additional means for assuring the tool validity would be the next step. Efficient survey questions elicited focused information from students about their perception of collaborative practice skills gained from an IPL course.

79 **Assessing a Tri-stage Interprofessional Learning Experience on Aging** 439

Bonny Jung (*McMaster University*), Tricia Woo (*McMaster University*), Anju Joshi (*McMaster University*), Laura Harrington (*McMaster University*), Hee Jin Kim (*McMaster University*), Margaret Shkimba (*McMaster University*)

Background/Rationale: Current research points to the necessity of interprofessional practice to meet the needs of older adults. A new paradigm of health care delivery involves health care practitioners who provide patient-centred collaborative care (Aston et al, 2012). Guided by the Canadian Interprofessional Health Collaborative (CIHC) interprofessional competency framework, we developed a learning experience that bridges education to practice using exposure, immersion and mastery level interprofessional opportunities. Participating in a multi-stage IPE curriculum focused on geriatrics furthers the learning opportunities and career interests of students. This learning experience is one part of a larger initiative focused on improving health care services for older adults through enhanced training of health professional learners.

Objectives:

1. Assess the change in attitudinal competencies regarding older adults among learners as they progress through each stage of a 3-stage interprofessional learning experience.
2. Assess the change in interprofessional competencies among health professional learners.

Methods/Methodology: This study uses a mixed methods design using repeated measures. Three groups of learners are identified for each IPE level: exposure, immersion and mastery. Learners will be surveyed before and after each stage of the learning experience using the Aging Semantic Differential Scale. Group interviews will be held for the learners and older adults separately upon completing stage 1.

Results/Conclusions: This project is planned to be implemented March through to December 2015 and therefore is a work in progress. Results will be shared at the conference. It is hypothesized that this multi-stage learning experience will have a positive and motivating impact on student attitudes, knowledge, and skills towards working with older adults. The outcome will inform educators in developing or enhancing existing curricula across health science programs to prepare learners for their future roles as health care providers working with an aging population.

80 **Milestones and Entrustable Professional Activities: The Key to Practically Translating Competencies?** 440

Susan J. Wagner (*University of Toronto*), Scott Reeves (*Kingston University, London and St. George's, University of London*)

Background/Rationale: Competency-based education and practice have become foundational for developing IPE and interprofessional collaboration (IPC). There has been a plethora of competencies developed in these areas recently, both at individual institutions and nationally, however, their effective integration and thus potential has not been fully realized educationally. Milestones and entrustable professional activities (EPAs) are new concepts and assessment approaches from medical education that provide a way to functionally use and maximize competencies to ensure that competency is attained. They are applicable to learning activities both within the classroom and the clinic, as well as to lifelong learning.

Objectives:

- Define milestones and entrustable professional activities (EPAs)
- Recognize the importance of their application to interprofessional education (IPE)
- Identify possible EPAs based on the results of a research study

Methods: The study uses a sequential mixed methods approach. The first phase utilizes a modified Delphi technique to identify possible EPAs based on existing competencies and milestones from a large university. The second phase will begin to create specific EPAs for the IPE curriculum to provide a robust approach to assessment using focus groups of international experts.

Results: It is expected that this study will generate a series of EPAs appropriate for the effective assessment of IPE learning activities. Future work will involve applying the EPAs where they are typically used in student-based simulated and clinical education settings. This will allow a better understanding and functional use of both competencies and milestones that will enable the alignment of actual learning with assessment.

Conclusions: Realizing how EPAs can be applied in IPE across the continuum may well be transformative to optimize collaborative practice across the system for the ultimate benefit of clients/patients and families. In this way, attainment of competencies will be ensured and accountability for interprofessional standards of practice thus accomplished.

81 Sharing Your Nexus Story with Your Key Audiences 449

Andrew Pollen (*National Center for Interprofessional Practice and Education*), Sean Lind (*National Center for Interprofessional Practice and Education*)

Background/Rationale: At the National Center, we've heard that one of the biggest obstacles to progress in the interprofessional field is that health care educators, learners, caregivers and patients, quite literally, speak different languages. By working with diverse groups and stakeholders to develop a shared vocabulary, which uses common terms to allow easier understanding of the principles and goals of interprofessional education and collaborative practice initiatives, the National Center hopes to overcome these barriers to effective communication.

We will introduce the idea of problematic vocabulary in the field of IPECP and demonstrate how this lack of a common language leads to misunderstandings and inefficiencies.

We will also share examples of successful IPECP messages and how they were created for different audiences.

We will demonstrate a modular, customizable communications toolkit (The National Center Ambassador Toolkit) that participants can freely use to craft their own messaging. Additional National Center Resources will be provided.

82 What's the Difference between Occupational Therapy and Physical Therapy?? How a Student-led Inter-professional Outreach Clinic Addresses this Question 454

Sharon Pape (*Indiana University*), M. Terry Loghmani (*Indiana University*), Sarah Cruser (*Indiana University*), Lauren Tom (*Indiana University*), Rachel Hidde (*Indiana University*)

Background/Rationale: Historically, the delineation of practice roles between Occupational Therapy (OT) and Physical Therapy (PT) has been a source of misperception. Confusion between OT and PT scope of knowledge and roles becomes readily evident in collaborative learning environments, such as at the Indiana University Student Outreach Clinic (IUSOC); a student-led interprofessional pro-bono clinic located in Indianapolis, Indiana. Research suggests, providing "carefully constructed" interprofessional education (IPE) activities enables students to "develop an appreciation of the importance of roles and responsibilities and confront professional stereotypes" (Bagatell and Broggi, 2014). However, limited research is available discussing the impact of pro-bono clinical work on student understanding of professional roles.

Methods and Outcomes: Education methods, including condition specific case studies and focus group discussions were applied to distinguish discipline-specific skill sets and intervention approaches. These methods affirmed students' difficulty in defining and communicating clear distinctions as well as acknowledgement of overlap among the disciplines. We will report the outcomes from this study which incorporates a pre and post screening survey adapted from the Attitudes towards Health Care Teams (Heinemann et. al, 1999) to analyze differences in student perceptions and implementation of OT/PT roles and practice prior to and after participation in the clinic.

References:

- Bagatell, N., & Broggi, M. (2014, June). Occupational therapy and physical therapy students' perceptions of a short term interprofessional education module. *Education Special Interest Section Quarterly*, 24(2), 1-4
- Heinemann, G., Schmitt, M., Farrell, M., and Brallier, S., (1999). Development Of An Attitudes Towards Health Care Teams Scale. *Evaluations and the Health Professions*, 22(1), March 1999, 123-142.

83



Partnership Toolkits as a Means to Leverage Student-led Interprofessional Educational Events

455

Kirstin Manges (*The University of Iowa College of Nursing*), Nick Andresen (*University of Iowa Carver College of Medicine*), Rachel Gean (*The University of Iowa*), David Quach (*The University of Iowa*), Hayley Wittnebel (*The University of Iowa*), Yadav Pallavi (*The University of Iowa*)

Background/Rationale: A commonly recognized challenge to implementing sustainable interprofessional educational (IPE) initiatives are the logistical difficulties of bringing learners together from multiple healthcare programs. Student-led learning opportunities outside of the classroom provide an avenue to overcome these challenges. However, nearly all student-led organizations remain in their respective 'silos.'

The University of Iowa created Students for Interprofessional Education (SIPE) to provide learning opportunities. Since 2012, a leadership board of students from the Medical, Dental, Nursing, Public Health, Physical Therapy, Pharmacy colleges has met monthly to discuss IPE activities. Early in the group's development, SIPE decided that creating partnerships with other student-led organization would be the best use of resources. To encourage existing student organizations to host interprofessional events, SIPE created and leveraged support through a partnership toolkit.

Methods: In February 2014 SIPE leadership developed a partnership toolkit. Over an eight-month period the partnership toolkit was repeatedly evaluated and modified using continuous improvement methods (i.e., PDSA cycles, process mapping, feedback from leaders). Participant survey and reflections from the leadership team were used to evaluate the partnership toolkit and produce lessons learned.

Results: Partnerships with other student organization groups increased SIPE's capacity to provide IPE learning opportunities across the healthcare campus. The interprofessional toolkit allowed SIPE to partner with student groups and host 7 events over 8 months, with over 680 participants. The toolkit includes: a partnership letter template, email templates, timeline of suggested events, media checklist, tips for interdisciplinary group facilitation, budget, and an event evaluation. Lessons learned were developed.

Conclusions: Interprofessional student groups provide valuable opportunities for learning outside of the classroom. Partnerships toolkits are an effective means of increasing IPE learning opportunities on healthcare campuses and encouraging student-led groups to host interdisciplinary events.

84



Family Centred Interprofessional Education - Family, Hospital and University Partners Co-create and Co-facilitate an Interprofessional Home-visiting Program

461

Dean Lising (*University of Toronto*), Amir Karmali (*Holland Bloorview Kids Rehabilitation Hospital*), Darlene Hubley (*Holland Bloorview Kids Rehabilitation Hospital*), Laura Williams (*University of Toronto*), Golda Milo-Manson (*University of Toronto*)

Background/Rationale: The integration of patient/client and caregiver ("family") voices in the health care system is highly valued and emerging as a theme in interprofessional education (IPE) curriculum and collaborative practice literature. However, there are gaps in both the system and literature regarding family participation in co-design of IPE activities. As well, appreciation of the home environment has been neglected in curriculum more commonly based in academic and hospital teaching environments. An exciting opportunity has emerged through a partnership with hospital, university and family leadership in the creation of an IPE home-visiting program.

Methods: A core working group was formed representing IPE and family leaders at Holland Bloorview Kids Rehabilitation Hospital and the Centre for IPE, University of Toronto (U of T). Elements from two existing programs, a hospital uniprofessional home-visiting program and an university interprofessional health mentor program were merged to create a new elective in the U of T IPE curriculum. In small interprofessional groups, students gained knowledge of core family centred care principles together, made arrangements to meet families at their homes and shared their reflections. Family leaders were fully engaged in facilitating the sessions.

Results: Early results show enhancement of attitudes, confidence and knowledge. Qualitative reports from both family and student participants suggest a strong appreciation for the opportunity to learn about, from and with each other in the home environment.

Conclusion: Bringing interprofessional learning to the family home resulted in collaborative understanding of the family experience across the continuum of care. Co-design methodology enhanced the family perspective at every level. Future opportunities include evolution and expansion of the program and exploration of methods to capture the longitudinal impact of the IPE home-visiting program.

85



Application of Training in Infant Mental Health to Foster Interprofessional Collaborative Practice in a Clinic Serving Medically Underserved Families

463

Linda Vorvick (*University of Washington*), Barbara McGrath (*University of Washington*), Seth Wolpin (*University of Washington*), Nancy Thordarson (*University of Washington*), Kimberly Ander (*University of Washington*), Kathleen Leach (*Providence Everett Health Care Clinic*), Mayumi Willgerodt (*University of Washington*), Eleanor Bond (*University of Washington*)

Background/Rationale: Interprofessional collaborative practice (IPCP) is designed to support improvements in health services, clinical outcomes, and community. Providing health services to medically underserved communities offers a number of challenges for providers. For instance, children raised in such households typically experience a high number of Adverse Childhood Events (ACEs), which are associated with poor health and behavior outcomes. In this project, a Nurse Practitioner-managed clinic for medically underserved patients has engaged in IPCP improvements to improve services and outcomes for families with young children (0 -3 years).

Methods: An infant mental health curriculum, "Promoting First Relationships in Pediatric Primary Care" (PFR) was presented in training sessions for clinic staff and volunteers. This content was integrated with IPCP competencies and TeamSTEPPS training with the goal of synergistic learning regarding these two practice models. A midpoint curriculum review led to a redesign in training sessions using Kirkpatrick's educational framework.

Results: Pre-test scores of IPCP and PFR knowledge and skills were relatively high, indicating provider self-confidence in their abilities. While there was some resistance to IPCP training ("we already work together well"), there was enthusiasm for the more clinically oriented PFR content. Hence PFR became a strategy to leverage and reinforce IPCP knowledge, skills, and attitudes. The twice monthly in-clinic training sessions involve front desk staff as well as all providers (medical assistants, registered nurses, physicians, social workers, volunteers). Because of the variable nature of staff schedules and turnover, the curriculum includes scaffolding of educational tasks with repeated information to make the curriculum self-sustaining.

Conclusion: Using PFR clinical skills as the basis of improving community health, IPCP and TeamSTEPPS skills are reinforced and made sustainable in a peer-teaching model informed by Kirkpatrick's educational model and IPCP competencies.

86



Development of an Interprofessional Competency Framework in Japan

469

Junji Haruta (*International Research Center for Medical Education, The University of Tokyo*), Mariko Otsuka (*Chiba University*), Ikuko Sakai (*Chiba University*), Toshinori Shimoi (*International University of Health and Welfare*), Hisashi Yoshimoto (*Tsukuba University*), Michiko Goto (*Mie University*), Youhei Mori (*Mie University*), Kazue Yoshida (*Mie University*)

Background/Rationale: Along with the growing interest in competency-based education across higher education, many national and international health organizations have developed interprofessional competency frameworks that fit their needs and contexts (Frank et al., 2010; Thistlethwaite et al., 2014). The objective of this project is to identify a set of competencies (domains and statements) for students and healthcare practitioners to be ready for collaborative practice in Japan. We describe the status of this project and its future directions.

Methods: In Japan, the Japan Association for Interprofessional Education (JAPE) has initiated a government-funded project to formulate its interprofessional competency framework with the cooperation of the learned societies in healthcare and social sciences, such as medicine, nursing, pharmacy, nutrition, physical therapy, occupational therapy, and social welfare. At the time of this writing, this 3-year project (2013–2015) is ongoing as part of the Initiative to Build up Core Healthcare Personnel program of Mie University. This project consists of five stages—literature review, extensive data collection, prototype development, consensus formation, and finalization.

Results: We identified six interprofessional competency domains in January 2015. They include patient/client/family/community-centered, communication, partnership, mutual understanding, facilitation and reflection.

Conclusion: Our efforts will culminate in Japan's first interprofessional competency framework with consensus from relevant academic societies and other stakeholders. We hope that our process of inviting stakeholder participation will enhance the usability of the final interprofessional competency framework.

87 Transition to Interprofessional Practice: Implementing a New Interprofessional Training Program at Minneapolis VAHCS 473

Bridget Hegeman (*Minneapolis VAHCS*), Thomas Quinlan (*Minneapolis VAHCS*)

Minneapolis VAHCS was awarded funding to provide new training opportunities through the VA Interprofessional Mental Health Education Expansion Initiative. The new program was implemented on the Serious Mental Illness (SMI) team through outpatient mental health. We have added six new dedicated training positions: Advance-Practice Nursing trainee (1), Pharmacy PGY1 Resident (1), Pharmacy PGY2 Resident (1), Psychology Postdoctoral Resident (1) and Social Work Intern (2). This interactive poster will describe process of implementing the new program in an environment that, although supportive and receptive, had not provided dedicated interprofessional training in the past.

Objectives:

- describe example of a newly-implemented interprofessional training program
- describe outcomes/impact on trainees, staff and patients
- identify lessons learned to implementing programs that promote interprofessional collaborative practice

Outline:

- background of IPE and expansion of interprofessional training within the VA system
- objective/measures
- description of team and new trainees
- development of didactic material
- changes to/new clinic programming
- procedures and measures administered [includes Interdisciplinary Education Perception Scale (IEPS) Student IEPS(Luecht, et al., 1990);

References:

Readiness for Interprofessional Learning Scale (RIPLS) (Parsell & Bligh, 1999); Attitudes Towards Healthcare Teams (Heinemann, Schmitt & Farell, 1991); Entry Level Interprofessional Questionnaire (Pollard, Miers & Gilchrist, 2004); Adapted version of Interprofessional Collaborator Assessment Rubric

Curran et al., (2010). Interprofessional Collaborator Assessment Rubric. Copyright © 2010 by Academic Health Council; informal SMI team staff survey]

88 Applying LEAN Quality Improvement Methodology to Improve and Sustain Processes for Hosting Structured Interprofessional Education (IPE) Student Placements in an Academic Healthcare Setting 478

Andrea Etherington (*UHN*), Mandy Lowe (*Centre for IPE, University of Toronto*), Tracy Paulenko (*University Health Network (UHN) & University of Toronto*), Lakshmi Matmari (*UHN*), Luxmika Pathmaganth (*UHN*)

Background/Rationale: For a Structured Interprofessional Education (IPE) student clinical placement to occur, students from three or more professions must have a profession-specific placement in the same clinical area/unit (e.g., Inpatient Stroke) over the same four week period. Varying placement times of over 7000 learners across the seven sites of our multihospital academic network (University Health Network, Toronto, Ontario, Canada), and many academic institutions, poses several logistical challenges in the coordination of Structured IPE placements. Further, these experiences are not unique as the complexity of addressing logistics is often highlighted in the IPE literature as a formidable challenge. With the goal of hosting more placements across all sites at our clinical academic facilities, we explored the use of LEAN methodology to streamline our current process and hope to build a more sustainable, efficient process for the future.

Methods/Methodology: Baseline data was collected to determine the length of time and workload involved in coordinating a Structured IPE placement. A process mapping exercise was conducted with a skilled LEAN facilitator, an interprofessional education/care coordinator and two interprofessional education/care leaders in order to identify opportunities for improvement within the Structured IPE placement process.

Results: Preliminary findings will be presented (including opportunities for process improvement, actions taken to improve the processes and results of the process improvements). However, through engaging in an initial mapping exercise the participants were able to visualize immediate opportunities to improve the process and the overarching need to create a sustainable model.

Conclusions: The application of LEAN methodology holds tremendous potential to address longstanding process-related challenges associated with interprofessional education. Further, collaborating with process improvement colleagues in this work not only enabled learning about, from and with one another to improve the experiences of all involved but it also opened up new opportunities for learners in process improvement disciplines as well.

89 Interprofessional Collaborative Education: Meaningful Integration of Physician Assistant and Doctorate of Nursing Practice Students 481

Linda Vorvick (*University of Washington*), Jennifer Sonney (*University of Washington School of Nursing*), Lois Thetford (*University of Washington*), Mayumi Willgerodt (*University of Washington*)

Background/Rationale: This poster presents the opportunities and pitfalls of interprofessional education with Doctor of Nursing Practice (DNP) and Physician Assistant (PA) students with other professional school trainees. Information will be provided on the successes and challenges of IPE for DNP and PA students

Presenters will share their own case study and explain how considering educational model levels and competencies help lead to successful IPE experiences for DNP and PA students.

90 CONVERGENCE: Science-of-medicine Themes as Content Drivers for Interprofessional Education 487

Kim Hoggatt Krumwiede (*UT Southwestern Medical Center*), Kristine Kamm (*UT Southwestern Medical Center*), Angela Mihalic (*UT Southwestern Medical Center*)

Background/Rationale: We implemented an interprofessional education (IPE) curriculum, Convergence, aimed at first-year medical, health professions and graduate students. Roles/responsibilities and teamwork are taught in the context of an annual science-of-medicine theme that highlights areas of strength at this university. Initially, we saw significant gains in attitude, but small or no gains in knowledge, as assessed by pre- and post-Convergence knowledge probes. We were thus challenged to improve student learning.

Objectives: 1. Recognize the key role of institutional context for IPE design and implementation.
2. Describe the iterative process of implementation, formative feedback and adjustment.

Methods: We developed case studies on the specific topic of the theme's keynote speaker. Each school held pre-sessions on the topic. Students subsequently met in small interprofessional groups to discuss the case. An interprofessional committee of faculty experts developed the case and learning objectives for the probe. Students completed the pre-probe in the fall and post-probe after Convergence Day.

Results: Science-of-medicine themes were Obesity (2010-11), Aging (2011-12), Medical Genetics (2012-13), and Innate Immunity (2013-14). Our case-study innovation was implemented for the last two themes. By focusing on the lecturer's specific disease topic, students from all schools were better prepared to understand and appreciate the keynote presentation. Gains in knowledge were greater for all groups when comparing results before (Obesity and Aging) and after (Medical Genetics and Innate Immunity) our intervention. Combined results for fold increases were 1.07 ± 0.03 ($n=6$) before and 1.39 ± 0.06 ($n=6$) after the innovation ($p<0.001$).

Conclusion: Knowledge gains across three schools suggest that focused, theme-based content provides a productive medium for IPE. This may represent a good educational strategy for other efforts with IPE in the healthcare arena, e.g. with multidisciplinary students looking into biotech innovation (engineers, MBAs, scientists), or public health policy (physicians, nurses, educators, policy-makers).

91



Adaptability of an Interprofessional Error Disclosure Module: Implications for Faculty Development and Health Science Learning Communities

489

Mandy Jones (*University of Kentucky College of Pharmacy*), Carla Dyer (*University of Missouri School of Medicine*), Douglas Carr (*Indiana University School of Medicine*), Lee Wilbur (*University of Arkansas for Medical Sciences College of Medicine*), Eric Johnson (*University of North Dakota School of Medicine*)

Implementation of an exportable interprofessional error disclosure module at five health science institutions will be presented along with learner outcomes and lessons learned.

Background/Rationale: Curricular accreditation standards for most US health professions programs include interprofessional education (IPE) as a required element. Developing curricula and faculty for IPE can be resource-intensive, posing a significant barrier for implementation. In addition, creating context for interprofessional learning is paramount to achieve buy-in from all learners. Sharing educational modules with other institutions may aid in carrying out IPE, because faculty can focus on implementing the material without needing to invest time in development. This panel will describe the process of adapting, implementing, and sustaining an interprofessional error disclosure module within existing curricula at five health science institutions.

Objectives: 1. to determine its utility and adaptability across a variety of health professions, settings, and learners, and
2. to evaluate learner attitudes regarding team-based disclosure and faculty development in IPE.

Conclusions: The disclosure module provided relevant context for introducing and reinforcing interprofessional learning competencies while also filling a curricular gap. Learner feedback was positive across all five institutions, specifically in terms of improving communication skills, learning about other professional roles, and approaching disclosure as a team. Learners indicated gains in other skills, such as empathy, apology, dealing with difficult patients, and admitting mistakes. Faculty reported being immersed in the activity was most valuable to their development as an IPE facilitator, and adapting an existing module allowed them to shift their efforts on implementation and assessment. The development of exportable and easily adaptable modules helps minimize time and resource barriers to IPE implementation.

92



Collaborating Across Two Universities: Developing the Interprofessional Lifestyle Medicine Collaborative

491

Susan Bruce (*Northeast Ohio Medical University*), Willie Oglesby (*Kent State University*), Vincent Hetherington (*Kent State University*), Louann Bailey (*Kent State University*), Marie Hickey (*Kent State University*), Connie Tezie (*Kent State University*), Holly Gerzina (*Northeast Ohio Medical University*)

Chronic diseases are among the most common, costly, and preventable of all health problems in the United States. Treating patients with chronic diseases accounts for 75% of the nation's health care spending and two-thirds of the recent increase in health care spending is due to the increased prevalence of chronic disease. Research has shown that these health behaviors are influenced by a number of social, environmental, and other contextual factors. Fortunately, graduate professional health education has increasingly become more interdisciplinary. These changes have been fueled by research demonstrating the need for strategies that successfully address the complex interplay of social, behavioral, and clinical factors that affect negative health outcomes. To meet this need locally, faculty from two universities representing colleges of nursing, public health, podiatric medicine, and pharmacy are collaborating on the development and offering of a new interprofessional graduate professional program focused on lifestyle medicine. This program includes 2 phases: foundational courses in team-based prevention and care, followed by expansion into a graduate or professional certificate. This session will describe the development and implementation of two foundational courses in the first phase. The first course, using a distance-learning platform, introduces students to a number of concepts including interprofessional health care and disease prevention, roles and responsibilities of the various health professions, determinants of health, and planning/evaluating lifestyle changes. The second course is experiential and involves team-based simulation, community and clinical work. While the first phase of the program evolves, faculty continue to work on the development of a graduate and/or professional certificate in interprofessional care.

93



Assessment of Interprofessional Learning Opportunities Provided by a Community-based, Student-led Interprofessional Clinic

493

Kathryn Neill (*University of Arkansas for Medical Sciences*), Lee Wilbur (*University of Arkansas for Medical Sciences*), Lanita White (*University of Arkansas for Medical Sciences*)

Background/Rationale: The 12th Street Health and Wellness Center (HWC) is a community-based, student-led, interprofessional clinic. Services include patient education, health screenings, dental hygiene, dietary counseling, immunizations, basic primary care, and laboratory services. A series of three methodological evaluations were completed to characterize interprofessional learning at the HWC.

Objectives:

1. Describe a 3-part evaluation strategy to identify IPE and IPCP opportunities at a student-led interprofessional clinic.
2. Categorize students' interprofessional attitudes and perceptions following participation at an interprofessional clinic.
3. Identify Triple Aim and IPEC Domains addressed at an interprofessional clinic through team and individual reflective writings.

Methods: An online survey assessed IPE attitudes and perceptions using a modified Physician-Pharmacist Interprofessional Clinical Education (SPICE-R) instrument. Thematic analysis of 129 volunteer team reflections identified categories and IPEC domains addressed by 3 coders using the constant comparative approach. Integration of Triple Aim and interprofessional knowledge was evaluated by rubric incorporating Self, Interprofessional Team, and Triple Aim parameters to assign points for three levels of reflective writing - Descriptive (1), Analytic (3), Integrated (5).

Results: 214 students completed the survey. Average SPICE-R score was: 4.4 (SD=0.6) interprofessional teamwork/team-based practice, 4.3 (SD=0.7) patient outcomes, and 3.9 (SD=0.8) roles/responsibilities. Eight reflective themes (#cited) were identified: Knowledge Sharing (186), Skills Teaching (52), Communicating with Patients (43), Teamwork Building (39), Role Discovery (31), Barriers to Healthcare (26), Self Discovery (19), and Sensitivity to Diversity (11). IPE Core Domains mapped (% total) were: Values & Ethics (16%), Roles & Responsibilities (64%), Interprofessional Communication (9%), Teams & Teamwork (10%). Average scores (SD) for individual reflections (n=12) were: Self - 4.3 (1.2), Interprofessional Team - 3.5 (1.5), Triple Aim - 3.4 (1.6). Total average score (SD) was 11.2 (3.5).

Conclusions: Students had positive views of interprofessional teamwork/team-based practice and patient outcomes from collaborative practice. Most had little professional bias and saw benefit of interprofessional teams on patients' outcomes. Students' understanding of roles/responsibilities was lower than other domains. Major themes identified and integration of roles and responsibilities and Triple Aim goals in reflections indicate the HWC serves as a conduit for practice-based and IPE learning goals.

94



CONVERGENCE: An IPE Model for Sustainability, Institutional Integration, and Inter-institution Collaboration

494

Kim Hoggatt Krumwiede (*University of Texas Southwestern Medical Center*), Kristine Kamm (*UT Southwestern Medical Center*), Angela Mihalic (*The University of Texas Southwestern Medical Center*)

Background/Rationale: One of the major barriers for interprofessional education (IPE) is sustainability. In its sixth year, Convergence, has established sustainable IPE at the University of Texas Southwestern Medical Center (UTSW). The Convergence model can provide template for sustainable IPE for other institutions.

Objectives: After reading the poster, the participant will be able to:

1. Identify some key components to IPE sustainability
2. Identify Convergence as a model for sustainable IPE for adoption at their institution.

Methodology: Convergence conducted annual IPE activities utilizing small interprofessional student groups (medical, nursing, physician assistant, physical therapy, prosthetics-orthotics, clinical nutrition, rehabilitation counseling, radiation therapy). The activities focused on foundational interprofessional competencies including identifying roles and responsibilities, communication and teamwork. A science of medicine or a clinical topic (i.e. obesity and metabolism, aging) provided a medical theme for activities.

Results: After a mandatory five-years, Convergence received additional institutional financial support to continue IPE. Convergence also provided IP competencies for multiple programs' accreditation requirements. Additional IPE/IPP activities were able to scaffold on the IP educational foundations and utilize established IP student groups (i.e. an interprofessional student rotation at a nursing home, an interprofessional interview with a healthy elderly person, a clinical skills activity on team-based disclosure of a medical error). Convergence also provided the educational anchor to introduce first year students to basic TeamSTEPPS concepts. Additionally, Convergence was able to show significant knowledge gains from students in the annual science of medicine themes. Finally, Convergence collaborated with Texas Women's University, to bring nursing students and facilitators into the interprofessional activities.

Conclusion: Convergence has successfully: garnered administrative support; established intra-institutional integration; provided foundational support for additional IPE/IPP activities; and cultivated inter-institution collaboration. The Convergence model can provide a template for sustainable IPE for other institutions.

95 **Reflective Practice in Interprofessional Collaboration: Challenges and Prospects** 496

Amélie Richard (*Université Laval*), Emmanuelle Careau (*CIRRIIS, CERSSPL-UL, Université Laval*), Mathieu Gagnon (*Université de Sherbrooke*)

Background/Rationale: According to the recent Lancet report Health professionals for a new century : transforming education to strengthen health systems in an interdependent world, interprofessional education and collaborative practice (IPECP) should be optimised in order to ensure the provision of consistent and coordinated patients' care and services. One of the means identified is the development of reflective practice. Reflective practice is generally defined as a process by which the professional, facing a doubt, reflects on the problem and searches for possible solutions. If the importance of reflective practice is generally recognized, both in terms of professional and interprofessional practices, there remains a lack of evidence and the concept itself still has to be clearly defined.

Objectives:

- Present a review of reflective approaches used in IPECP contexts
- Identify reflective practice implantation obstacles in IPECP optimization contexts
- Identify further development possibilities

Method: A systematic review was conducted in Pubmed, CINAHL, ERIC and the Journal of Interprofessional Practice and Education, crossing IPECP related terms (ex : interprofessionnal*, Multidisciplinar*,...) with reflective practice ones (ex : reflective practice, critical thinking ,...). Articles presenting reviews on the same topic, researches using reflective practice to optimize ICEP and articles identifying reflective practice as a means to optimize the CIP were selected. The texts were analyzed to extract a framework for the integration of reflective practice within the context of optimization of the ICEP. Results

The analysis identified the kind and amount of research actually conducted within the IPECP field concerning reflective practice. Evidences were documented and recommendations were provided for further developments.

Conclusion: Reflective thinking could be considered as a potential way to optimise IPECP but further research is needed to strengthen the evidences. Therefore, it is essential to provide clarification on the construct of reflective practice in order to develop clear guidelines for its use in the IPECP context.

96 **Development and Implementation of a Triple Aim Focused Interprofessional Education (IPE) Curriculum at a Multi-college Academic Health Center** 504

Kathryn Neill (*University of Arkansas for Medical Sciences*), Lee Wilbur (*University of Arkansas for Medical Sciences*), Sara Tariq (*University of Arkansas for Medical Sciences*)

Background/Rationale: The University of Arkansas for Medical Sciences (UAMS) is committed to creating a Triple Aim culture which incorporates IPE competencies to improve patient care, improve population health and reduce cost of care. Creating opportunities for IPE can be challenging for multi-college campuses because of variation in schedules, faculty development needs, and accreditation standards. Triple Aim goals are applicable to all academic units and service lines at UAMS and serve as a unifying framework to build IPE activities.

Objectives:

1. Define the principles of the Triple Aim and IPEC Core Domains.
2. Describe a 3-phase curriculum that incorporates the Triple Aim and guiding principles for IPE across Novice, Intermediate, and Advanced stages of learning and practice.
3. Describe the application of the Triple Aim IPE curriculum to a variety of learners, practitioners, and community partners.

Methods: A 12 member IPE Steering Committee composed of representatives from all 6 colleges at UAMS worked interprofessionally to design a longitudinal curriculum that incorporates IPE through a series of learning and practice activities grounded in Triple Aim tracks. The proposed curriculum was presented to the curriculum committee/faculty assembly for each college and approved as a campus-wide graduation requirement.

Results: A three phase Triple Aim IPE curriculum (Exposure, Immersion, and Competence) was developed and aligned with professional competency development through novice, intermediate, and advanced levels in students' home program. Curriculum elements incorporate the Triple Aim, IPEC Domains, Patient and Family Centered Care concepts, Health Literacy, Social Determinants of Health, and Health Economics including collaboration from community partners. Students complete a cycle of concept learner, practitioner, and junior educator. The Triple Aim curriculum is piloted in the spring of 2015 with implementation of IPE graduation requirements beginning Fall 2015.

Conclusions: The UAMS Triple Aim curriculum minimizes the need for schedule collaboration, provides faculty development opportunities for teaching and practice-based responsibilities, and allows each college to individualize curriculum to meet accreditation standards. Faculty development is provided interprofessionally and is developed by faculty equipped to assist with the three Triple Aim curriculum phases. This curriculum structure is broadly applicable to health science centers of any size and composition.



Implementing a Longitudinal Interprofessional Curriculum: The University of Minnesota 1Health Journey

507

Cheri Friedrich (*University of Minnesota School of Nursing*), Brian Sick (*University of Minnesota*), Amy Pittenger (*University of Minnesota College of Pharmacy*), Heather Mead Kim (*University of Minnesota*), Barbara Brandt (*University of Minnesota*), Janet Shanedling (*University of Minnesota*), Gina Kundan (*University of Minnesota*), Karla Hemesath (*University of Minnesota*)

Objectives:

1. Learner will understand how the University of Minnesota developed a longitudinal interprofessional education (IPE) curriculum across programs in their academic health center
2. Identify essential elements needed for IPE implementation across a large academic health center
3. Identify the challenges and success that come with development of IPE curriculum

Now is a time of great change in the health care industry as the Nation grapples with Health Care Reform. In 2008 the Triple Aim was first introduced by the Institute for Health Care Improvement (IHI) as a framework to guide care delivery in which costs are contained, patient care experiences are improved and population health is addressed (Berwick, D.M., Nolan, T.W., & Whittington, 2008). It has been suggested that new models of care will help to achieve these goals. Not long after the introduction of the Triple Aim the Interprofessional Education Collaborative Expert Panel (2011) introduced the core competencies for interprofessional collaborative practice. It is believed that improving collaboration will help to meet the Triple Aim.

To ensure that health care graduates are prepared for this collaborative practice it is essential that students are educated in the context of an interprofessional curriculum. Developing a longitudinal curriculum is challenging in a large academic health center, but a clearly defined framework will guide the work that is necessary. Currently, the University of Minnesota is implementing a four-year interprofessional education (IPE) curriculum that addresses foundational knowledge, necessary skill development and interprofessional experiential opportunities. This poster details the successes and challenges that have occurred.

Some of the successes were: support of the deans of all of the schools, development of a curriculum framework, a core team with dedicated time to implement IPE curriculum (the 1Health team), an interprofessional curriculum committee work-group, faculty champions, and a formalized faculty development curriculum. Some of the challenges that were encountered include: conflicting program rotations/schedules, lack of financial incentive related to IPE workload, lack of evaluation data, perceived lack of momentum, and lack of broad faculty engagement.

We continue to build on our success and learn from our failures all while keeping in mind our ultimate goal of creating collaborative health care providers ready to tackle the Triple Aim in a transforming health system.

Created in 2000 to lead the University of Minnesota's efforts in interprofessional education, technology-enhanced learning, community-based education and faculty development, the Academic Health Center (AHC) Office of Education fosters interprofessional collaborations across the six AHC schools. The Office of Education is led by Barbara Brandt, PhD, who also serves as director of the National Center for Interprofessional Practice and Education, offering it unique insights into the latest evidence and trends in the study of interprofessional education and collaborative practice (IPECP). Learn more about the Office of Education by visiting www.ahceducation.umn.edu and the National Center at www.nexusipe.org.

References:

- Berwick, D.M., Nolan, T.W., & Whittington, J. (2008). The triple aim: Care, health and cost. *Health Affairs*, 27, 759 – 769.
- Interprofessional Education Collaborative Expert Panel. (2011).
- Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.
- Zorek, J. and Raehl, C. (2012). Interprofessional education accreditation standards in the USA: A comparative analysis. *Journal of Interprofessional Care*; Informa UK, 1-8. DOI: 10.3109/13561820.2012.718295

98



Can Google Apps for Education be an Effective Tool for Collaborative Learning in an Interprofessional Collaboration Education Course?

508

Audrey Raynault (*University of Montreal*), Isabelle Brault (*University of Montreal*), Marie-Claude Vanier (*Université de Montréal*), Gabriel Dumouchel (*University of Montreal*), Luigi Flora (*UdeM*), Thierry Karsenti (*University of Montreal*)

Interprofessional Collaboration Education (IPE) is considered of the outmost importance for health professionals (WHO, 2010). While collaborative online learning environments are used by many health faculties (Gordon, Booth, & Bywater, 2010), its use to facilitate IPE in an online setting is recent and only limited research can be found with both asynchronous (e.g. chat) and synchronous (e.g. web conference) online tools (Hanna et al., 2013). Since 2009, students from 13 undergraduate health sciences and psychosocial sciences programs at the University of Montreal follow a training program in interprofessional collaboration and partnership in care based on the concept of partnership in care with patients and their informal caregivers, within a collaborative practice approach. Online synchronous and asynchronous tools provided by Google apps for education (GAFE) have recently been introduced in this curriculum in order to improve collaboration between students for writing productions and reflective practice. This communication will describe the PhD student action-research project that will be used to study this new pedagogical approach. The research team will closely follow one interprofessional student team (n=18) and survey the whole cohort (n=1500) during all of the IPE training with GAFE (3 semesters). This research project aims to bring all participants (students, patients, teachers, researchers) to collaborate in order to learn to identify, clarify and solve problems they'll face during their training, while evaluating GAFE's efficacy in that particular context. Quantitative and qualitative analysis will be done with data collected from collective reflective diaries and questionnaires measuring e-learning presence in the context of a community of inquiry (Garrison & Anderson, 2003) and collaborative work (Chiocchio et al., 2012). Results from this study could substantiate GAFE usefulness as an e-learning environment for IPE and for improving collaborative practices in healthcare.

99



How do Organizational Factors Influence Interprofessional Collaboration in Primary Healthcare Settings in Quebec, Canada?

512

Kadija Perreault (*CIRRISS/ U. Laval*), Raynald Pineault (*Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal*), Roxane Borgès Da Silva (*Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal*), Sylvie Provost (*Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal*), Alexandre Prud'homme (*Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal*), Debbie Ehrmann Feldman (*Centre de recherche interdisciplinaire en réadaptation du Montréal métropolitain*)

Background/Rationale: Interprofessional collaboration is a key aspect of primary healthcare and has been at the heart of several reforms. Still, little empirical work has examined the influence of organizational factors on interprofessional collaboration in primary health care. Our objectives were to identify, in primary healthcare organizations, organizational factors associated with degree of collaboration between 1) general practitioners (GPs) and medical specialists, and between 2) GPs and other types of healthcare professionals.

Objectives:

- Discuss the influence of organizational factors on interprofessional collaboration
- Discuss primary care reform and its influence on interprofessional collaboration.

Methods/Methodology: This was a cross-sectional survey of primary healthcare organizations in the Province of Quebec (Canada). A physician or administrative manager from each organization completed a survey questionnaire. Bivariate comparisons and multivariate logistic regression analyses were conducted using degree of collaboration as the dependent variables. The independent variables were the type of clinic (pre- vs. post-primary care reform), affiliation with a hospital by ³¹ of the clinic's GPs, clinic collaboration with a hospital, number of specialists/professionals in the clinic's building, % of patients with >1 chronic disease within the clinic's caseload, as well as region.

Results: Data were collected for 376 organizations. Clinic collaboration with a hospital and % of patients with chronic diseases were associated with degree of GP-specialist collaboration. Proportion of patients with chronic diseases was the only factor associated with collaboration between GPs and other professionals,

Conclusions: Based on our findings, new types of clinics developed as the result of primary care reform are not associated with degree of collaboration. The associations we found between % of patients with chronic diseases and collaboration are in line with the often-cited rationale for promoting interprofessional collaboration, as a means to better respond to the needs of persons with complex conditions, such as chronic diseases.

100



Students Sharing Leadership: Building Interprofessional Teams for Population Health Initiatives

516

Sara Goldsby (*University of South Carolina, College of Social Work/Arnold School of Public Health*), Jennifer Bailey (*University of South Carolina, College of Education*), Rebecca Christopher (*University of South Carolina, College of Social Work*), Melissa Gilbreth (*University of South Carolina, School of Medicine*), Riley Stroman (*University of South Carolina, School of Medicine*)

Background/Rationale: Under faculty supervision, health professional students in medicine, public health, social work, nursing, and pharmacy have led the expansion of the University of South Carolina's Institute for Healthcare Improvement (IHI) Open School Chapter. As a student-run organization, IHI has recently begun to focus on community service that targets population health.

Methodology: Students used components of Marshall Ganz's social movement theory and leadership theory, as well as the interprofessional network of the student membership of the IHI Open School Chapter to build project teams around identified health needs in the community. Through relationship building, including public narrative and identifying shared values, students recruited others from multiple professions to move toward purposeful action.

Results: Students members of USC's IHI Open School Chapter built interprofessional teams for projects targeting:

- Education of new mothers for early intervention of Torticollis and Plagiocephaly in infants
- Building partnerships with low-income, elderly and disabled community residents with diabetes, for education and lifestyle coaching
- Outreach to the local homeless population to identify health needs and provide resource and referral support

Conclusion: With community organizing tools and strategies, students can share leadership to plan, build, and maintain community service projects for interprofessional experiences that work toward improving population health.

101



A Dialogal Investigation of "Becoming an IPE Facilitator"

530

Cynthia Grapczynski (*Grand Valley State University*), Cynthia Beel-Bates (*Grand Valley State University*), Joan Borst (*Grand Valley State University*), Courtney Karasinski (*Grand Valley State University*), Russell Wallsteadt (*Grand Valley State University and Kent Intermediate School District*)

Background/Rationale: Faculty who teach interprofessionally have few models. They are familiar with education, socialization, and practice within their own professions. A number of administrators from various health education disciplines are committed to faculty development in IPE methods to ensure our students receive a consistently effective IPE experience. Five faculty from different health professions participated in a pilot faculty development program to facilitate interprofessional education (IPE), came together to co-teach the first IPE course at a Midwestern university, and then collaboratively reflected on this transformative experience.

Methods: The dialogal process, a phenomenological method, includes dialogue on three levels; preliminary, transitional, and fundamental. This process, an acceptable educational research method, creates a sense of understanding about a given phenomena. Five faculty committed to this process with approval from the university Human Research Review Committee. Twelve hours of video recorded pilot sessions were transcribed for analysis. The rigor of critical self and group reflection is substantiated through the three levels of dialogue that move from sharing and exploration to collaborative understanding. Researchers' thematic analysis of the transcribed data identified emergent themes.

Results: The faculty discovered that their continuing transformation was reflected in seven emergent themes, which included our function as a "team", our "development as skilled facilitators", our "process" and "behavior", our "emotions", and our "client-centeredness". Our critical reflection together has helped us to see ourselves as a unique and evolving team with relationships that expand beyond the classroom, and has given us new skills to apply within our own professional curricula.

Conclusions: Critical reflection is a key component of development of interprofessional facilitation.

102 Critical Reflection as a Core Competence for Effective Interprofessional Education and Collaborative Practice

532

Susan J. Wagner (*University of Toronto*)

Background/Rationale: We actively make sense of our world and acquire knowledge by creating or constructing ideas and concepts based on our experiences, both past and present. Adult learning principles influence the attainment of competencies wherein the learner is seen as responsible for their own learning. Kolb noted that this learning process involves constant consideration of experiences that result in new insights. Reflective learning is a key tenet of adult learning and is based on the seminal work of Kolb and Schon, the latter who coined the key concepts of reflection-in-action and reflection-on-action. Both are key to competency development in interprofessional education (IPE) and collaborative practice (ICP).

Objectives:

- Define critical reflection
- Describe its value as a core competency in IPE and ICP
- Identify a reflective writing tool used to deepen reflection
- Consider the application of critical reflection to one's own interprofessional contexts

This poster will elucidate the importance and impact of critical reflection on learning as a core competency of IPE and ICP. Critical reflections tools and strategies to foster and maximize critical reflection will be discussed. Examples from interprofessional education and speech-language pathology curricula at a large university where reflection is requisite following IPE learning activities and as the cornerstone of a capstone portfolio will be presented.

103 Development and Implementation of an Interprofessional Family Assessment and Plan of Care as a Learning Tool

535

Pamela Waynick-Rogers (*Vanderbilt School of Nursing*), Shannon Cole (*Vanderbilt University School of Nursing*), Heather Davidson (*Vanderbilt University School of Medicine*), Rebecca Lofton (*Vanderbilt Program in Interprofessional Learning*), Allison Provine (*Lipscomb University School of Pharmacy*), Paula Foster (*L.C.S.W. Vanderbilt University School of Nursing*), Jule West (*Vanderbilt University School of Medicine*)

The Vanderbilt Program in Interprofessional Learning (VPIL) places medical, advance placement nursing, pharmacy and social work students on teams in community and hospital based primary care clinics and subspecialty clinics to deliver patient care one half-day per week. As part of the curriculum, student teams complete an Interprofessional Family Assessment (IFA), including a home visit and negotiation of a interprofessional plan of care (IPOC). The IFA/IPOC was developed by an interprofessional panel of educators.

Student teams complete a family assessment on a patient they identify with the help of their clinic preceptor. The VPIL educator team created the assessment questions to be comprehensive and include an interprofessional perspective. Students use the medical record to begin the IFA and prepare for visiting the patient as part of a home visit protocol. The home visit is meant to provide a first person perspective in order to complete the IFA. Using their assessment data, each individual student generates a discipline specific SOAP (subjective, objective, assessment, plan) note. From the discipline specific SOAP notes, each team negotiates a collaborative SOAP. The final project is presented as an "interprofessional plan of care" in a classroom seminar.

Implications: Students regularly rate this assignment very highly on their end of semester course evaluations and often comment that the home visit experience was a highlight of their year. Faculty observe that this assignment provides the interprofessional team an opportunity to develop the professional competencies of respect, empathy, and a deeper understanding for the multiple factors that impact peoples' health. It also allows the team to share their different and overlapping professional perspectives about the person's health needs and how to prioritize interventions. Based on feedback from previous cohorts the faculty continue to improve the process and implementation of the project.

104 

Can we Agree? Examining Consensus on Professional Behaviors for Evaluation of Entry-to-profession Students in Eight Allied Health Disciplines

548

Diane Dodd-McCue (*Virginia Commonwealth University*), Dianne Simons (*Virginia Commonwealth University*), Lauren Fenlon (*Virginia Commonwealth University*)

Background/Rationale: Professionalism is a broad term that encompasses the behaviors and attitudes of individuals within their occupational context. These shared perceptions and behaviors associated with professionalism are a foundation for effective interprofessional collaboration. This study examined whether clinical evaluators from eight SAHP discipline share common standards in evaluating professionalism. The aim was identification of core behaviors to serve as the basis for professionalism assessment across the school.

Methods: The descriptive non-experimental study used a Delphi technique with three rounds of online questionnaires. Participates were selected from a purposeful sample, with 48 clinical evaluators representing eight disciplines. The study is part of a multistage project conducting from a collaboration of faculty from different SAHP areas and the School of Engineering to develop and pilot a multidisciplinary professionalism evaluation tool for students and clinical evaluators using mobile devices.

Results: Preliminary results suggest professionalism behaviors cluster around 1.) professional attitudes, 2.) work ethic and responsibility, 3.) relationships and interpersonal skills, 4.) knowledge and critical thinking, and 5.) values and ethical behavior across the represented disciplines. A core collection of these behaviors were shared by all eight disciplines, although there were discipline-distinct differences. The study indicates that evaluation of professional behaviors in entry-to-profession students is critical across allied health professions and an app based assessment can facilitate the process.

Conclusion: The results provide support for common professionalism dimensions to be implemented across a SAHP. These dimensions will be used in the development of a professionalism instrument applicable across diverse SAHP areas. Future efforts will examine the generalizability and replication to other health services areas.

105 

Carilion Clinic Prenatal Genetics Conference: An Interprofessional Collaboration Serving the Fetal Patient

550

Cassandra Johnson (*Carilion Clinic Children's Hospital*), Emily Doherty (*Section of Clinical Genetics, Carilion Clinic Children's Hospital*), Catherine Griswold (*Carilion Clinic Maternal – Fetal Medicine*), Ann Jewell (*Carilion Clinic Maternal – Fetal Medicine*), Christopher Slocum (*Pediatrics Medical Group, Carilion Clinic*)

Background/Rationale: The team approach in prenatal medicine becomes increasingly important in the high-risk population. As technology advances we are now able to diagnose many congenital conditions in utero, which should allow for better preparation for prenatal care and delivery. Management of the fetal patient requires the expertise of various physicians and other clinicians, ranging from maternal-fetal medicine, geneticists and genetic counselors to neonatologists, pediatric surgical and medical subspecialists, and experts in medical imaging.

Methods: Here, we describe a monthly interdisciplinary care team meeting at Carilion Clinic that (1) transfers information about high-risk fetal patients and (2) serves as a forum for medical education about relevant topics. The conference is regularly attended by various clinical team members from maternal-fetal medicine, genetics, pediatric subspecialties, and by pediatric resident physicians. From January 2012 to December 2014 (three years), an average of 13 healthcare professionals (excluding student observers) attended each conference. Regular attendees included physicians, genetic counselors, nurses, and sonographers. A voluntary survey about the usefulness of the conference was recently distributed to the 40 individuals who are regularly invited to attend the conference.

Results: The survey had fifteen respondents. Eleven respondents (73%) agreed with the statement that the conference has changed the care they delivered to their patients because they learned additional clinical information. Fourteen respondents (93%) agreed with the statement that the conference has changed the care they delivered to their patients because it increased their medical knowledge. Thirteen respondents (87%) "agreed" or "strongly agreed" with the statement that the regular meeting of this interdisciplinary conference improves patient care at our hospital.

Conclusions: Regular conference attendees perceive that this conference improves patient care at Carilion Clinic.

106



Building Interprofessional Competencies in Oral Health Education and Patient Care

554

Anita Glicken (*University of Colorado School of Medicine*), Judith Haber (*NYU*), Erin Hartnett (*NYU*), Maria Dolce (*NEU*)

To address today's complex health issues new delivery models must engage a diverse primary care workforce in integrated care. This is particularly true in oral health, where a fragmented delivery system has divorced oral health from traditional medicine; oral health remains a major source of health care disparities. The 2011 IOM Report, *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, recommended that non-dental health care professionals fill this role in oral health care and in 2014 HRSA released a follow up report, *The Integration of Oral Health in Primary Care Practice*, which identified core interprofessional oral health clinical domains and competencies.

The National Interprofessional Initiative in Oral Health (NIOH) weaves oral health and its relationship to overall health into interprofessional faculty and student experiences that are heavily grounded in shared competencies and goals. Since

2008, the NIOH has pursued an interprofessional oral health agenda grounded in education, equipped with a common foundational learning tool, *Smiles for Life*. Over the past two years, 18 professional organizations representing six different health professions have endorsed this resource, including over 180,000 discrete users. These endorsements have transformed the *Smiles for Life* curriculum into a valuable interprofessional education resource, providing a common language and culture in oral health.

This poster describes how free access to the *Smiles for Life* curriculum makes it easy for academic institutions to embed interprofessional oral health content into existing educational programs. Presenters include NIOH leaders from medicine, physician assistant practice and nursing who will discuss key strategies including simulation, community service and innovative case studies that make oral health the perfect exemplar for teaching competencies that prepare students for interprofessional practice. Academic institutions across the country are now using *Smiles for Life* and other tools to embed interprofessional competencies and oral health into their health professions curriculum.

107



Interprofessional Development and Execution of a Module to Teach Musculoskeletal Examination Skills

561

Steven Ambler (*School of Physical Therapy & Rehabilitation Sciences, Morsani College of Medicine, University of South Florida*), Frederick Slone (*USF Health Morsani College of Medicine, University of South Florida*), Kira Zwygart (*USF Health Morsani College of Medicine, University of South Florida*), Stephanie Peters (*School of Physical Therapy & Rehabilitation Sciences, USF Health Morsani College of Medicine*), Hugo Narvarte (*USF Morsani College of Medicine, University of South Florida*), David Ecker (*USF Health Morsani College of Medicine, University of South Florida*)

Background/Rationale: Interprofessional collaboration is emphasized in healthcare to improve effectiveness and efficiency of care. By educating future healthcare professionals in an environment similar to their future practice settings, our novel, interprofessional approach to developing and teaching first-year medical and physical therapy student's basic physical examination skills enables students and faculty to learn with, from, and about each other.

Methods: As part of a larger year-long clinical skills course for first-year medical and physical therapy students, a collaborative interprofessional team developed an integrated series of two modules to teach musculoskeletal examination skills. Each module includes learning objectives, didactic content, and an instructional video highlighting the similarities, differences and complementary nature of examination techniques between the two professions. Each student is assigned to a small group led by interprofessionally trained near-peers and oversight by faculty preceptors from both professions. Successful completion of a year-end skills assessment involves a video-taped, patient-centered physical examination of a standardized patient. The film is critically reviewed by faculty and senior students of the interprofessional team as well as the student learner, who provides a self-reflection.

Results: This poster will encompass far more than simple skill acquisition by the students. Students and faculty learn about each other's roles on the healthcare team allowing students to develop learning relationships not only in other courses but also in their future practices. This experience has also increased interprofessional collaboration among faculty in education as well as clinical practice.

Conclusions: This novel approach to interprofessional student instruction has enabled students and faculty to form an effective collaborative learning community. In addition to appreciating the complementary approach to clinical skills, student learners model interprofessional teamwork demonstrated by near-peers and faculty. The interprofessional approach to this clinical skills module, from design to assessment, is fundamental to its success and should be considered in future designs.

108 

Facilitating IPE for Learners in the Practice Setting: Incentives, Barriers and Rewards for the Individual and the Organization

562

Joanne Newell (*Dalhousie University School of Nursing*), Elizabeth Cooper (*IWK Health Centre*), Vicky Veitch Wolfe (*IWK Health Centre*), Tanya Dutton (*Capital District Health Authority*), Anne Godden-Webster (*Dalhousie University*)

Background/Rationale: Much of the literature concerning outcomes of interprofessional education (IPE) initiatives focuses on the learner, with far less attention paid to the impact on IPE facilitators of the facilitation experience itself. Over the past seven years, Dalhousie University has partnered with healthcare settings throughout the province of Nova Scotia, Canada, to develop and implement facilitated team-based IPE experiences for students completing practicum or fieldwork placements in the practice setting. Although these facilitators participated in training workshops and were mentored by more experienced facilitators, recruitment of facilitators has been a challenge and assessment of their experiences has not been systematic. The need to better understand the impact of the facilitation experience on both the individuals and the organizations, as well as the reasons for volunteering to serve or not serve as a facilitator, was determined to be a priority for program evaluation.

Methods/Methodology: An online survey was designed to explore perceptions concerning incentives and barriers to serving as a facilitator, benefits and challenges of facilitating IPE experiences for learners, and the impact on one's own practice, on patients/clients, on the healthcare team, and the organization. Thirty healthcare professionals from a variety of health care settings across Nova Scotia are completing the survey.

Results: This poster will describe the impact on the facilitator's practice and on the organization as a whole. Themes relating to the nature of this impact will be presented.

Conclusions: The provision of IPE experiences for learners in the practice setting can have a major impact on the healthcare professionals who facilitate these experiences, and on the organization as a whole. Considering and understanding the nature of this impact is relevant for groups who wish to undertake offering IPE experiences for students, and for creating a sustainable IPE program within academic health care settings.

109 

A Medical and Pharmacy Student Initiative to Provide Conflict of Interest Training and Improve Interprofessional Education

564

Nick Andresen (*University of Iowa Carver College of Medicine*), Joel Gordon (*University of Iowa Carver College of Medicine*), Peter Wehr (*University of Iowa Carver College of Medicine*), Peige Zhou (*University of Iowa Carver College of Medicine*), Tyler Olson (*University of Iowa Carver College of Medicine*), Andrea Klepper (*University of Iowa College of Pharmacy*), Joshua Rose (*University of Iowa College of Pharmacy*), Daisy Wang (*University of Iowa College of Pharmacy*)

Background/Rationale: Conflict of interest (COI) disclosure lies at the forefront of healthcare policy improvement for patient-centered care. Providers must jointly navigate the pressures exerted upon healthcare delivery by sales representatives and advertising tactics in order to maintain effective teamwork. Interprofessional education (IPE) and COI training prepares health sciences students to collaborate under consistent policy and resist undue industry influence on future professional practice.

Preclinical COI training provides students the tools to understand commercial influence while facilitating interprofessional discussion and collaboration that meets core IPE tenets. Medical and pharmacy students led an initiative to improve COI education amongst multiple health sciences professions students at The University of Iowa (UI).

Methods/Methodology: Medical and pharmacy students collaborated with a well-established interprofessional student group at UI to improve curriculum and host educational events surrounding COI. With faculty guidance, medical and pharmacy students:

- Established the use of COI disclosure slides in preclinical lectures at their respective colleges.
- Incorporated a unifying "Just Medicine" pledge to protect patients by adhering to ethical industry interactions into pre-clinical curriculum.
- Hosted faculty-guided documentary screenings, a lunchtime lecture, and an interactive case study and discussion amongst medical, pharmacy, physician assistant, nursing, and dentistry students.
- Organized an interprofessional journal club to analyze COI in the literature.

Results: Medical and pharmacy students facilitated IPE through the use of COI training. COI education generated significant student involvement and interest from multiple health sciences professions. Specific results include:

- Disclosure slides implemented in preclinical lectures.
- Over 90% of students completing the "Just Medicine" pledge.
- Improved student understanding of COI in relation to professional practice.
- Increased interprofessional student discussion and collaboration.

Conclusions:

1. Interprofessional student groups provide a foundation for campus-wide student-led initiatives.
2. COI education promotes policy discussion and professionalism amongst health sciences professions students.
3. IPE is best promoted by student-led events that foster interdisciplinary interest, learning, and collaboration.

110



The Leaders Role in Developing High Performing Interdisciplinary Teams: A Case Study Using the Tuckman's Model of Team Development

570

Kirstin Manges (*The University of Iowa College of Nursing*), Jill Cawiesell (*The University of Iowa College of Nursing*), Marcia Ward (*The University of Iowa*)

Background/Rationale: The role of interdisciplinary teamwork and effective communication among providers in providing safe patient care has been increasingly recognized. Despite growing awareness in the link between patient safety and teamwork, healthcare providers frequently do not work together as high performing interdisciplinary teams. Hospitals have implemented safety initiatives to improve teamwork (such as TeamSTEPPS); however, development and sustainability of high performing teams remains relatively understudied.

The purpose of this exemplar case study is to examine the role of the leaders' in facilitating the development of high performing teams using the Tuckman's Model of Group Development (TMGD) as a guiding framework.

Objectives:

- Describe how the Tuckman's Model of Group Development can be applied to high performing interdisciplinary teams
- Identify four leadership strategies that leaders can use to facilitate successful team development

Methods: Using semi-structured key informant interviews, an exemplar case study was developed using 50 interviews collected quarterly over 2.5 years. Baxter's qualitative case study methodology was used to code the six stages of TMGD (Forming, Storming, Norming, Performing, Outperforming, Adjourning).

Results: Leader and team roles changed as the team transitioned through the six development stages identified in the TMGD framework. As the clinical team developed into a high performing team, four critical challenges were identified: setting the stage by the leader, resolving conflict and tension, successfully implementing and sustaining projects, and seamlessly integrating new team members and expanding the reach of the initiatives. The role of the leader as the facilitator of the teams' development was explored.

Conclusion: Leaders are crucial to effective team development and moving teams towards high performance. The case study provides an exemplar case of how understanding the stages of team development can assist healthcare leaders to identify potential challenges in interdisciplinary team development. Additionally, key actions for leaders to overcome various critical challenges are identified.



Transforming Healthcare Relationships: Restoring the Primacy of Core Values in Healthcare

575

Elizabeth Rider (*Harvard Medical School*), Diana Slade (*Hong Kong Polytechnic University & University of Technology Sydney*), Suzanne Kurtz (*College of Veterinary Medicine, Washington State University; University of Calgary*), William Banch Jr. (*Emory University School of Medicine*), H. Esterbrook Longmaid III (*Beth Israel Deaconess Hospital-Milton*), Jack Kwok Hung Pun (*Oxford University, Hong Kong Polytechnic University*), Ming-Jung Ho (*National Taiwan University College of Medicine*)

Background/Rationale: The human dimensions of care—core values and skilled communication—are essential for practicing safe, compassionate, relationship-centered care; yet these dimensions have not received the emphasis necessary for attention in every healthcare encounter. The International Charter for Human Values in Healthcare [1,2] delineates core values fundamental to all healthcare interactions—e.g., clinician-patient, interprofessional/team, and others across healthcare systems and their stakeholders. Objective: to describe the Charter's further development and progress translating core values and skilled communication into action.

Methods: We established an international, interprofessional collaborative of clinicians, researchers, educators, communication specialists, linguists, healthcare leaders, and others to identify and promote human dimensions of healthcare. The resulting Charter is the product of a rigorous 3-year process to identify and develop a framework for values that should be present in every healthcare interaction.

We analyzed data obtained from multiple international, interprofessional groups using combined qualitative research methods including iterative content analysis, Delphi methodology, focus groups, and expert consensus. We identified five categories of core values necessary for every healthcare interaction—Compassion, Respect for Persons, Commitment to Integrity and Ethical Practice, Commitment to Excellence, and Justice in Healthcare—and classified sub-values within each category.

Results: The International Charter for Human Values in Healthcare is a major initiative of the International Research Centre for Communication in Healthcare (IRCCH) [3]. We have presented the Charter over 25 times across the world to hundreds of healthcare clinicians, educators, researchers, trainees, patients and caregivers. The Charter's values have been incorporated into a number of courses including interprofessional, specialty, faculty development, and clinician training. We developed a Charter website [2]. Major healthcare and education organizations from Hong Kong, Australia, Brazil, the Netherlands, New Zealand, United Kingdom, Uganda, United States and elsewhere have joined this international effort as Charter Partners. Individuals from 27 countries have signed the Charter. The National Academies of Practice (US), comprised of 14 healthcare Academies, also endorsed and became a Charter Partner. The Charter works closely with, and is a partner of, Charter for Compassion International. IRCCH recently became the Asia-Pacific Healthcare Hub for Charter for Compassion International.

Conclusions: The International Charter for Human Values in Healthcare developed from an interprofessional, global collaboration to restore the primacy of human values necessary for practicing compassionate, ethical, and safe healthcare. Values articulated in the Charter underpin ongoing as well as evolving clinical care projects, teaching programs and research efforts [1].

References:

1. Rider EA, Kurtz S, Slade D, Longmaid III HE, Ho M-J, Pun JKH, Eggins S, Branch Jr WT. The International Charter for Human Values in Healthcare: An interprofessional global collaboration to enhance values and communication in healthcare. *Patient Education and Counseling* 2014;96:273-280. doi: 10.1016/j.pec.2014.06.017.
2. The International Charter for Human Values in Healthcare. 2012. Available at: <http://charterforhealthcarevalues.org>
3. The International Research Centre for Communication in Healthcare. Hong Kong Polytechnic University and University of Technology Sydney, Australia. 2013. Available at: <http://ircch.org>

112 Breaking Barriers: A Governance Model for Successful Collaboration

597

Lindsay Beavers (*St. Michael's Hospital*), Sasha Miles (*St. Michael's Hospital*), Molly Zirkle (*St. Michael's Hospital*), Patricia Houston (*St. Michael's Hospital*), Lindsay Baker (*St. Michael's Hospital*)

Background/Rationale: Historically, organizational structure, policies and cultural norms have impeded efforts to move towards collaborative education and practice. In order to embed and embrace a collaborative culture there must be a shift in the governance structure to break down perceived and unperceived barriers that perpetuate the current hierarchical system. In order to address this, the Education Portfolio at St. Michael's Hospital has moved towards a governance structure that facilitates cross-organizational partnerships.

Methods/Methodology: To create this novel governance structure, the Education Portfolio identified and invited relevant programs and departments across the hospital. Following key tenants of collaboration - trust, mutual respect, communication and willingness collaborate - synergies were identified and the structure was allowed to grow organically. Leadership in an overarching Education Council ensured a non-hierarchical environment that promoted five interconnected subcommittees to work together, enabling education across the entire organization.

Results: Successes in three key areas have been identified as a result of this type of collaborative governance structure: 1) the creation of shared spaces that facilitate interprofessional collaboration, communication and eliminate barriers; 2) the development of policies that recognize all members of the team (i.e. students, staff and faculty) and promote equality; and, 3) the formation of a collaborative culture that guides daily operations.

Conclusions: A symbiotic governance structure that engages key stakeholders in a non-hierarchical model is essential to enabling collaboration across an organization.

113 The Design, Implementation, and Assessment of a Novel Interprofessional Course for First-Year Health Professions Students: Knowing and Valuing the Roles and Responsibilities of Members of the Healthcare Team

602

Carolyn Dufault (*Washington University School of Medicine*), Gloria Grice (*St. Louis College of Pharmacy*), Mike Award (*Washington University School of Medicine*), Tricia Berry (*St. Louis College of Pharmacy*), Judy Frain (*Goldfarb School of Nursing*), Heather Hayes (*Washington University School of Medicine*), Jennifer Stith (*Washington University School of Medicine*), Steven Taff (*Washington University School of Medicine*)

Background/Rationale: A comprehensive and thoughtfully designed interprofessional education (IPE) curriculum should, from its earliest stages, provide learners with the foundation required for successful higher-order and lifelong learning. Drawing on the core competencies for interprofessional collaborative practice developed by the IPE Collaborative (IPEC), we created a novel IPE course for first-year learners from six unique health professional programs. The course focused on a core and foundational competency: knowing and valuing the roles and responsibilities of members of the healthcare team.

Objectives:

- Identify the benefits and challenges of developing of a novel, multi-institution interprofessional health curriculum for first-year learners.
- Explore the benefits of blended learning models for IPE.
- Describe the benefits of a stepwise approach to IP curriculum development that engages IP learners in their first year of study.

Methods: First-year learners from six programs (Occupational Therapy, Physical Therapy, Audiology and Communication Sciences, Nursing, Medicine, and Pharmacy), representing three private institutions, were grouped into interprofessional teams to learn together during a five-session IPE course. In-class, experiential, and online learning methods were used to introduce students to the roles and responsibilities of healthcare team members. Changes in knowledge and attitudes associated with participation in the course were assessed with two validated scales: the Readiness for Interprofessional Learning Scale (RIPLS), the Attitudes Towards Health Care Teams Scale (ATHCTS), and a knowledge assessment of the scope of practice of the major health professional fields. Course engagement was measured by level of student participation in an online discussion component of the class.

Results: Results will be presented from an analysis of change between pre- and post-course scores on the RIPLS, ATHCTS, and the scope of practice instruments, along with data on the strength of the association between scores on these instruments and student engagement in the online course component.

Conclusions: Drawing on the results of the data analysis, we will discuss our findings in the context of the broader goal of this work, which is to inform the design and development of a staged curriculum that engages learners in the earliest stages of their education and provides the appropriate foundation for future IPE learning.

114 **Design Techniques for an Interprofessional Case Conference**

607

Joe Schwenkler (*Rutgers University*), Joyce Afran (*Rutgers Robert Wood Johnson Medical School*)

Background/Rationale: The Rutgers/Piscataway IPE Working Group designed and introduced the first iteration of a stroke case in November 2013. The case conference focused on evaluation and management of a patient presenting with an acute stroke managed by an interdisciplinary team. The implementation went smoothly but the students and faculty had a number of suggestions for improvement. The main concern was the large number of medical students and under representation of many of the other programs. Many of the 30 small groups had almost one half medical students whereas some students from Nutrition, Social Work and Pharmacy were unable to attend due to the short notice and schedule conflicts.

Method: A number of organizational changes were instituted in the second iteration in order to achieve one overall design goal: maximize the opportunity for each program to be represented in each small group to create rich and diverse learning teams. This led to the design strategy to add three new programs to the list (Occupational Therapy Assistants, Clinical lab, and Dentistry were all actively lobbying to join). They joined students from medicine, Physician Assistant, physical therapy, nursing, pharmacy, social work, and nutrition to create fifty small groups with 10 students per group. Some of the design techniques included planning nine months in advance so that optimal numbers of students and faculty from each program would be present at the case conference. Ensuring that students at comparable levels in their training were participating in the case conference. Developing a "leader's group" with a representative from each program. This served as the primary conduit of communication with the faculty and students. Two websites were developed to further faculty development and serve as a storage site for data related to the case. An Access database was utilized to improve coordination and communication. Another design improvement was the use of medical students as Standardized Patients which also had the effect to limit the number of medical students in each small group.

Results: Six of the 10 programs were able to meet the design specification of 50+ students. Students from the remaining four programs were spread evenly throughout the 50 groups. A total of 115 faculty signed up and were distributed to fill the gaps as much as possible. across the student teams as evenly as possible. Pre- and post-evaluation tools surveyed both student and faculty attitudes, and the students additionally used a paper questionnaire to evaluate their small group facilitators. These were distributed to the facilitators during the debriefing session that took place after the students. Student and faculty feedback regarding these design initiatives will be presented. Feedback indicates that these changes resulted in a positive learning experience for student and faculty participants.

Conclusions: The resulting changes from iteration one to iteration two included the following:

1. Invite new programs
2. Longer lead time for recruitment and planning
3. Recruit students with comparable levels of training
4. Establishing a "leader group" from each of the invited programs
5. Included a faculty development component
6. Increased the sophistication and capacity for data collection (from both faculty and students)
7. Allowed Med students to function in different roles

115 **Reverse Narratives: A Strategy to Increase Student Engagement and Awareness of the Patient's Voice**

608

Amy Leaphart (*University of South Carolina*)

Background/Rationale: The need for increased awareness of the patient's voice has been well documented in past years. In addition, the power of the narrative as a teaching tool and as a method to increase empathy and to combat burn-out for both health care providers and students has been emerging in the research for the last eight years.

Methods/Methodology: In 2014, five student groups comprised of medical, nursing, physician assistant, health administration, pharmacy, occupational therapy, and physical therapy students participated in an elective course to address problems with patient safety. During the course, student groups worked together to address cases regarding patient safety. For the final project, these interprofessional student groups worked together to create/write their own patient safety case. In order to achieve further exploration of the reverse narrative approach, an additional group of health care students each worked through a series of writing exercises in 2015 to discuss the impact of the reverse narrative exercises on their perception of the value of the patient's voice in the health care system.

Results: Although feedback from the evaluations provided affirmation that this was a worthwhile endeavor, in-depth analysis of the cases written by the student groups shows that the cases provide a wealth of information regarding student values and professional identities. In addition, the secondary project allowed students to explain the how the reverse narrative, by asking students to occupy the role of the patient in the case, heightens awareness of and appreciation for the value of the patient's perspective.

Conclusions: This project is simple and can be easily replicated with learners of different levels and across many different environments. The concept of case-based education is not a new approach, but with simple adjustments and an awareness of the "medical narrative" approach, learning experiences can be enriched to bring about improved outcomes for patients and learners.

116 Community Health Workers: Achieving Family and Community Health through Interprofessional Family Reviews

612

Emily Akerson (*IIHHS, Nursing, James Madison University*), Tim Schulte (*Graduate Psychology, James Madison University*), Yvonne Frazier (*Healthy Families Page and Shenandoah County*)

Background/Rationale: Healthy Families is an evidence based national program model which provides education, resources and support for the most vulnerable first time parents through intensive home visiting by trained community health workers (CHWS). It is a voluntary, strength based program with the following goals:

- Achieve positive pregnancy, maternal and child health outcomes.
- Promote optimal child development.
- Encourage positive parenting.
- Prevent child abuse and neglect.

CHWs, supported by professionals, can be part of a collaborative care model that can achieve prevention goals through accessible, effective, and cost effective interventions.

A monthly interprofessional family review (IPFR) was developed to discuss families who are struggling with health or mental health concerns that complicate the home visitor's ability to support the family. It provides the home visitor access to interprofessional practice resources that optimize health outcomes and provides faculty and graduate students an important learning experience in interprofessional collaborative practice. An advance practice nurse, a clinical psychologist, and graduate level health professions students offer consultation, support, and staff development for home visitors in family goal planning and support strategies for vulnerable families. Other professionals are invited as needed depending on the needs of the families.

The results of an evaluation of the IPFR process will be presented.

Conclusions: An interprofessional practice model is a successful, innovative, supportive, and cost effective way to achieve program and family goals.

117 Home is Where the Health Is: Making the Interprofessional Dream Team Happen in an Ambulatory Clinic

618

Bridget Gaughan (*Loyola University Medical Center and Marcella Niehoff School of Nursing at Loyola University Chicago*), Frances Vlasses (*Loyola University*), Elizabeth Burkhart (*Loyola University*), Donna Kerzich (*Loyola University Medical Center*), Mary D'Anza (*Loyola University*), Jenny Abrams (*Loyola University*), Amber Garrett (*Loyola University Medical Center*), Lauren Chaparro (*Loyola University Medical Center*), Nancy Madsen (*Loyola University*), Julia Havey (*Loyola University Medical Center*), Sabdra Brehm Peters (*Loyola University Medical Center*)

Background/Rationale: With the current focus on utilizing inter-professional teams in healthcare and applying the care coordination model in patient-centered medical homes, our team is in the process of moving ambulatory care within a large health system into a patient-centered medical home as part of a HRSA-funded inter-professional collaborative grant between a large health system and a university. This presentation will discuss institutional and clinic buy-in, workflow and IT processes, and lessons learned.

Methods: The process began with developing an inter-professional team of RN and APN care coordinators, primary care providers (NP and MD), dietitians, social workers, and support staff. An integrated documentation system was developed across team members. Care coordination began with stratifying patient acuity to assist in management of holistic individualized care for each patient. Workflows for care coordination focused on high risk diabetic patients (A1C > 8.0). Additional workflows include patient recruitment, patient inclusion in the care coordination process, daily team huddles, and monthly multidisciplinary care coordination meetings. Weekly grant team meetings address process issues and troubleshooting. Documentation is designed for the multidisciplinary team clinical management as well as quality process and outcome measurement. Nursing, dietetic, social work, medical, and public health students were actively engaged in design and rollout.

Results: Implementation of the care coordination model in our primary care clinic will be expected to show improved health outcomes in our diabetic population. Inter-professional collaborative practice will continue to grow across disciplines, with the added benefit of incorporating this practice into curriculums. These transformative processes are projected to cement developing theories on the benefits of these practices on patients and team members alike.

Conclusions: The implementation of inter-professional collaborative practice and care coordination can be achieved by using evidence-based practices, institutional and IT support, dedicated team members and on-going review of quality processes.

118



Impacting the Outcomes of Surgical Patients through Designed Patient Engagement

624

Patricia Shorner (*Carilion Clinic*), Donna Goyer (*Carilion Clinic*), Cynthia Hodges (*Carilion Clinic*)

Our facility participates in the National Surgical Quality Improvement Program (NSQIP). This program provides us with risk adjusted outcome based data to measure and target areas where we can seek to improve our surgical outcomes. NSQIP data showed that our facility was a high outlier in several surgical specialties for surgical morbidity despite numerous process improvements.

In an effort to reduce surgical morbidity an interdisciplinary team was assembled to review our data and perform a literature search. We included surgeons, nurses, anesthesia providers, respiratory therapists, pharmacists and dieticians. We found principals from Enhanced Recovery after Surgery (ERAS) in the literature to be evidence based and incorporated them into our plans.

Our team recognized the vital importance of patient engagement and formulated an education plan which focused on promotion of exercise, mouth care, nutrition, and smoking cessation. Statin drugs were prescribed in selected patients and dietary supplements were provided. Prehabilitation classes focus on the importance of activity and infection prevention post-operatively. Classes formed to provide group and individual instruction by nurses and dieticians in the preoperative setting. An activity log is provided for the patient and significant other to track their progress.

Nurses also make visits during the hospital to reinforce learned concepts. The team partners with inpatient staff in many disciplines to promote ERAS principals.

Patients who have attended the class report increased satisfaction with their surgical experience. Preliminary data shows an improvement in surgical morbidity and a reduction in length of stay.

119



Students Facilitating Interprofessional Education

633

Rachael Palumbo (*Medical student*), Paul Johnson (*Medical student*)

With the rise of interprofessional (IP) education in the health sciences, it has become clear that students must be able to learn from, about, and with other students. Building off the evolution of IP learning in health science schools was the creation of a student driven organization called Students Committee on Interprofessional Education and Collaboration (SCIPEC). This club functions based on its 4 pillars: research, social, education, and service. To fill the education role, it has become apparent that there are points in the curriculum of health science students- i.e. medical, nursing, dietician, MPH, etc. – that can be taught to other health students. In the following project, the goals were to determine the benefits of students learning from each other, rather than in a traditional classroom setting. This idea is based on the idea of using students and developing their communication skills to function as the facilitators for IP education. This project began in the spring of 2014 as an “Anatomy Night,” during which first-year medical students introduced the anatomy lab to the nursing students. A need was seen because nursing students received no exposure to anatomy based on real cadavers. Since its creation, the event has become an annual occurrence, and post survey data has been collected (n=14 collected). It has been found that participants (n=9) increased their knowledge of anatomy by 18.5% with 7/9 students indicating that the experience increased their knowledge more than a traditional classroom. Moreover, the average increase in anatomy knowledge for the M1 teachers was 8% (n=5) with 4/5 indicating greater improvement compared to a traditional classroom. Based on this data, it is clear that using students as facilitators of IP holds potential as a new method of teaching and improving communication and collaboration among health students.

120



I-70 Corridor Network - Addressing the Significant Questions in Aging

636

Crystal Burkhardt (*University of Kansas*), Dory Sabata (*University of Kansas Medical Center*), Kelli Wright (*University of Missouri - Kansas City*), Dennis Domer (*University of Kansas*), Marjorie Skubic (*University of Missouri*)

Background/Rationale: The I-70 Corridor Network idea was born in 2013, as a spin off from the New Cities initiative at the University of Kansas, that which was established in 2010. New Cities investigates and advocates for changes to the built environment in response to the full-scale housing and social crisis brought on by the aging due to the lack of adequate responses to the aging of the Baby Boomer Generation (77 million). This crisis is also already having measurable impacts on the following Generation X (72 million) and Millennial Generation (84 million) as well.

Methods: The I-70 Corridor Network is a bold aspiration that brings together an interdisciplinary group of university researchers, teachers and professional partners along the I-70 corridor from St. Louis, Missouri, to Manhattan, Kansas. By working together across multiple regional universities and across state lines, this group of people hopes to create inter-university research teams that can address aging questions more effectively and therefore more likely be funded by major governmental and private institutions. Other major goals of the network are to establish relationships between university faculty and industrial and commercial partners and to improve the teaching of gerontology through faculty exchanges and sharing. Each institution has an Institutional Committee responsible for facilitating the development of institutional research activities that make use of the I-70 Corridor network.

Results: I-70 Corridor Network participants gathered for their annual conference in November 2013 and November 2014, and are planning for the third annual conference in 2015. In between those two conferences a small group of core coordinators met on a weekly basis in WebEx telephone conferences to develop the network and its technology and human systems.

The first meeting of the I-70 Corridor Network was in Lawrence, Kansas, on November 7-8, 2013. This conference was sponsored by the RIC grant from the University of Kansas. Sixty participants from the 10 university units and 9 companies attended. The second meeting of the I-70 Corridor Network was in Columbia, Missouri, on November 13-14, 2014. The conference was sponsored by the Center for Eldercare and Rehabilitation Technology at the University of Missouri. Seventy-five participants from 9 university units and 14 companies attended.

Conclusion: The I-70 Corridor network is in its infancy but serves the role in developing partnerships across the academic, research, and industry worlds to work towards expanded collaboration to answer the significant questions of aging.

121



The Controversy About the Controversial Belts

640

Tuija Viking (*University West, Sweden*)

Background/Rationale: A project team was set up in 2010 by the Swedish Psychiatric Association (SPF) to create clinical guidelines for compulsory psychiatric treatment. The team was an interprofessional constellation of expertise from nursing, medicine and social science. When they also on order by SPF were writing a consultation response to a public commission on Psychiatric legislation, conflicting standpoints on the use of mobile belts came to the fore among the team members. However, these conflicts originate in an old controversy where arguments pro and against the use of these belts were supported by scientific, legal and ethical arguments by two narrative practices, compulsory psychiatric care and supervisory. The study aims to explore the strategies and conditions for how disagreements are transcended, resulting in interprofessional learning, IPL.

Objectives: How controversies can promote IPL.

Theoretical and methodology framework: Combination of theoretical insights from ideas about interprofessional learning (IPL) where experiential learning and collaboration across professional boundaries are emphasized to better respond to patients needs from a holistic point of view, and controversy studies where professionals have different perceptions of a phenomenon, although shared evidences. The boundary work, which arises from such controversies, leads to interaction processes with conflicting argumentation, often related to a patient perspective.

Narrative method: Nine interviews, a defection. Meeting notes and documentation of team work 2010-2013 and selected relevant reports.

Preliminary conclusions:

- Conflicting views considering 'the controversial belts' were found to be about patient safety, one justified by new knowledge, and the other by legal grounds and circumstances.
- Interaction processes were based on problem, insecurity and interests. The contradictions were bridged by various kinds of compromises which gave direction to the interaction processes of IPL; joint problem formulations, review of each other's arguments, feedback, reflection and reconceptualization.



Richard Brown (*Carilion Medical Center*)

Background/Rationale: The number and intensity of morally distressing situations that medical professionals see and find in their practice is growing. This presentation will describe the utilization of a non-medical health professional (In this case a CPE Supervisor) to facilitate group debriefing during the pediatric clerkship program. A secondary goal of teaching the importance of personal responsibility for emotional well-being is also promoted.

Objectives:

1. Describe the role and function of moral distress debriefing by a behavioral health specialist in the clerkship environment.
2. Explore the process for teaching interdisciplinary students to utilize available resources for countering moral distress.
3. Promote the value of being aware of personal feelings and biases that shape the practice of medicine.
4. Encourage students to identify and claim personal emotions.

Methods/Methodology: This poster will describe the process used by the Virginia Tech-Carilion School of Medicine in addressing moral distress in healthcare providers. This portion of the pediatric clerkship program asks students to post a morally distressing or ethically challenging case encounter on a discussion board. Students are also asked to respond to one of their peers posting. At the end of the block the students gather for lunch with the facilitator to have oral conversation about their experiences and the emotions connected to their work. This started as a process for the VTCSOM pediatric clerkship and we now included Jefferson College of Health Sciences PA students and The Edward Via College of Osteopathic Medicine students as well.

Results/Conclusions: This model gives students a venue for and validation of the need to process the moral stresses they face in the practice of medicine. The hope is that modeling these conversations will be a tool they adopt for their individual practices.

COMMITTEES

EXECUTIVE COMMITTEE

Sheree Aston, OD, PhD

Vice Provost, Office of Academic Affairs
Western University of Health Sciences
Pomona, California

Lesley Bainbridge, BSR(PT), MEd, PhD

Associate Principal, College of Health Disciplines
Associate Professor, Department of Physical Therapy
University of British Columbia
Vancouver, British Columbia

Kimberly M. Butterfield, MPH

Medical Education Coordinator, Virginia Tech Carilion School of Medicine & Research Institute
Roanoke, Virginia

Anne Godden-Webster, MS

Interprofessional Experience Coordinator
Faculty of Health Professions
Dalhousie University
Halifax, Nova Scotia

Shelly Jobst, MS

Associate Director, Continuing and Professional Education
Virginia Tech
Blacksburg, Virginia

Gerri Lamb, PhD, RN, FAAN

Associate Professor, College of Nursing and Health Innovation
Associate Professor, Herberger Institute for Design and the Arts
Arizona State University
Phoenix, Arizona

David Trinkle, MD

Associate Dean for Community and Culture
Virginia Tech Carilion School of Medicine
Roanoke, Virginia

PROGRAM COMMITTEE

Sheree Aston, OD, PhD

Vice Provost, Office of Academic Affairs
Western University of Health Sciences
Pomona, California

Kimberly M. Butterfield, MPH

Medical Education Coordinator
Virginia Tech Carilion School of Medicine & Research Institute
Roanoke, Virginia

Shelley Cohen Konrad, PhD, LCSW, FNAP

Director, Center for Excellence in Interprofessional Education
Associate Professor, School of Social Work
University of New England
Portland, Maine

Karen Derry, M.Sc., RSLP

Collaborative Practice Leader
Sunny Hill Health Centre for Children, B.C. Children's
Hospital
Provincial Health Services Authority
Vancouver, British Columbia

Shelley Doucet, PhD RN

Jarislowsky Chair in Interprofessional Patient-Centred Care
Assistant Professor, Department of Nursing & Health
Sciences
University of New Brunswick
Saint John, New Brunswick

Gail M. Jensen, PhD, PT, FAPTA

Dean Graduate School and Vice Provost for Learning and
Assessment
Creighton University
Omaha, Nebraska

Shelly Jobst, MS

Associate Director, Continuing and Professional Education
Virginia Tech
Blacksburg, Virginia

Sharla King, PhD

Director, Health Sciences Education and Research Commons
Associate Professor, Faculty of Education
University of Alberta
Edmonton, Alberta

Barbara Maxwell, PT, DPT, MSc, CertTHE, FNAP

Professor & Vice-Dean of Interprofessional Education &
Collaboration
Arizona School of Health Sciences
A.T Still University
Mesa, Arizona

Drew Murray, MA, MPP

Director, Innovation & Impact
Michigan Health Council
Okemos, Michigan

Andrea L. Pfeifle, EdD, PT, FNAP

Assistant Dean and Director, Indiana University Center for
Interprofessional Health Education and Practice
Associate Professor of Family Medicine
Indiana University
Indianapolis, Indiana

Lynne Sinclair, MA (Ad Ed), BScPT

Educational Consultant, Innovative Program and External
Development Lead at the Centre for Interprofessional
Education
Assistant Professor, Department of Physical Therapy, Faculty
of Medicine
University of Toronto
Toronto, Ontario

Robyn Smyth

Program Manager
Continuing and Professional Education & Center for
Organizational and Technological Advancement
Virginia Tech
Roanoke, Virginia

David Trinkle, MD

Associate Dean for Community and Culture
Virginia Tech Carilion School of Medicine
Roanoke, Virginia

Kristel Van Ineveld, MD

Associate Professor, Section of Geriatric Medicine
Faculty of Health Sciences
University of Manitoba
Winnipeg, Manitoba

Anne Godden-Webster, MS

Interprofessional Experience Coordinator
Faculty of Health Professions
Dalhousie University
Halifax, Nova Scotia

LOCAL PLANNING COMMITTEE

Nathaniel Bishop

President
Jefferson College of Health Sciences
Roanoke, VA

Sara Brown

Associate Professor, Nursing
Jefferson College of Health Sciences
Roanoke, VA

Kelly Burd-Adams

Director of Sales
Visitor & Convention Bureau
Roanoke, VA

Kimberly Butterfield

Medical Education Coordinator
Virginia Tech Carilion School of Medicine
Roanoke, VA

Paula Byron

Director of Communications
Virginia Tech Carilion School of
Medicine & Research Institute
Roanoke, VA

Judy Cusumano

Associate Professor
Jefferson College of Health Sciences
Roanoke, VA

Francis Dane

Chair, Arts & Sciences
Jefferson College of Health Sciences
Roanoke, VA

Catherine Doss

Marketing & Communication
Virginia Tech Carilion School of Medicine
Roanoke, VA

Jeannie Garber

Assistant Professor
Jefferson College of Health Sciences
Roanoke, VA

Corey Heitz

Assistant Professor, Department of
Emergency Medicine
Virginia Tech Carilion School of Medicine
Roanoke, VA

Landon Howard

President
Roanoke Valley Convention and Visitors
Bureau
Roanoke, VA

Shelly Jobst

Associate Director, Continuing and
Professional Development
Virginia Tech
Blacksburg, VA

Wilton Kennedy

Director of Clinical Education
Jefferson College of Health Sciences
Roanoke, VA

Holly McClung

Program Coordinator, Continuing and
Professional Education
Virginia Tech
Blacksburg, VA

Christopher McLaughlin

Medical Student
Virginia Tech Carilion School of Medicine
Roanoke, VA

David Musick

Assistant Dean for Faculty Development
Virginia Tech Carilion School of Medicine
Roanoke, VA

Jessica Nguyen

Medical Student
Jefferson College of Health Sciences
Roanoke, VA

Lynne Pearo-Baker

Special Events and Community Liaison
Virginia Tech Carilion School of Medicine
Roanoke, VA

Ava Porter

Department Chair, Nursing
Jefferson College of Health Sciences
Roanoke, VA

Robyn Smyth

Program Manager, Continuing and
Professional Education
Virginia Tech
Blacksburg, VA

Lisa Soltis

Economic Development Specialist
City of Roanoke
Roanoke, VA

Linda Staley

Brand Manager
Communication
Roanoke, VA

David Trinkle

Associate Dean of Community & Culture
Virginia Tech Carilion School of Medicine
Roanoke, VA

Richard Vari

Associate Dean for Medical Education
Virginia Tech Carilion School of Medicine
Roanoke, VA

Patty Vari

Associate Professor, Nursing
Jefferson College of Health Sciences
Roanoke, VA

Kimberly Whiter

Director of Interprofessional Education
Jefferson College of Health Sciences
Roanoke, VA

SPONSORS

TITANIUM



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION



LOYOLA
UNIVERSITY CHICAGO
INSTITUTE FOR TRANSFORMATIVE
INTERPROFESSIONAL EDUCATION

National Center for Interprofessional
Practice and
Education



GOLD



AMERICAN ASSOCIATION OF
COLLEGES OF OSTEOPATHIC MEDICINE



The American
Occupational Therapy
Association, Inc.



CENTER FOR
INTERPROFESSIONAL HEALTH
EDUCATION AND PRACTICE
INDIANA UNIVERSITY



Jefferson College
of Health Sciences
at CARILION CLINIC



ROSALIND FRANKLIN
UNIVERSITY
of MEDICINE AND SCIENCE



SILVER



THE VOICE OF
DENTAL EDUCATION



American Association
of Colleges of Nursing



American Association of
Colleges of Pharmacy
Discover • Learn • Care • Improve Health



ASSOCIATION OF
SCHOOLS and COLLEGES
of OPTOMETRY



COUNCIL ON SOCIAL WORK EDUCATION



Jefferson®

Center for InterProfessional Education



PHYSICIAN ASSISTANT
EDUCATION ASSOCIATION



UNIVERSITY OF
NEW ENGLAND



UNIVERSITY OF
TORONTO



Centre for
INTERPROFESSIONAL
EDUCATION



Western
University
OF HEALTH SCIENCES
The discipline of learning.
The art of caring.

BRONZE



DALHOUSIE
UNIVERSITY
FACULTY OF
HEALTH PROFESSIONS



UNIVERSITY OF ALBERTA
HEALTH SCIENCES COUNCIL
Health Sciences Education and Research Commons



VIRGINIA COMMONWEALTH UNIVERSITY
Center for Interprofessional Education
and Collaborative Care



WELCOME TO ROANOKE RECEPTION

LUNCH SPONSOR



The Hotel Roanoke & Conference Center Floorplan

