

Please note: Abstracts are reprinted as submitted, but their format has been changed to permit their integration into this abstract booklet.

# Concurrent Breakout Sessions A

## **A1** (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

### **Team-Driven Learning–Leadership in Action**

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The IPEC competency domain of teams and teamwork constitutes a critical component of interprofessional collaborative practice. Pedagogically, how to teach and develop these competencies remains unclear. To address these pedagogical deficiencies, we have established five core principles necessary for learning activities explicitly teaching collaborative competencies in teamwork:

- 1) The learning activity requires true team collaboration for success
- 2) The activity centers around group problem solving
- 3) The activity cannot easily or efficiently be accomplished by an individual or individuals working in parallel
- 4) Team performance is measurable
- 5) More effective collaboration improves team performance

From this framework, we created an instructional model we call Team-Driven Learning (TDL) - an experiential instructional model for classroom learning where the primary learning objectives are collaborative teamwork competencies.

In this workshop, participants will work in teams to complete a clinical “mission” based on TDL principles. The mission involves identifying possible errors and harms to a patient and provides a context where effective knowledge, skills, and attitudes in communication, teamwork, and role clarification are necessary for successful performance. To advance through the mission, the team will also have to work through a series of Team Fitness Challenges (TFC) that are designed to test how well the team can monitor a complex situation and identify all that is occurring. Upon completion of the exercise we will debrief the process and discuss the creation of the case and the learning materials. The workshop will demonstrate a novel instructional methodology suitable for teaching teamwork to large student cohorts, using relatively small numbers of faculty facilitators. The workshop will also provide participants with templates to enable them to develop materials to do this type of training in their home institutions.

## A2 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

### Interprofessional Collaborative Practice in Haiti: Building the Dream Team for Disaster Relief Work

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**Background:** A model for interprofessional collaborative practice (IPCP) in disaster relief work (DRW) will be presented. In January 2010, a devastating earthquake struck Port Au Prince, Haiti. In response, thousands of health care workers volunteered to assist in relief. Five individuals from Stony Brook Medical Center (one physician, one public health worker, two OR nurses and an ED physician) traveled to work with the International Medical Alliance in Jimaní, Dominican Republic at the Haitian border. We joined in route by a rehab specialist. For 7 days we integrated our efforts caring for 350 Haitian trauma patients. The physician, an ID specialist, worked to protect the patient and medical staff from infectious complications. The Public Health worker played an integral role in interfacing with a team from Spain who did not speak English, the two OR nurses assisted in the OR. The ER physician helped manage the patients in recovery areas. The rehab specialist played a key role in mobilizing patients, wound care, and convincing patients that life was not over. All of these activities were interlocked by continuous collaboration. This is an example of the opportunities for a variety of health care professionals to rapidly form an effective collaborative group especially in disaster relief.

#### Learning Objectives:

1. Discuss the possibilities and pitfalls of IPCP during DRW from various points of view
2. Describe key components of building IPCP during DRW such as in Haiti
3. Discuss strategies for improved patient outcomes through IPCP during DRW

**Implications:** Learning from, with, and about each other allows groups of health care professionals and others to come together to create an interprofessional community which functioned as a high performance work team or "Dream Team". Rath suggests these high performance work teams function with shared purpose, involvement, commitment, communication, trust, process orientation, and continuous improvement.

## A3 (90-minute Hands-on/Interactive Workshops; Presentation Level: Advanced)

### Putting the "I" Back in Teams

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**Background/Rationale:** Much of the emerging literature on interprofessional collaboration has focused on concepts of team as well as on organizational or system influences on collaboration. A core and consistent component of these themes is the individual student, practitioner, leader. Putting the "I" back in team allows us to look through a different lens and to examine individual behaviours and skills along with personal accountability for interprofessional collaboration. Concepts that are critical to a different understanding of collaboration include how we build and use social capital, how we negotiate priorities, the words we use when communicating (framing or rhetoric), the skill involved in perspective taking, how we resolve conflict and how we build relationships. This workshop presents these 6 domains as inherently individual and teachable skills that may help us to understand a different way of conceptualizing, and then teaching, collaborative practice.

**Following this workshop participants will be able to:**

1. Describe another lens through which to examine interprofessional collaboration;
2. Test 6 domains of collaborative practice skills against their own understanding of collaboration; and
3. Identify teaching strategies for one or more of these new domains.

**Teaching Methods:** During this workshop, no more than 30 minutes will be devoted to describing and conceptualizing each of the 6 domains that form the basis for this new lens on interprofessional collaboration. Following the short presentation, small groups will choose a domain and (a) discuss how it applies in their context and (b) innovative ways in which it could be taught and reinforced. Small groups will report back to the larger group so that participants will leave the workshop with a new way of thinking about collaboration and new ideas for teaching it.

## A4 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

### Partnership: An Essential Paradigm for Effective Interprofessional Collaboration

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**Background/Rationale:** In the United States, the Patient Protection and Affordable Care Act (2010) and the Institute of Medicine Report, *The Future of Nursing: Leading Change, Advancing Health* (2010) are moving health care providers, educated in silos, into interprofessional teams. True collaboration however, will only be possible if the underlying social organization paradigm changes. Moreover, this change needs to begin with major, integrated curricular change.

**Objectives:**

Participants will:

1. Explain benefits of interprofessional education grounded in cultural transformation theory;
2. Describe elements of an effective interprofessional practicum setting;
3. List benefits of an interprofessional education that combines theory and practice.

**Implications:** The symposium will use Riane Eisler's Cultural Transformation Theory to frame an innovative education and practice model to support this paradigm shift. Eisler's theory states cultures are socially organized on a continuum from domination to partnership. Once we understand the nature of these two paradigms, we can consciously choose the partnership framework for our interprofessional relationships. Doctoral nursing students at the University of Minnesota are already experiencing curriculum based on this model and are finding it transformational to their thinking.

Partnership curriculum also requires students to experience interprofessional partnerships in practice. Hennepin Health is an emerging county-based Integrated Care Delivery System, based on care coordination. Located in Minneapolis, Minnesota, it serves several thousand very low-income people with some of the most medically and socially complex needs. It exemplifies true interprofessional partnership in a practice setting.

What do doctoral students learn from application of partnership theory and practice? How does this university-community collaboration shape learning? What have been the challenges? How does a paradigm shift towards interprofessional partnerships impact students' career planning? How might students educated in interprofessional partnership impact practice?

This panel will show how combining partnership theory and partnership practice for interprofessional education can improve the culture and delivery of health care.

## A5 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

### Use of Information and Communication Technologies (ICTs) in Interprofessional Collaboration

#### Author

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**Background/Rationale:** Information and communication technologies (ICTs) have been used for many years in health care for delivering continuing education at a distance to rural health providers and providing telehealth programming. Virtual teamwork is a growing reality for many health organizations with programs and providers spread across geographically dispersed areas. A virtual team can coordinate its work across time, space and organizational boundaries by using ICTs. The expansive growth in more accessible and reliable ICTs offers exciting opportunities for health providers to have meaningful engagement in virtual teams. New social media applications offer unique features for supporting interaction, communications and team development. Different ICTs and social media offer distinctive communicative and collaborative features that may be best suited for particular forms of collaboration. The purpose of this workshop will be to review the features, advantages and limitations, and discuss strategies for adopting ICTs and social media applications to develop and support virtual forms of interprofessional collaboration.

#### Objectives:

1. Upon participation in this workshop, participants will be able to:
2. Identify and describe different ICTs and social media applications that can be used to support interprofessional collaboration.
3. Discuss advantages and disadvantages, and the barriers to adoption of such technologies in supporting team development.
4. Design an approach to foster adoption and usage of ICTs and/or social media in supporting interprofessional collaboration.

**Teaching Methods:** Interactive workshop exercises will include: buzz group discussion activity focusing on challenges in adopting ICTs in interprofessional collaboration; role-play activity involving participants in a simulated team meeting via audio-teleconference; small-group case study activity in which participants will be introduced to a planning worksheet and apply workshop concepts and principles in designing a technology-mediated approach for supporting interprofessional team development.

## A6 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

### Taking Interprofessional Patient Safety and Quality Improvement Learning Out of the Classroom: Lessons Learned from Ten Years of Experience

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**Background/Rationale:** Health professional students must be capable of providing safe and high quality care for their patients. Patient safety and quality improvement (QI) are effective vectors for interprofessional learning and align with many of the IPEC competencies.

**Learning Objectives:**

1. Describe strategies for incorporating interprofessional quality improvement and patient safety learning into existing curriculum, using a variety of teaching modalities.
2. Describe common barriers to implementation of these opportunities and strategies for success.
3. Describe strategies for effective faculty development for interprofessional QI and safety education.

**Implications:** A panel of experienced interprofessional faculty, simulation center director and students will share their experiences developing and executing “hands-on” interprofessional learning opportunities in quality and safety over the past 10 years. Learning opportunities are embedded within and across the curriculum of interprofessional students. The discussion of learning modalities will include examples of small group, simulation and bedside activities. Selected evaluation strategies and results to date will be highlighted as part of a discussion of overall evaluation goals. Panelists will also address strategies for faculty development and student engagement. The session will conclude with an interactive discussion of lessons learned, common barriers and strategies for successful implementation of similar programs at other institutions.

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## A7 (90-minute Symposia/Panel Presentations; Presentation Level: Beginner)

### **Foundations in Interprofessional Communication and Collaboration – An Academic Health Center Wide Introductory Level IPE Course at the University of Minnesota**

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**Background:** Since 2010, the University of Minnesota Academic Health Center has offered an introductory IPE course, the Foundations in Interprofessional Communication and Collaboration (FIPCC).

**Methods:** The 2012 offering includes 905 students, 76 small groups on four U of M campuses from across the AHC who meet in small, facilitator-led groups for six face-to-face modules covering topics related to the IPEC competencies.

**Results:** We have developed a process for the management of extensive course coordination efforts with the programs and facilities involved, refined and expanded facilitator recruitment and training including the incorporation of a leadership and facilitation course for advanced health professional students, established a quality improvement mechanism for the further development and adaptation of course content and structure, as well as program evaluation.

**Conclusion:** We will share our experience with the broad issues of: 1) course logistics, 2) facilitators recruitment and training, 3) course content and structure, and 4) assessment and revision.

**Learning Objectives:**

1. Describe how one large institution has successfully developed, implemented, and improved an introductory IPE course
2. Identify and expand facilitator recruitment and training strategies to implement within home institution.
3. Co-create, with other participants at the session, next-step education and evaluation ideas appropriate for large-group introductory IPE courses.

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**A8i** (20-minute Oral Presentations; Presentation Theme: Clinical)

**Exploring the Process of Interprofessional Decision Making: Perceptions and Experiences of Canadian Health Care Providers collaborating in Hypertonicity Management**

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**Learning Objectives:** To understand how health care providers (HCPs) decide on an interprofessional (shared and integrated) plan of care for people living with hypertonicity:

- the process of decision-making for hypertonicity management
- the factors that influence hypertonicity management decision-making
- the outcomes that are valued in hypertonicity management decision-making

**Background:** Hypertonicity is a complex condition of persons living with a neurological insult (e.g. brain injury, multiple sclerosis, stroke). Poor hypertonicity management may limit a person's independence, participation in daily activities and quality of life, as well as increase caregiver burden.

For over a decade, clinical practice guideline developers have recommended collaborative practice, shared knowledge and skills that synergistically influence clinical decision-making. However, hypertonicity is often managed by HCPs working in parallel. Decision making research has focused on the patient-physician relationship, uniprofessional groups and decision aids. There is little research on the process of interprofessional (IP) decision making and none on IP hypertonicity management. This study explores interprofessional decision making regarding hypertonicity management.

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**A8ii** (20-minute Oral Presentations; Presentation Theme: Clinical)

**Professional Practice Orientation: an Interprofessional Approach**

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**Background:** Alberta Health Services (AHS) is the primary public health care provider for residents of the province of Alberta, Canada employing approximately 68000 clinical staff. Professional Practice Orientation (PPO) within (AHS) is designed to provide an overview of essential topics for clinical staff new to the organization. It introduces the National Interprofessional Competency Framework (NICF) produced by the Canadian Interprofessional Health Collaborative. PPO is designed to provide an introduction to the NICF competencies and set the stage for all new AHS staff to embrace a collaborative approach.

**Methods:** The Health Professions Strategy and Practice team within AHS, in consultation with stakeholders including Human Resources and clinical operational areas developed a series of e-learning modules. Topic areas followed the NICF, with a focus on collaborative practice customized for the AHS context. The modules are designed to be interactive to increase engagement and interest in the concepts and information.

**Results:** Formal evaluation is in process. Initial feedback is positive for the program. There have been several requests for opportunities for individual clinicians to interact with each other and facilitators to further explore concepts introduced within PPO.

## A8iii (20-minute Oral Presentations; Presentation Theme: Clinical)

### Development and Implementation of a Interprofessional Navigator-Facilitated Care Coordination Algorithm for Underserved Patients with Poorly Controlled Diabetes

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#### Learning Objectives:

1. List essential members of a diabetes care coordination team.
2. List the steps to develop a care coordination algorithm to streamline patient services for diabetes.
3. Describe the process to implement a patient navigator-facilitated care coordination algorithm.

**Background:** In a safety-net clinic serving uninsured, primarily Hispanic patients, four diabetes-related services were offered (group and individual diabetes self-management education, nutrition education, and medication therapy management) with little coordination between them and clinic physicians. A grant was obtained to develop an algorithm to facilitate such services based on patient-specific criteria through use of a navigator. The objective was to determine the impact of the navigator-facilitated care coordination algorithm on diabetes control in patients with poorly controlled diabetes.

**Methods:** The algorithm was created by an interprofessional team to coordinate diabetes-related services based on specific criteria for patients with poorly controlled diabetes. Over six months, patients with A1C greater than 9% were contacted by a navigator to schedule recommended services based on the algorithm. A tracking tool was included in the patient's medical record, indicating dates of contact, selected diabetes-related services, and appointment dates. A1C was evaluated before and after receiving referral algorithm services. Paired Student's t-test was used for data analysis.

**Results:** Pre- and post- A1C data was available for 45 patients. Average A1C decreased from 10.6±1.2% to 8.8±2.1% ( $p < 0.001$ ). Among 34 patients who demonstrated improvement in A1C from baseline (76%), average decrease was 2.5 percentage points from 10.6±1.1% to 8.1±1.7% ( $p < 0.001$ ). Thirty-two (76%) of the 45 patients were Hispanic. In that subset of patients, average A1C improved from 10.6±1.2% to 9.1±2.2% ( $p = 0.0013$ ). Average A1C for non-Hispanic patients improved from 10.4±1.0 to 8.0±1.4% ( $p = 0.0004$ ).

**Conclusions:** Interprofessional navigator-facilitated care coordination had a positive impact on A1C for low income, primarily Hispanic patients with poorly controlled diabetes.

## A8iv (20-minute Oral Presentations; Presentation Theme: Clinical)

### An Interprofessional Falls Assessment Clinic to Train Health Profession Students

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**Objectives:**

1. Describe the process and lessons learned in developing an Interprofessional Falls Assessment Clinic to train multiple health profession students.
2. Identify techniques that promote communication between health profession students and utilize collaborative skills in the clinical setting.
3. Discuss the educational impact of the clinic to enhance interprofessional learning.

**Background:** Falls are a leading cause of death and disability in older adults. The clinic uses evidence-based practice to evaluate and manage older adults at risk for falls. The clinic provides an educational opportunity for students in medicine, nursing, physical and occupational therapy, pharmacy, and social work to train together as an interprofessional team to promote collaboration and understanding around falls in older adults.

**Results:** Logistic barriers to program development such as varying academic schedules, learners in different levels of training, and patient fatigue from long assessment times were encountered. Evaluation data from the students show that the experience of working in a team was very rewarding and beneficial in increasing students' knowledge of teamwork in a clinical scenario. The interprofessional clinic facilitated students' recognition of the important roles each profession play in a health care team.

**Conclusion:** There were many challenges to developing the program. However, students reported enjoying the clinical team experience and regarded this as a valuable part of their education.

## A9i (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

### Meaningful & Mindful IPE Using an Integrated Case Conference

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**Learning Objectives:**

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

1. Describe an integrated learning experience and educational strategies for achieving competencies of IPE.

2. Explore students' perceptions of value and increasing confidence for IPE's ability to develop deep collaborative practice.
3. Analyze IPE case conferences for enhancing student's ability to address health outcomes of quality of care and safety.

**Background/Rationale:** Interprofessional education (IPE) connects student's current knowledge to a situated experience. This application is enhanced as student learning moves to include learning about, with and from other professions. While natural interest in the topic brings students together around the case conference table, the students are engaged in active learning: doing, reflecting, and observing. Learning by doing is a powerful form of learning, directly impacting knowledge, skills, attitudes and behaviors.

**Methods/Methodology:** This presentation will share the experience of The Sage Colleges, School of Health Sciences Interprofessional Case Conferences. Using an assignment within existing coursework, students from six professional programs and local clinicians form interprofessional teams for the Conference discussions, using video presentation of cases. The discussions focus teams on the four domains of core competencies for interprofessional practice.

**Results:** Qualitative and quantitative data will be presented, highlighting the students' voice of change in self-efficacy around interprofessional teams and explaining their professional role. Data will be presented relevant to students' analysis of interprofessional team dynamics and overall lessons learned in creating an active learning environment.

**Conclusions:** Interprofessional case conferences have rebuilt the learning environment into a collaboration of learning. Active learning, visible to all participants, reinforces the themes of IPE. Evidence of increasing student confidence, initiation of a team role and passion to improve the socio-political ethics and continuum of care solidify this case conference as an excellent tool for IPE.

## A9ii (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

### Collaborative Spaces: Designing Classrooms to support IPE

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**Background/Rationale:** There is growing recognition that physical design of the classroom environment is a significant part of the IPE experience. Universities in the US, Canada, and other countries are building or repurposing facilities to increase collaboration and teamwork among students. Although significant funds are being invested in these facilities, there has been minimal study of the physical design associated with collaborative spaces and their relationship to student performance and outcomes. This paper offers an initial typology of design characteristics associated with spaces created for collaborative learning and a necessary step in understanding the relationship between physical design and IPE outcomes.

**Methods/Methodology:** Systematic review of research on physical design, collaboration and teamwork served as the foundation for this study. This was followed by interviews with architects and analysis of photographs, renderings, and illustrations of classroom and campus settings designed for enhancing student interaction and teamwork within and across professions. Content analysis was used to identify common design characteristics.

**Results:** Numerous design characteristics were found in collaborative learning spaces to support ease of changing the form and function of the space, unobstructed access to people and technology, and attention to environmental elements, like noise, that can impede effective interaction. A typology of design characteristics with definitions and examples was developed.

**Conclusions:** The results of the analysis of collaborative design characteristics indicates that there is an emerging set of design elements that may be operationalized, measured, and studied in relation to student outcomes. Clear identification of these characteristics will assist faculty to evaluate the physical environment in which they teach IPE and better understand its contribution to learning objectives and outcomes.

#### Objectives:

1. Examine the contribution of facility design to student learning.
2. Identify the characteristics of collaborative learning spaces.
3. Explore the implications of facility design for IPE research.

## A9iii (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

### No Bells, No Whistles Just the Facts: Teaching Critical Communication Skills in an Inter-Professional Setting

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**Background:** Poor communication between health care providers is the leading cause of sentinel events. Inter-professional training presents an opportunity to share important team communication concepts.

**Methods:** In a joint collaboration, the school of nursing and medicine created a low fidelity simulation for students covering team STEPPS concepts, particularly the SBAR report.

Five pediatric cases were presented by nursing students to medical students in the SBAR format with debriefings after each encounter. Common issues leading to on-call interchanges were presented representing the classic nurse to physician phone call scenario. In the first year, 108 students participated in the 2 hour simulations and were given pre and post simulation quizzes on communication skills and attitude assessment on IPE using the KiDSIM scale.

**Results:** Students believed the SBAR simulation was a valuable experience, pre and post testing did show improvement in understanding of communication concepts.

**Conclusions:** Basic communication skills can be a focus for meaningful inter-professional simulation, requiring minimal resources and time.

**Learning Objectives:**

1. Review the important aspects of team communication skills
2. Understand the SBAR model and how to incorporate it into simulation
3. Assess different methods of evaluation in IPE experiences

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## A9iv (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

### Designing and Implementing Case-Based Interprofessional Education Sessions: Maximizing the Potential

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**Background/Rationale:** The development of core and elective learning activities based on clinical cases is an essential part of IPE curricula. Case studies are a proven pedagogical approach that has been found to promote analytical, decision-making and clinical reasoning skills along with oral communication and teamwork through 'learning by doing' with authentic problems (Herreid, 1994).

**Objectives:**

1. Describe the development process of an innovative complex case study
2. Explain the implementation of the case-based learning activity
3. Determine key learning to develop similar sessions in their own contexts

**Methods/Methodology:** The comprehensive case development approach utilized to create a three-part longitudinal case for a competency-based IPE curriculum will be discussed. A readers theatre approach was utilized to allow the case to come alive for students in a three-hour session. Small and large group discussion of key elements, consideration of uniprofessional assessment information, creation of a collaborative management plan and comparison to an actual plan were included. 'Just in time' faculty development prior to sessions was provided to enhance the development and implementation process. Instruction guides and a case template for further case development and utilization are being created. Evaluation explored faculty and student perceptions and satisfaction regarding the process in relation to efficacy as an IPE approach utilizing focus groups. Student reaction and learning gain and behaviour change was also assessed using global rating scales and a triple jump approach.

**Results:** Assessment of student learning revealed that students' perception of competencies improved. As well, evaluation results focused on strengths and challenges for both faculty and students in developing and implementing these sessions.

**Conclusions:** An inclusive, systematic and collaborative approach to case development and implementation across an institution is complex. Innovative interprofessional case-based learning enables flexible curriculum delivery, both uni- and interprofessionally, the opportunity for faculty development and overall capacity –building in IPE.

## A10i (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

### Clinical Care Planning: Interprofessional Course (CCPIC)

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Thomas Jefferson Hospital and School of Medicine

**Background:** Students at Thomas Jefferson University participate in the Health Mentor Program in the first two years of their professional education. They work in small interprofessional teams to understand the perspective of their mentor, a person living with a chronic disease. The students obtain a health history, assess home safety, investigate issue of health and wellness and facilitate health behavior change. However, they do not broach the subject of treatment for their mentor.

**Methods/Methodology:** The goal of this unique course is to create a plan of care for a patient—to prepare students for active roles in interprofessional healthcare planning, emphasizing key elements of IPE, such as principles of group dynamics and familiarization with roles and functions of health care professionals. Approximately 100 students from 5 disciplines work in small interprofessional groups of 6-8 to construct a plan of care for an assigned patient. This is done through two face-to-face encounters. The culmination is a presentation to a panel of interprofessional clinicians from the community matching the students' professions, including a nurse, occupational therapist, pharmacist, physical therapist and a physician. Online mini-modules include common language and concepts supported by WHO/ICF, group dynamics, models of service delivery, and communication and decision making skills. Students collaborate using online DVD's of their case scenario. In addition students visit an Emergency Department and observe real-time health team-family-patient interactions.

**Results:** Outcomes include pretest-posttest on perception of professional roles, a written comprehensive plan of care. a reflection paper, and a standardized evaluation of the course. Students express appreciation of learning other roles in the true context of treatment. Practicing clinicians praise the interprofessional nature of the care plan and the collaboration of the students.

**Conclusion:** The focus of this course is the promotion of interprofessional perspective to professional students and the implementation of collaboration with other professionals in developing an evidenced-based plan of care. Consistent with service learning and translational research, this task combines community health professionals with students and provides exchange with both parties.

**Learning Objectives:**

1. The audience will understand concepts and implementation of this course to provide a direct pathway for students to function on an interprofessional team in the treatment of a patient.
2. The audience will understand learned lessons from the impact of this course based on students and clinicians, in choosing levels of students, scheduling issues, and bridging didactic information with real-life clinical experiences.
3. Audience will apply concepts and specific methods of this course within the framework of their curriculum to include guidance to students in further understanding their roles on a health care team in the context of evidence-based patient intervention.

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## A10ii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

### Interprofessional Education at Kingston General Hospital

**Author**

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**Background:** As a teaching hospital, education is at the forefront of the mandate at Kingston General Hospital (KGH). We have declared that by 2015, KGH will be a nationally recognized centre of excellence for interprofessional education. Interprofessional education (IPE) increases collaboration, enhances practice and improves the overall quality of patient- and family-centred care.

**Method:** Our partners in the Faculty of Health Sciences at Queen's University and St. Lawrence College have embraced IPE so that together we can shape the next generation of health care providers and leaders in a way that delivers more value to patients and families. In 2011-12 our IPE steering committee, which is comprised of representatives from a variety of health disciplines, members of the KGH Patient and Family Advisory Council and our academic partner institutions, finalized a work plan to guide their activities and those of the key support teams. A series of IPE events were scheduled for the fiscal year including Simulation Olympics and patient- and family-centred care presentations. The first interprofessional week at KGH has received corporate support and a number of interprofessional events are planned for January 2013.

**Results:** Between November 2009 and April 2012, a new interprofessional collaborative practice model of care was implemented in 18 inpatient units and 33 ambulatory care areas with more than 2,100 people have attended IPE sessions to learn about the model and the competencies of interprofessional collaborative practice.

**Conclusion:** Action planning is also underway to help build awareness and ten organizational competencies to support interprofessional learning across the hospital have been identified in our quest that by 2015 all education activities at the hospital will be interprofessional by design.

**Objectives:** identify challenges to IPE implementation; measure the effectiveness of IPE; identify 10 organizational competencies to support IPE.

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## A10iii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

### Thinking Outside the Clinical Box with IPE: Integrating Non-clinical Students in a Clinical Setting

**Author #1**

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**Author #2**

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**Author #3**

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In the academic medical setting, the primary participants in IPE activities are nursing and medicine students. A broad IPE effort may also include clinical allied health professionals, but it may fail to include non-clinical health professionals, such as Health Information Management (HIM) students and law students.

HIM professionals are experts in designing, implementing, and managing health information systems and technology, as well as connecting clinical and administrative functions. Law students working in a medical-legal partnership (MLP) provide free legal assistance to low-income patients.

**Methods:** The University of Kansas Medical Center (KUMC) has creatively integrated non-clinical health professionals into the IPE experience. HIM and law students, working with students from medicine, nursing, pharmacy, and physical therapy, participate in a live-patient IPE clinic that provides wrap-around services to its patients and provides students to reflect on these services in an interdisciplinary classroom setting. In addition, HIM students participate in root-cause-analysis with nursing students, and law students provide ancillary services in a medical student-run safety net clinic.

**Results:** In the IPE setting, HIM students contribute their knowledge of privacy, security, data management, documentation and reimbursement. The inclusion of law students in the IPE setting draws attention to social determinants of health that derive where patients live, work, learn, and play, and the legal remedies that exist to address them.

**Conclusion:** As demonstrated through the activities at KUMC, IPE results in enhanced learning experiences for students and holistic outcomes for patients. When considering IPE activities, it is important to consider all aspects of patient care, beyond just the clinical realm.

**Objectives:**

1. The role of HIM and MLP in the academic medical setting
2. How KUMC has integrated non-clinical students into the IPE experience
3. The value added of non-clinical professionals in IPE

## A10iv (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

### Health Science Students' Recommendations to Reduce Fall Risk in an Interprofessional Fall Prevention Program

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**Background:** A new goal of Healthy People 2020 is to improve the health, function, and quality of life for older adults. One in three older adults experience a fall each year. Fall injuries often lead to a fear of falling, limited mobility, and reduced quality of life.

**Abstract Learning Objectives:**

1. Describe the interprofessional fall risk assessment project.
2. Discuss team recommendations to reduce fall risk for seniors participating in the fall risk assessment program.
3. Review feedback from seniors participating in the fall risk assessment program.

**Methods:** Administrators at a senior independent living community were concerned about the increasing number of resident falls and expressed interest in implementing fall risk assessments. Ninety-six nursing, pharmacy, occupational and physical therapy students participated in an interprofessional fall risk assessment program, completing discipline-specific screens (health history, medication review, Berg Balance Screen, home safety evaluation) for 45 independent living seniors. Students were grouped in interprofessional teams to generate client-centered recommendations based on discipline-specific data. Recommendations were provided in a fall risk report card to the seniors. Participating seniors also received a resident satisfaction survey to identify reason for participating, implementation of recommendations, and participation in future fall risk assessments.

**Results:** During the fall risk assessment program, there were a total of 676 recommendations made by students to reduce fall risk (306 Pharmacy, 132 Nursing, 79 Physical Therapy, 159 Occupational Therapy). Resident satisfaction survey data is being compiled.

**Conclusions:** This fall risk assessment program provided students an opportunity to practice clinical skills as an interprofessional team. Seniors received assessments not typically provided in an independent living community. It is anticipated that interventions will be implemented to reduce fall risks and allow these senior participants to continue living in this community.

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**A11i** (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Evaluation/Assessment)

**Sustaining the Momentum for a New Culture of Collaboration: Learnings from the University– Practice Interface**

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**Author #6**

Lynne Sinclair  
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University of Toronto

**Background:** In 2006, key champions at the University of Toronto enabled IPE at a scale not experienced previously. An alignment between university, hospital, government and regulatory sectors existed that put IPE at the forefront of the health

education and care agenda. Since then, many successes in IPE and interprofessional care (IPC) have been realized, along with key learnings about sustaining momentum at the university – practice interface that can be applied in diverse settings.

#### Objectives:

1. Share key successes linking education and practice
2. Explore the multiple roles of leaders, faculty, clinicians and students
3. Discuss sustainability strategies and their application in multiple organizations

**Methods:** In 2006, the Office of IPE was created in response to national and provincial efforts to develop IPE competencies, curricula, and professional development programs. New structures were created to bring together various configurations of people with accountabilities for creating new models of interprofessional teaching and learning. In 2009, the Centre for IPE was established as a partnership between the University and its teaching hospitals in recognition of the critical need for the practice/education interface to sustain efforts that had been started.

**Results:** A remarkable set of accomplishments have been realized, including IPE Core Competencies; a requisite IPE Curriculum for 3500 students; accredited professional development programs and new assessment strategies. Students are leading curricular work, and practice settings have enabled tripling of IPE electives. Hundreds of faculty are engaged in facilitating and modelling interprofessionalism. A resourced and permanent physical Centre now exists as a central hub for IPE/IPC in the city.

**Conclusions:** The breadth and depth of IPE/IPC has been enabled by: intentional partnerships with practice; simultaneously building IPE experiences for students and faculty; and engaging leaders, students, practitioners in all phases. These strategies are generalizable beyond Toronto as a means of sustaining the momentum for IPE/IPC.

## A11ii (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Evaluation/Assessment)

### The Benefits of a Student Interprofessional Education Fellowship Program as a Measure of Educational Effectiveness

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Medical University of South Carolina

#### Author #2

Maralynne Mitcham, PhD  
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#### Author #3

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Medical University of South Carolina

#### Author #4

David Howell, MBA  
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Medical University of South Carolina

**Background:** In 2009, MUSC implemented an interprofessional education (IPE) fellowship for students interested in enriching their interprofessional competency development. Using a transformative learning approach, fellowship activities are self-directed and available within campus and community learning environs. For fellowship completion, students submit a final reflective summative report of their experiences and learning.

#### Objectives

1. Describe the Medical University of South Carolina (MUSC) Student Interprofessional Education Fellowship Program.
2. Discuss the educational effectiveness of the fellowship for students' development in the four IPEC collaborative practice core competency domains.
3. Identify interprofessional experiences that are educationally transformative and transferable to health care practice.

**Methods:** Summative reports from 63 fellows were read independently by two reviewers to determine educational effectiveness of the program. Narratives were coded, and through an iterative process identified themes associated with: 1) types of fellows' interprofessional experiences; 2) how the fellowship promoted students' acquisition of interprofessional core competencies; and 3) progress made through the JET classification of IPE outcomes.

**Results:** Types of educational activities particularly transformative for fellows' learning were mission trips, work at student-run clinics, and the university's Interprofessional Day. Fellows referenced at least three interprofessional competency domains, with all four domains implied in their writing; they demonstrated progression through four of six levels of the JET classification. The majority of fellows expressed the desire and ability to transfer their learning to ultimate practice settings, and identified value-added consequences such as forming new friendships.

**Conclusions:** The MUSC IPE Fellowship demonstrated immediate benefit for students starting their health professions careers and may be adapted by institutions wishing to expand their repertoire of effective interprofessional learning experiences.

**References:** 1. IPEC Report 2011. <http://www.aacn.nche.edu/education-resources/ipereport.pdf>  
2. Barr H et al. 2005. Effective Interprofessional Education. Blackwell Publishing: Malden, MA.

## A11iii (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Evaluation/Assessment)

### Outcomes of an Interprofessional Educational Experience in a Graduate Neurorehabilitation Course: A Mixed Methods Study

**Author #1**

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**Author #2**

Tracy Wall  
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**Background/Rationale:** Occupational and physical therapy professionals are natural partners in neurorehabilitation especially in the acute stages of recovery. To enhance student learning experiences from both disciplines, we have developed an interprofessional learning unit that was embedded in neurorehabilitation tracks of each respective program. The primary goal of this project is to examine interprofessional attitudes and perception towards interprofessional learning and practice.

**Learning Objectives:**

1. Describe the outcomes of an IPE experience on students' attitudes and perceptions toward IP education and practice.
2. Describe required IP competencies identified by students in neurorehabilitation practice.

**Methods/Methodology:** Using a concurrent mixed methods design, we collected data pre- and post- intervention using the Readiness for Interprofessional Learning Survey and a qualitative questionnaire intended to solicit information regarding IP competencies. The intervention is an IP case-based learning module with the goal of developing an IP care plan typically seen in neurorehabilitation. The study is intended to run for 3 consecutive academic years. At the time of this presentation, data from 2 cohorts would have been completed.

**Results:** An initial cohort of 130 physical and occupational therapy students participated in the study. Preliminary results from the RIPLS showed statistically significant differences between pre- and post-testing. Qualitative themes derived from the questionnaires are consistent with the quantitative data. In addition, participants identified requisite skills, knowledge and attitudes needed for successful IP practice. Overall, students expressed positive feedback about their learning experience and would like for such experiences to continue throughout their curricula.

**Conclusions:** An interprofessional case-based educational module has the potential to facilitate students' professional development and readiness for future interprofessional practice.

## A11iv (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Evaluation/Assessment)

### Evidence of an Interprofessional Values in Student Writing

**Author #1**

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**Author #2**

Amy Leaphart, MS, MA  
Provost's Office  
Medical University of South Carolina

**Background:** At MUSC, IP710 Transforming Healthcare is a blended learning course for first-year students of all health professional programs. Through an interprofessional context, students explore teamwork and communication skills. Following the students' final project, each student responds to three prompts that assess perceptions of the value of teamwork and interprofessionalism in their careers.

**Methods:** All students enrolled in IP710 over a three semester period (n=~1020) responded to open-ended questions. Student responses were assessed using an opensource content analysis software package commonly used in the field of linguistics. Results provide word frequency as well as word clusters that tend to recur in the students' writing. Higher frequency words and clusters offer qualitative linguistic and rhetorical information which was then used to guide manual interpretation of large scale themes linked to student values.

**Results:** The prevalence and rhetorical depth of student comments offers an intriguing baseline for understanding student attitudes following a single introductory online course early in their curricula. If retained, the values expressed by students suggest the potential value of the course in instilling a more culture-wide appreciation of interprofessional values.

**Conclusions:** Students consistently identify the key purposes of healthcare leaders' focus on interprofessionalism. Assuming these students retain lessons from this course, they may be more likely to become agents of positive change in health care. This presentation also offers a rarely used qualitative approach to determine which values students endorse following an introductory course devoted to the importance of interprofessionalism in health care.

## A12i (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Evaluation/Assessment)

### Partnering with Community Organizations to Promote Regional IPC: Building Networks to Transform Care

**Author #1**

Dawn Burnett  
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**Author #2**

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**Author #3**

Andrea Miville  
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Academic Health Council- Champlain Region

**Background:** The Academic Health Council - Champlain Region (AHC) aims to stimulate a unified approach to education, research and practice that is responsive to regional needs and corresponds to the principles of interprofessional (IP) patient-centred care. To date, the AHC has made strides promoting IP practice at the education, research and acute care sectors but has yet to collaborate with community settings to support continuity of care through IPC.

**Methodology:** This initiative, to promote community partnerships, was spearheaded by an IPC networking forum to: 1) provide opportunities for community agency information sharing; 2) share best practices related to the promotion of IPC through continuing professional development (CPD); 3) identify the gaps and opportunities for promotion of IPC; 4) share best practices related to IP community clinical placements; and 5) facilitate collaboration of acute and community healthcare settings in the promotion of an IPC approach to the seamless transition of patients through the continuum of care.

**Results:** Priorities identified by participants will inform an action plan with a focus on continued networking opportunities, sharing resources, the implementation of CPD IP learning activities and the promotion of IP clinical placements.

**Conclusion:** The mechanisms to support and sustain the transformation of IPC into community settings are complex and multifaceted. Sharing best practices and outcomes to promote IPC will stimulate dialogue concerning best practices and lessons learned to support and sustain the IPC transformation into community settings.

### Learning Objectives

1. To provide an overview to building networks to promote IPC in the community.
2. To share lessons learned on the promotion of IPC through CPD and IP clinical placements.
3. To highlight and opportunities to promote IPC in community settings.

## A12ii (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Evaluation/Assessment)

### Expanding Interprofessional Teams to Meet the Needs of Refugee and Immigrant Communities

#### Author #1

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#### Author #3

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#### Author #2

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#### Author #4

Fatuma Hussein  
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**Background:** Immigrants and refugees face significant challenges accessing health services in the United States. These challenges include differences in perceptions of health; fear and intimidation of western health systems, services that aren't culturally and/or linguistically congruent and lack of understanding of health care access. The community health worker (CHW) model has been used for decades in low resource countries as a critical component to optimizing health services and has similar potential in areas of health promotion and chronic disease management in western, under-served cultures.

**Methods/Results:** This paper proposes inclusion of the CHW role as essential to the interprofessional team as a roll out of a collaborative training model for health teams to advance the health of refugee and immigrant communities. Duties of the CHW include medical interpretation, cultural brokerage, advocacy, and patient navigation. The CHWs are community members with shared characteristics of cultural, racial, and often spiritual concordance with the community of interest. They honor the background, experiences, and relationships of community members, creating a sense of hope and self-confidence among people who are often viewed as liabilities rather than assets.

### Objectives:

1. Discuss the linkages community health workers bring to interprofessional practice when caring for refugee and immigrant populations.
2. Describe the CHW role.
3. Describe the interface between IPE competencies and activities of IPE teams including the CHW in refugee and immigrant populations.

**Conclusions:** The higher-level value of CHWs will be in their impact on the ongoing cultural competence of the interprofessional practice team -- this impact will achieve sustainable, systematic change that will have ripple effects far beyond the scope of this proposed project.

## A12iii (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Evaluation/Assessment)

### An Accreditation Program for OTAs and PTAs: Building a Culture of Interprofessional Collaboration

#### Author #1

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Physiotherapy Education Accreditation Canada

#### Author #3

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#### Author #2

Dawn Burnett  
Program Manager (former)  
OTA & PTA Education Accreditation Program

#### Author #4

Carmen Kimoto  
Chair  
Canadian OTA and PTA Educators Council

**Background:** In response to the need for an accreditation program for occupational therapist (OT) assistant (OTA) and physiotherapist (PT) assistant (PTA) education, an alliance of OTs, PTs and OTA/PTA educators came together, in a spirit of interprofessional (IP) collaboration, to operationalize this goal. Developing a program that blended the cultures of several professional groups required application of five IP competency domains.

**Methods:** Under the leadership of the Canadian Association of Occupational Therapists and Physiotherapy Education Accreditation Canada, and in collaboration with the Canadian OTA and PTA Educators Council, accreditation standards, policies and procedures were developed through an iterative process. Standards were based on the accepted 5+1 model, with reference to competency profiles for OTAs and PTAs and existing standards for OT and PT education. Broad stakeholder input was provided through country-wide focus groups, an online survey, and consultations with a Standards Working Group and Advisory Committee. Policies and procedures were crafted from OT and PT accreditation materials adapted to the unique requirements of OTA and PTA accreditation.

**Results:** Under the ongoing leadership and guidance of a Joint Accreditation Committee, representing the three stakeholder groups and the public, the accreditation program has been successfully piloted and is now operational with over 20 programs committed to the process.

**Conclusions:** The development of a unique accreditation program for OTA/PTA education is the result of a successful IP effort encompassing effective communication, shared decision making and collaborative leadership to build a culture of trust and commitment upon which to assess quality OTA/PTA education. Objectives: 1) to understand the process of development of a unique education accreditation program, 2) to appreciate the IP competencies required for its success during development, and 3) to recognize the role and importance of IP collaboration in the context of education accreditation program development.

## A12iv (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community & Evaluation/Assessment)

### Teaching Professional Competencies through Interdisciplinary Community Case Building

#### Author #1

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#### Author #2

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**Project Learning Objectives:**

1. Share the replicable case-based learning design protocol with workshop participants, describing the project process, challenges and lessons learned;
2. Deepen workshop participant's understanding of the process of applying prescribed professional competencies through the creation of student case-based learning reflecting actual interprofessional health care related practice scenarios;
3. Enhance innovative virtual teaching practices through student case-based learning that support the transfer of knowledge from web-based classroom to community practice.

**Background/Rationale:** The pedagogical aim of this project was to collaboratively develop student case-based learning opportunities between various health care related practitioners in the field and that of the online classroom. Core competencies covered in the online program curriculum were translated into course assignments involving community practitioners in a variety of interdisciplinary health care contexts. Preparing graduates to enter a competitive work environment equipped with this type of theory to practice translation makes this graduate level program innovative.

**Methods/Methodology:** Practice based assignments involving Social Workers in the community resulted in the building of valued partnerships with community human service agencies across Canada. These contacts will be invited to participate in future case writing workshops guided by an evidence-based process developed by McMaster University, regarded as one of the best pedagogical approaches to promote lifelong learning (Blake et al., 1996; Lam et al., 2006). Shared case authorship between the university and these community partners will demonstrate a true participatory pedagogical process. The outcome of these workshops will yield a Canadian based data bank of clinical, community and policy cases for graduate level education within a health care and interdisciplinary context.

**Conclusions:** This project represents innovation in pedagogy through the fusion of learning competencies, interdisciplinary sharing and collaborating with health related community and student stakeholders while utilizing web-based technology. This process will be shared with workshop participants.

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# Concurrent Breakout Sessions B

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**B1** (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

## **Innovations in Teaching: How to Construct and Conduct an Interprofessional Course on Applied Decision-Making**

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