

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.

Concurrent Breakout Sessions B

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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Background/Rationale: The interprofessional core competencies of Values/Ethics for Interprofessional Practice, Interprofessional (IP) Teamwork and Team-based Care contain teamwork skills requiring structured practice activities directed toward skill development. The ability to build relationships with team members from different professions by providing patient-centered care and caring (ethical) decisions requires multiple opportunities to apply knowledge about team dynamics, practitioner roles, patient/community factors and values. It requires interaction with IP team members, as well as opportunities to receive and reflect on feedback. Using the components of the core values of Interprofessional Teamwork and Team-based Care, an IP faculty team developed course objectives and teaching strategies. The pedagogy chosen was directed at teaching strategies that provided students with opportunities to engage in team interaction, apply professional roles, discuss values, and practice conflict resolution and decision-making activities related to issues embedded in a caring response with standardized patients. Planned activities outside of class support transformative learning through reflection on course content and team decision-making activities surrounding standardized patients utilized during small group sessions.

Learning Objectives: After attending this session, participants will be able to:

1. Recall steps in creating a decision-making course, including barriers and benefits of standardized patients as a teaching tool.
2. Construct a course objective related to Core Competencies for Collaborative Practice.
3. Explore standardized patients and reflection as tools in developing IP decision-making skills.

Teaching Methods: Presenter will share steps used in creating an interprofessional decision-making course. Participants will work in IP groups of 5-8 persons, with the opportunity to develop and share a course objective created by using the Core Competencies for Collaborative Practice. After observing a video of a standardized patient, participants will analyze the case, and discuss processes associated with the use of a standardized patient and reflection as teaching strategies in an IP decision-making course.

B2 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Answering the Question: How do I Facilitate IP Activities into Traditional Student Placements?

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Background: Academic education programs must consider how to support clinicians who are being asked to educate students in an interprofessional (IP) model. This requires them to balance the discipline specific competency requirements of a placement alongside the acquisition of interprofessional competencies. This workshop will provide interprofessional education ideas which can be incorporated into the practice setting. Tools for providing dynamic and successful interprofessional education experiences, with the broad long term goal of transforming clinical practice will be shared. The workshop will briefly review the importance of interprofessional education, the current status of interprofessional education (classroom and practice based) at one post-secondary

institution, provide participants with tools to develop IP learning activities for the clinical setting, and discuss strategies on how to best evaluate IP learning.

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

- 1) Articulate 5 principles of IPE in the clinical setting
- 2) Design 3 clinical IP activities which teach IP competencies as outlined in the CIHC framework
- 3) Describe examples of 3 IPE activities which are appropriate for their own clinical setting

Teaching Methods: Highlighted in this workshop will be an interprofessional handbook which was developed to specifically address the needs of clinicians striving to provide interprofessional education experiences in a variety of clinical settings. The handbook will be a starting point for providing participants with the tools to build their confidence and skills in the area of interprofessional mentorship and collaboration as well as in the creation of IP activities suitable to their unique practice setting.

B3 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Interprofessional Education and Simulation: Application and Opportunities

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Background/Rationale: Interprofessional education frequently incorporates simulation as a teaching methodology through the use of, for example, role plays and/or DVD vignettes; and simulation regularly includes interprofessional learners. However, expertise amongst educators is often linked more strongly to either IPE or simulation, rarely both. Recognizing this need and the striking synergy between the two fields, the Centre for IPE (University of Toronto) and SIM-one, a province-wide simulation network in Ontario, collaborated to develop, implement and evaluate a unique course for educators and leaders working at the interface of simulation and IPE. Learners have the opportunity to increase their knowledge of both IPE and simulation competencies and enhance these specific teaching skills so that interprofessional simulation will be further utilized and applied to their practice areas.

Objectives: Workshop participants will be able to:

1. Describe indications for using simulation and IPE synergistically to address interprofessional learning objectives
2. Identify special considerations for using a variety of simulation modalities interprofessionally
3. Discuss practical tips for elevating interprofessional learning in simulations

Teaching Methods: This workshop will be highly interactive. At the outset, participants will reflect on their experiences, interests and needs in order to collaboratively identify priority areas that may be addressed during the workshop. Then, synergies between IPE and simulation will be identified through small and large group discussions, followed by an overview of key principles and best practices related to learning using interprofessional simulation. Finally, interprofessional education simulations will be both experienced and debriefed by the group to reveal strategies most effective for planning, constructing and learning through simulation in interprofessional education.

B4 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

One Community's Practical Plan for Development and Implementation of Interprofessional Education Curriculum

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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 mandated or strongly suggested by accrediting organizations in healthcare education. Research has linked IPE to a reduction in patient deaths, sentinel events and health care costs. The Fort Wayne Area Interprofessional Education Consortium was formed in northeast Indiana in 2011 by combining five distinct graduate medical education institutions representing programs for pharmacy, physician assistant, nurse practitioner, nurse educator, nurse executive, medical student and family practice residency. The consortium successfully created, piloted, and evaluated a three-session IPE seminar series. Session 1 introduced IPE and health care professions; Session 2, the BATHE model of psychosocial interviewing; Session 3, root cause analysis. The seminar series curriculum is in its second season. The consortium is expanding its curriculum offerings based upon the success of the seminar series.

Learning Objectives: The threefold purpose of this workshop is to

1. Discuss steps for creating a community consortium of interdisciplinary educators
2. Disseminate examples of three interactive interdisciplinary activities
3. Assist each participant in the integration of IPE within their organization or community of interest

Teaching methods:

During the workshop, the participant will utilize one community's experience to outline an IPE plan for their organization or community of interest and explore the applicability of the presented curriculum samples to their IPE efforts. The plan will answer the questions such as:

- How could a consortium be established?
- What are the opportunities and barriers for successful integration of IPE within your consortium?
- How will the shared learning activities be developed and implemented?
- How will you assess the success of your IPE initiative?

B5 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Maximizing Interprofessional Learning in a Health Mentors Program

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Background: Health Mentor programs bring together students from different health disciplines with a mentor living with a chronic condition to learn about chronic disease, interprofessional teamwork and patient-centred care. In these programs students typically begin by interviewing their mentors about their life history with a list of questions framed by faculty. At the University of British Columbia (UBC) we designed the 16-month program to be more aligned with literature definitions of patient-centredness and mentoring relationships. Groups (4 students and mentor) are self-managed with the mentor as primary teacher; faculty suggest discussion topics and set broad objectives. Students' reflective journals help to consolidate their learning. Groups share their learning at a symposium three-quarters of the way through the program. This workshop will begin with a brief description of the key elements of the UBC program followed by examples of student learning drawn from reflective journals (students will read and comment on extracts), from symposium presentations and from focus groups with students. Workshop participants will be invited to comment and ask questions on the examples presented in order to explore strategies used to maximize interprofessional learning with particular emphasis on the role of mentor as facilitator and student learning outcomes. Workshop presenters (faculty, mentors and students) will answer questions about their experiences and act as resources for participants to share / explore patient-led interprofessional learning in their own contexts. Topics to be explored could include the recruitment, preparation and training of mentors, role of reflective journaling and faculty roles.

Objectives:

1. Describe student learning outcomes related to interprofessional patient-centred care that can be achieved through a health mentors program.
2. Describe the role(s) of a health mentor (patient) in facilitating interprofessional learning.
3. Identify strategies to maximize patient-led interprofessional education.

Teaching methods: Presentation; question and answer; small group discussion.

B6 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

High-Fidelity, Low-Technology, Low-Cost Simulation in an Interprofessional Mobile Rural Emergency Care Course

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Rationale: High-Fidelity Simulation is the buzz phrase in medical education today. This term is often used to indicate High-Technology Simulation equipment that can be expensive, fragile, high-maintenance, labour-intensive to run, and very difficult to transport to rural communities. This session will present how High-Fidelity Simulation can be successfully achieved using low-technology, low-cost mannequins alongside simple technology (for monitors and ultrasound simulation) and human simulation to produce real-time, real-people, real-risk, real-emotion simulation across the spectrum of emergency medicine.

Objectives: At the end of this session, participants will

1. Have a broadened understanding of the term 'High-Fidelity Simulation'
2. Have reviewed techniques to achieve sustainable High-Fidelity Simulation using Low-Technology, Low-Cost mannequins.
3. Be able to demonstrate the positive impact of emotional components in successful High-Fidelity Simulation

Implication: Effective High-Fidelity Simulation is accessible and achievable by all. It relies more upon what and how simulation is implemented, than the type of equipment employed.

B7 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

Student Perspectives on the Health Mentor Program (HMP): a Two-Year Longitudinal Interprofessional Education (IPE) Experience

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Background: This panel presentation will provide the perspectives and reflections of students who completed the Health Mentor Program (HMP), a two-year longitudinal interprofessional education (IPE) experience. They will discuss the impact the program has had on their clinical and academic work.

The HMP has been a required experience for all first and second year students at this University for the past 5 years. The program includes faculty and students from couples and family therapy, medicine, nursing, occupational therapy, pharmacy and physical therapy. Students from two or more disciplines are paired with a health mentor, a community adult volunteer who is living with one or more chronic conditions or disabilities. The student teams, together with the mentor, complete four curriculum modules over the two years. The overarching goals of the program are for the students to:

1. Understand the roles of other members of the healthcare team;
2. Value the perspective of the patient and patient-centered care; and
3. Appreciate the interface between a person's health condition(s) and his or her personal and environmental factors.

Objectives: Following participation in this seminar, attendees will be able to:

1. Compare the variety of student responses to the HMP.
2. Identify the impact of the HMP on the students' future experiences.
3. Use feedback garnered from the students to develop and/or make changes to IPE experiences at their institution.

Implications: The presenters of IPE initiatives, curriculum and outcomes at conferences are typically faculty. This presentation will provide an opportunity to hear directly from students who have completed the HMP. Faculty will provide a brief overview of the HMP followed by the student panel. The students will provide candid responses to open-ended questions posed by the faculty. This panel presentation will be of interest to those who are developing new and/or are changing existing IPE experiences.

B8i (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

The MGH IPDEU Experience: An Innovative Clinical Teaching Model of Interprofessional Team-based Patient Care in an Acute Care Setting

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Background: The Interprofessional Dedicated Education Unit (IPDEU) experience is a clinical course emerging from MGH Institute of Health Professions and Massachusetts General Hospital partnering to educate students for leadership in interprofessional patient care (IPC). Its objectives are based on the competencies developed by the Interprofessional Education Collaborative.

Methods: The IPDEU uses a patient-centric hands-on clinical learning model. Working in interprofessional pairs on an inpatient unit, the Institute's professional entry speech therapy, physical therapy, and nursing students learn the value of IPC. Each dyad is assigned a patient and nursing Clinical Instructor (CI), and interfaces with CIs from physical therapy and speech therapy while caring for patients. Students reflect on their experiences in writing and via facilitated group debriefings.

A required IPDEU orientation, for students and clinical faculty, focuses on expectations related to interprofessional education (IPE) and practice. Students first experience IPC through active learning in which teams review an electronic medical record and engage in a high-fidelity patient care simulation. CIs undergo interprofessional team training including on-line modules and role-playing as CIs and students using standardized patients.

Students are assessed on their performance in the experience, and by pre- and post-course surveys examining their understanding of IPC. An advisory leadership group assists in allocating resources and evaluating process and outcomes.

Results: Through care delivery, dyads learn about team member roles and responsibilities, practice communicating, develop frameworks for values and ethics, and experience teamwork in an authentic setting. Pilot year results led to modification of student selection and orientation processes.

Conclusion: With growing evidence of links between safe effective care delivery and interprofessional teamwork, the innovative IPDEU model for teaching IPC is worth pursuing.

Objectives:

1. Conceptualize an innovative clinical teaching model of IPC.
2. Discuss clinical application techniques for teaching IPC competence.
3. Examine the importance of instructor training for successful IPE outcomes.

B8ii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

An Interprofessional Workshop to Improve Collaboration and Communication in End of Life Discussions

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Background: The importance of interprofessional care for patients at the end of life (EOL) is widely recognized. Interprofessional education (IPE) to develop collaborative competencies has been identified as a core component of medical and nursing education. Educational programs designed to develop and evaluate communication and collaboration competencies for medical and nursing students in EOL care are rare.

Methods: All third-year medical and nursing students attend an interprofessional workshop, Difficult Discussions at the End of Life. This workshop provides opportunities for students to role-play a conversation with a family member about planning EOL care for a patient. This prospective study used a pretest-post-test design to measure changes in attitudes toward collaboration, teamwork, and self-efficacy for communication of 215 students who attended the workshop in 2011.

Results: 118 medical and 97 nursing students returned pre- and post-workshop surveys. At baseline, nursing students had more positive attitudes toward teamwork and collaboration than medical students, and medical students had higher self-efficacy for communicating in difficult situations. Following the workshop, both groups reported more positive attitudes toward teamwork.

While nursing students showed consistent increases in their self-efficacy for communication in difficult situations, medical students showed both positive and negative changes in their self-efficacy for communication.

Conclusions: Medical and nursing students may have different attitudes toward teamwork and collaboration. An IPE workshop may enhance perceptions about benefits of teamwork in EOL care. Opportunities to role-play in an interprofessional setting may help students develop collaboration and communication skills and improve their confidence to conduct difficult discussions with patients and families.

Learning Objectives:

1. Describe an interprofessional workshop focused on collaboration and communication skills of medical and nursing students in end-of-life care.
2. Describe the impact of an interprofessional workshop on collaboration and communication skills of students in end-of-life care.
3. Discuss teaching IPE competencies to students for end-of-life care.

B8iii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

Studio Pop: An Adjunct to Interprofessional Practice

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Background: The studio, as an educational space, is often used in architecture, but rarely in medicine. At the University of Kansas Medical Center, we offer students a weekly studio experience called Studio Pop.

Students who participate in Studio Pop see patients together as a team in the Interprofessional Teaching Clinic (IPTC). The IPTC was established in partnership with the Schools of Medicine, Nursing, Pharmacy, Health Professions and Law. Studio Pop is meant to be an adjunct to the IPTC.

We are interested in learning whether the addition of Studio Pop to the IPTC experience further enhances attitudes toward teamwork and appreciation for the other professions.

All third year medical students are surveyed before and after their exposure to IPTC using the Readiness for Interprofessional Learning Scale (RIPLS). Not all 3rd year medical students are exposed to Studio Pop, thus providing a subset exposed to both IPTC and Studio Pop.

Methods: Pre and post-survey data will be collected electronically. RIPLS is a 23 item survey comprised of 3 subscales. The mean score per subscale will be reported. Higher scores indicate more favorable attitudes. Completion of the survey is voluntary. Results will be de-identified. Aggregate pre and post-survey scores for both groups will be compared and analyzed for meaningful detectable difference.

Results: To date, 115 third year medical students have been exposed to IPTC and 12 have been exposed to IPTC and Studio Pop.

Conclusions: We expect exposure to IPTC and Studio Pop to positively enhance student attitudes toward other health professionals and team-based patient care greater than exposure only to IPTC.

Objectives:

1. Characterize how Studio Pop meets the definition of an IPE practice activity.
2. Introduce the Interprofessional Practice Competencies and one method of assessment i.e. the RIPLS survey.
3. Discuss the lessons learned and limitations of our intervention.

B8iv (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

The Jefferson Interprofessional Ambulatory Practice: Leveraging Interprofessional Education to Support Interprofessional Practice

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Background: Effectively incorporating IPE into new models of ambulatory practice is critical to preparing the healthcare workforce for current and future practice. Further, effective IPE strategies can inform interprofessional practice (IPP) and support person-centered care and quality efforts in primary care. The Jefferson InterProfessional Education Center has partnered with Jefferson Family Medicine Associates (JFMA), a Level 3 NCQA Patient-Centered Medical Home. An existing team of IPE educators, including a family physician and geriatrician from JFMA, was leveraged to develop a model integrated ambulatory practice to provide care to patients suffering from multimorbidity or functional impairments while providing clinical IPE to teams of students.

Methods: Clinician educators from couple & family therapy, medicine, nursing, occupational therapy, pharmacy, and physical therapy developed and piloted a novel interprofessional practice model serving complex patients by providing comprehensive interprofessional assessment and ongoing management to an at-risk population. Student volunteers participated in development. An evaluation team developed a checklist based on four Clinical IPE Learning Objectives addressing the four IPE Competency domains. 2-4 patients will be seen in biweekly clinics beginning in November 2012.

Results: Student satisfaction, performance on a clinical team function/ IPE competency checklist, faculty evaluation of student performance, and qualitative assessment by the evaluation team will be reported.

Conclusions: Development of an integrated interprofessional practice within a PCMH can provide improved support for complex primary care patients while forming a rich environment for IPE. Future directions include replicating the IPE Ambulatory Practice across additional primary care sites and working with practice quality improvement staff to measure impact on patient-centered outcomes.

Learning Objectives: Participants will be able to:

1. Describe one approach to development of IPP/E
2. Apply lessons learned to overcome potential logistic barriers to IPP/E
3. Propose ways to create a "win-win" by using IPE to support IPP at their home institutions

B9i (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

Changes in Interprofessional Attitudes and Clinical Reasoning Following Participation in a Student-run Free Medical Clinic

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Background: Student-run free medical clinics are a health care delivery program in which students take primary responsibility for operational management. The Community Aid, Relief, Education and Support Clinic (C.A.R.E.S) clinic an interprofessional service learning (SL) experience at the Medical University of South Carolina where students from multiple disciplines and colleges work together to serve uninsured patients in the community. Since 2005, this service learning experience has enhanced the preclinical experience of medical, occupational therapy (OT), physical therapy (PT), pharmacy, and physician assistant (PA) students. Although student-run clinics are lauded for their potential to teach students clinical skills, medical humanism, and professional generosity, no studies have actually measured student learning outcomes. The aim of this study was to examine the learning outcomes of OT, PT, PA, medicine, and pharmacy students who participated in an interprofessional (IP) course "Caring for the Community - A Service Learning Elective". Methods: The experimental group consisted of pre-clinical OT, PT, PA, medicine, and pharmacy students (n=101) that enrolled in fall 2011 and spring 2012 courses. The control group consisted of students from each academic program that did not participate in the elective(n=232). Students were administered two interprofessional surveys(IEPS and RIPLS) and one clinical reasoning scale(SACRR) at the beginning and end of each semester. Results: Students who participated in the SL elective showed a significant change in self-rated measures of interprofessionalism and clinical reasoning ($p < 0.05$). Conclusion: Student attitudes toward professionalism, teamwork, collaboration, professional identity and clinical reasoning skills can be enhanced through participation in SL initiatives at student-run free clinics.

Objectives

1. To discuss service learning and student-run free medical clinics(SRFMC)
2. To increase interprofessional experiences through participation in SRFMC
3. To measure student learning outcomes after participation in SRFMC

B9ii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

Economic Impact of Services Provided By A Student Run Free Clinic

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Background: C.A.R.E.S, a student run free clinic, is an MUSC interprofessional service learning experience in which students from multiple disciplines provide medical care to the local uninsured population. Aims of this project were to determine the economic impact of C.A.R.E.S, as determined by the reimbursable care provided by the clinic and the amount saved by avoiding care in the local emergency rooms (ER). Methods: Data from the C.A.R.E.S Medical and Therapy clinics were analyzed over a six month period. Comparison of mean direct cost per service provided to C.A.R.E.S patients was conducted. Data included the number of patients turned away and potential ER visits avoided. Results: Over a six month period, the Medical Clinic provided 393 patient visits and 129 patients were turned away due to lack of capacity. An estimated cost of medical services provided over a six month period was \$48,339. Of the patients that received care, 23% would have gone to the ER if not seen in the clinic. Ninety ER patient visits were avoided due to services provided by the C.A.R.E.S Medical Clinic; services were estimated to save \$350,280 in local ER charges. Of the 129 patients turned away from clinic that may have gone to the ER, the potential cost was \$116,760. The C.A.R.E.S Therapy Clinic provided 385 patient visits with potential billing of \$24,409. Extrapolating the economic impact of C.A.R.E.S for one year, the C.A.R.E.S Medical and Therapy clinics provide \$145,496 of care and save an estimated \$762,832 in indigent care in the ER. Additionally, 276 patients are turned away annually, which results in an estimated cost of \$245,196 in local ERs. Conclusions: C.A.R.E. S provides indigent care cost savings for local hospitals, but the capacity for the clinic is not meeting demands. Expansion of the CARES Clinic s would decrease local ER indigent costs.

B9iii

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

Shared Care to Deliver Mental Health Services in Primary Care: A Model of Interprofessional Collaboraiton

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Background: Implementation of Shared Mental Health Care programs has increased patient access to timely mental health services. A key component of Shared Mental Health Care programs is interprofesssional collaboration (IPC) between care providers. However, lacking is a model that describes the structures and processes that facilitate interprofessional collaboration in a shared care context. This presentation will share the results of a qualitative, grounded theory study that explored the intricacies of interprofessional collaboration within a shared care context and from the perspective of the health care providers.

Methods: Physicians, nurse practitioners, shared care counselors, and psychiatrists were recruited via the maximum variation purposive sampling technique. Data were collected us ing individual in-depth semi-structured interviews and focus groups that were audio recorded and transcribed. All individual interviews were coded and then categorized to create a preliminary model of interprofessional collaboration. Focus groups interviews were used to expand on the preliminary findings and garner consensus on the final model.

Session participants will be able to:

1. Articulate the foundational relationship of IPC to a shared care approach.
2. Understand and describe the structures and processes that are integral to an IPC model in a shared care context.
3. Assess the application of this model in other health care contexts.

B9iv

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

The Student-Run, Free Clinic: An Ideal Site for Interprofessional Education

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Background: Financial, time and physical constraints hinder interprofessional teams from coming together for patient care giving health professional students few models in which to learn and practice interprofessional team skills. Student-run, free clinics can be an ideal setting for interprofessional practice and education. The Phillips Neighborhood Clinic (PNC) is a free clinic run by 320 health professional students from the University of Minnesota. We piloted a curriculum to augment their interprofessional clinical experience.

Methods: In 2011, students in this pilot had monthly educational sessions, including interprofessional case simulations, and clinical tasks culminating in planning and piloting, live in clinic, alternative ways to improve interprofessional care and education. The clinic's student board helped to enact permanent changes. We gathered written feedback and did two surveys including the University of West England Interprofessional Questionnaire (UWE IPQ) and the Readiness for Interprofessional Learning Survey (RIPLS).

Results: Written evaluations by the students were overwhelmingly positive especially with the simulations which they stated helped them recognize and confront their assumptions about their own and other professions. The RIPLS total score improved at the end of the course. The UWE IPQ score declined for those not in the course but remained stable for those in the course. Data from 2011 and 2012 will be available for presentation.

Conclusions: Student-run, free clinics offer an ideal setting for students to practice their interprofessional skills. Providing an overlying curriculum addressing the skills they will need for these interactions enhances their readiness for interprofessional learning and can improve the care and education provided in the clinic.

Learning Objectives:

1. Understand how student-run clinics can be used to augment interprofessional education.
2. Describe methods for embedding interprofessional educational tasks within clinical practice at a student-run clinic.
3. Leave with a framework for implementing an interprofessional educational curriculum in a student-run clinic.

B10i (20-minute Oral Paper Presentations; Presentation Theme: Evaluation/Assessment & Technology/Simulation)

Key Trends in IP Research: A Macrosociological Analysis from 1970 to 2010

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Background: In this presentation, we use a Bourdieusian framework to investigate the growth and changing nature of the field of interprofessional (IP) research since 1970. Publications, as reified scientific production, have a specifically high symbolic value within academia, such that fields can be mapped via an analysis of their publications.

Methods: Our dataset consists of metadata on over 100,000 articles published between 1970 to 2010 and recorded in the PubMed database. We analyzed the evolution of the IP field, its growth, reach and main areas of inquiry by coding the title of its publications with an original computer program and a set of 324 inductively-generated, content-related codes and 200 country codes from the World Bank.

Results: IP-related publications grew 2,293% over the time period, from 356 to 8,519 publications in 2010. Relative to the PubMed database, this is equivalent to a growth of 464%. We also found two indicators of the broadening reach of IP-related research.

First, the number of journals publishing IP-related research increased from 209 in 1970 to 2,867 in 2010, second the number of countries mentioned in IP articles grew from 7 in 1970 to 84 in 2010. We note the evolution of IP-related language (the decline of interdisciplinary and multidisciplinary, the rise of interprofessional), the rise of a rhetoric of managerialism (manage, improvement, outcome), the dominance of the psychometric paradigm, the move away from emphasis on professionals to focus on patients, and the declining interest in group processes (team, group, social, relationship, communication).

Conclusion: These results suggest that IP research has successfully employed academic vehicles and criteria to gain recognition as a legitimate area of scientific inquiry, and to maximize care of patients. Educators interested in implementing learning and teaching approaches inspired by IP research have a broad and increasingly legitimate knowledge base to rely on.

Learning Objectives:

1. To understand the growth of interprofessional research over the past 40 years
2. To improve knowledge of the use of a Bourdieusian approach to data analysis
3. To enhance insights into the nature of legitimacy within an interprofessional context

B10ii (20-minute Oral Paper Presentations; Presentation Theme: Evaluation/Assessment & Technology/Simulation)

Early Findings from a Longitudinal Mixed-methods Study of the Development and Implementation of Interprofessional Education: A Californian Perspective

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Background: A growing body of research suggests that effective interprofessional education (IPE) can improve quality of care and patient outcomes. Academic institutions play a key role by incorporating IPE into their existing curricula for health professionals. Like many institutions, the University of California, San Francisco has been working to develop and implement a range of IPE activities. It has also recently established an interprofessional center to begin expanding and enhancing IPE across the university. This presentation provides key details from a new IPE curriculum for students in dentistry, medicine, nursing, pharmacy, and physical therapy.

Methods: A sequential longitudinal mixed methods approach was adopted to understand the processes and longer-term outcomes associated with this curriculum. Data collection includes: student focus groups, event evaluations, facilitator interviews, and the use of a pre-validated IPE survey to assess changes in student's perceptions toward IPE and interprofessional collaboration.

Results: This presentation will discuss early qualitative and quantitative findings from this study related to the first 12 months of data. Students' and facilitators' experiences of IPE relating to a range of pedagogical, professional and organizational issues will be explored.

Conclusions: A series of conclusions from this work will be offered, as well as lessons learned and practical recommendations for future IPE curricula development and implementation.

Learning Objectives:

1. To understand the key issues in the development and implementation of a longitudinal IPE programs.
2. Identify some barriers and challenges that may occur in planning IPE curricula across schools and programs.
3. Identify strategies for overcoming challenges for implementing IPE curricula and discuss lessons learned.

B10iii (20-minute Oral Paper Presentations; Presentation Theme: Evaluation/Assessment & Technology/Simulation)

Critical Reflection: A Transformative Method Used in an IPE Applied Decision-making Course

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Background: This presentation will describe the use of critical reflection in an Interprofessional Education (IPE) course entitled Applied Decision-Making in Interprofessional Practice. This course introduces students to the tenets of patient-centered care and also extends the students' experience with interprofessional teamwork as an essential element of interprofessional practice. A major assignment for the course involves students' analysis and critical reflection on three case studies applying principles of patient-centered care and ethics that promote a caring response. Students are guided in this process by a three step decision-making model. The first step includes an individual analysis of the case. Students determine what information is relevant, the stakeholders affected, the issue that needs to be decided and the values in the case that are present or challenged. Next students meet in interprofessional teams. They determine the pros and cons of various options for addressing the issues and a recommended course of action. Finally, the students complete an individual critical reflection paper. The reflection includes a) level of satisfaction with the team's recommendations, b) discussion of aspects of the case that were especially challenging, c) how the case changed the way the student might evaluate similar situations, d) perceptions of how this experience will affect future professional practice, e) the impact of personal experience on the analysis of the case and f) strategies that may prevent or avoid these types of challenging situations. Examples of students' reflections will be included.

Objectives: At the end of the presentation attendees will be able to:

1. Explain the model used in an IPE course to help students analyze and reflect on complex patient situations
2. Describe the significance of IP collaboration regarding complex patient/family situations
3. Describe the value of critical reflection in the decision making process

B10iv: (20-minute Oral Paper Presentations; Presentation Theme: Evaluation/Assessment & Technology/Simulation)

Southeast Consortium for Interprofessional Education: Using Blended Interprofessional e-Learning to Teach Collaborative Practice, Principles of Patient Safety and Quality, and Improving Transitions of Care

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Background: In May 2011, the Medical University of South Carolina, University of Florida, University of Kentucky, University of Mississippi Medical Center and Vanderbilt University formed the Southeast Consortium for Interprofessional Education (SEC-IPE). The SEC-IPE represents a shared purpose to interprofessional education, research and practice. There is diversity across the SEC-IPE in terms of the philosophical approach of the institutions' IPE initiatives and the breadth and depth of these to date.

Methods: In forming the SEC-IPE, partners have agreed to collaborate to develop, share, and improve resources for IPE. The consortium's goal is to lead and facilitate adoption and refinement of IPE through the dissemination of project outcomes and deliverables at national and international levels.

Results: The Josiah Macy Jr. Foundation awarded the SEC-IPE funding for a three-year project to create eight case-based, interactive e-Learning modules to teach principles of patient safety, improved transitions of care, and interprofessional collaborative practice to students during clinical training.

The modules (scheduled to pilot in Spring 2013 across three of the partner institutions) will stand alone or become part of blended learning communities consisting of the modules plus synchronous or asynchronous instructor-led discussion. The Interprofessional Collaborative Practice Core Competencies serve as guideposts for the key metrics to describe and evaluate the outcomes of the e-Learning modules and the blended learning communities.

Conclusions: The overall sequence, content, and instructional design of the modules will be shared alongside quantitative and qualitative data gathered during the pilot. CAB IV participants will be invited to provide additional feedback to guide the final development of the modules and lessons being learned shared by the consortium members.

Objectives:

1. Describe a model of collaboration between several institutions for IPE education, research, and practice.
2. Identify approaches to implementing curricula across institutions engaged in collaboration.
3. Discuss lessons learned for institutions working collaboratively.

B11i (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community)

A Mutual Learning Opportunity: George Brown College Internationally Educated Nursing Students and the Sunnybrook Interprofessional Team

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Background: George Brown College (GBC) and Sunnybrook Health Sciences Centre (SHSC) partnered to deliver and evaluate an innovative IPE student placement experience for IENs. The intent was to provide IENs with the opportunity to learn and practice in a high functioning IP team environment. The key objective of the IPE/IEN program is to better position IENs for ultimate professional success. To synthesize their IP learning the students wrapped up their placement with a final IPE/C presentation.

Methods This pilot project was evaluated to determine student perceptions using written reflections and focus groups. Meetings with the George Brown and Sunnybrook teams were held to determine key success factors for sustainability. Members of the Sunnybrook IP Team took part in post placement interviews. The program was considered a success from the perspective of the students, the clinical instructors, the interprofessional team members and administration. Critical success factors include opportunities for the team to learn about the program in detail before the students arrived and opportunities to build relationships with the team. This presentation concludes with the views of one of the graduating students about the placement.

Results: Qualitative results from the perspectives of the staff and students showed a mutual appreciation and respect for the expertise of each other's roles and expertise. Administrative considerations to be able to sustain the program were outlined in follow up meetings. Relationship building was key. All IP team members interviewed were enthusiastic about the program and willing to participate again in the future.

Conclusions: The program was considered a success from the perspective of the students, the clinical instructors, the interprofessional team members and administration. Critical success factors include opportunities for the team to learn about the program in detail before the students arrived and opportunities to build relationships with the team. This presentation concludes with the views of one of the graduating students about the placement.

B11ii (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community)

From Classroom to Community: Building Social Accountability in Health Professions' Education and Collaborative Practice

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Learning Objectives:

1. Relate the mission of an Academic Health Center (AHC) of a public research university to curriculum design and learning strategies for IPE and IP collaborative practice (IPCP).
2. Compare the student learning outcomes of a traditional health science curriculum with that of IPE/IPCP.
3. Describe the long term population and community outcomes from an IPE/IPCP community based curriculum.

Background: Six schools comprise our AHC, located in the heart of the third poorest city in the nation, serving the tenth largest elderly population in the country, with large concentrations of underrepresented groups including refugees and Native Americans. With a core mission of improving the health of the people of western New York, our IP E/IPCP goals are to develop creative leaders in the health professions who will transform health care systems and outcomes in our region.

Methods: The theoretical underpinnings and competencies of IPE/IPCP, the goals of Health People 2020, a cadre of national health reports and recommendations, and our professions' accreditation standards provided the foundation for our IPE/IPCP curriculum. Partnering with our community leaders, HC institutions, agencies, and payers, fueled by our students' energy and creativity, we designed innovative team learning strategies aimed at improving health outcomes for the target populations.

Results: Student learning and practice outcomes as well as student, faculty and community partner evaluation, feedback and input were used to evaluate our learning strategies and outcomes. Findings from the pilot of the first two semesters of our IPE/IPCP curriculum will be presented. Future long term health outcomes will be measured and evaluated with our community partners.

Conclusions: Transforming the health outcomes of an underserved community with significant health disparities requires transformative education and collaborative practice models that engage students, practitioners, patients, families, and communities for improving quality of care and health outcomes.

B11iii (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community)

Understanding Interprofessional Education to Inform University and Community Service Curriculum Design

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Background: Developments among Australia's health workforce and recent health reform initiatives have highlighted the call to integrate IPE and training opportunities for enhancing person centered care. Interprofessional curriculum design and development is an emerging concept in Australia. At present health education in Australia is predominantly carried out in uni-professional settings, with limited, if any, opportunities for collaborative IPL for the future health workforce.

Methodology: Our project aims to develop an interprofessional curriculum to be implemented via two pathways – a university-based interprofessional clinical practice open to the public and a community rehabilitation service. The curriculum is being developed using an action research approach with data collected during three phases – design, implementation and evaluation of the curriculum. Data collection methods include surveys & focus groups. Perceptions of IPE and IPL in early and later year health professional students will form the baseline on which to measure later implementation strategies.

Results & Conclusions: The data presented here reflects the first phase of curriculum development and examines the views and opinions of key stakeholders, such as students (in the early years of their course and those in later years currently participating in an interprofessional placement as part of their clinical rotation) as well as academics and practicing health and social care professionals. By exploring issues with these stakeholders, we seek to inform the development of a curriculum that truly takes into account the needs of all involved.

Initial results will inform the outcomes, capabilities and competencies the curriculum seeks to advance as well as the teaching and learning strategies which are most suitable for the settings in this university and community. This documentation of the process will then be shared in the faculty interprofessional setting.

Learning Objectives:

1. An understanding of the perspectives of key stakeholders regarding interprofessional education;
2. An understanding of the processes underlying interprofessional curriculum design, in the local setting; and
3. An understanding of how current Australian interprofessional education and practice helps to shape new developments.

B11iv (20-minute Oral Paper Presentations; Presentation Theme: Partnership/Community)

Bridging the Disparities Gap: Developing a Community-Based Interprofessional Education Program in an Urban Setting

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Background: This project extended experiences in an urban setting. Students actively engaged as members of collaborative healthcare teams through placement of advanced practice nursing students at the University of Missouri Kansas City alongside Pharm D and Dental students. This project enhanced interprofessional education (IPE) efforts at two community health clinics, where students gained advanced knowledge and skills in caring for vulnerable populations. The project was the first clinically-based IPE activity at UMKC.

Methods: Community team building was an outgrowth of the Health Sciences IPE task force. Collaborating with two urban clinics, the project provided innovative opportunities for IPE by incorporating mental health assessment in primary care. Through a community of practice, students were guided by knowledge rather than by task, contributing skills and expertise based on their professional roles in patient assessment. Prior to clinical placement, the teams were provided modules focusing on the four IPE goals: roles and responsibility, values and ethics, interprofessional communication, and teamwork, with an emphasis on working with vulnerable populations. These modules were designed to build on each other, in order to provide the students with a 360 view of IPE in practice.

Results: Outcomes were team informed care decisions while acquiring new perspectives regarding vulnerable patient populations, improved communication through interactions with team members, and opportunities to serve as change agents within their own professions. This helped to instill confidence in challenging situations, and overcoming preconceived assumptions. The project established a platform for open and honest communication, which was integral to team socialization, and impacted both health delivery and desired outcomes.

Conclusions: This project is ongoing in the community with outcomes serving to guide future IPE curriculum development. Learning Objectives: Discuss opportunities for IPE community engagement; Understand cultural competency when working with vulnerable populations; Develop pre-clinical didactic modules for students in an IPE clinical setting.

B12i (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

Nonsequential Rollout of Interprofessional Education at University of Colorado

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Objectives:

1. Describe the non-sequential roll-out of an interprofessional education curriculum
2. Describe the individual components of this curriculum
3. Discuss the impact of early interprofessional education (IPE) successes on subsequent IPE initiatives

Background: IPE has been offered to over 600 students annually at University of Colorado for fourteen years. Early IPE success was one factor contributing to construction of IPE environments when building our new campus. Although this fostered several activities for IPE, it was not until 2009 that a sequential interprofessional curriculum was created.

Methods: IPE activities and years in existence: Interprofessional ethics (14 years): 20 hours over two semesters covering professional ethics and interprofessional approaches to health care decision making; Interprofessional orientation (13 years): 6 hours in small groups focusing on professional qualities and collaboration; Interprofessional Health Fair (10 years): Two week health fair screening rural residents with limited primary care access; Student academic communities (5 years): Student-run organizations promoting interprofessional collaboration around a single topic of interest; Fundamentals of Quality and Collaborative Care (2 years): IP student teams complete a series of exercises on aspects of effective team communication; Clinical Transformations (1 year): Half day experience where students practice communication tools in a simulated clinical environment; Clinical Integrations in Quality and Collaborative Care (in pilot): Interprofessional student teams complete teamwork related projects in a clinical environment

Results: Three interprofessional courses (Ethics, Fundamentals, Clinical Transformations) are now required of every student from six professional programs on campus. Ethics and Fundamentals run concurrently during students' early training, and Clinical Transformations serves as a bridge to interprofessional project work in clinical settings.

Conclusions: Successful implementation of a single campus wide interprofessional course (ethics) helped foster a more receptive climate for further interprofessional activities. These activities in turn helped lay the groundwork for creation of a longitudinal, campus-wide IPE curriculum.

B12ii (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

Development of an Interprofessional Oath as an Educational Activity to Promote Understanding of Interprofessional Roles and Shared Professional Values

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Background: Core competencies for collaborative practice for all healthcare workers were delineated by the 2011 report of the Interprofessional Education Collaborative Expert Panel: 1) Values and ethics for interprofessional practice; 2) Roles and responsibilities; 3) Interprofessional communication; and 4) Teams and teamwork. This presentation will describe the development of an interprofessional oath as a student activity to help students develop understanding competence in the roles and shared professional values.

Methods: Students were enrolled in an Interprofessional Leadership Course that is the result of collaboration between a college of health sciences and a new medical school. Students were first-year medical students, first-year physician assistant students and senior nursing students. The instructions for the assignment were: 1) Discuss the pledges and oaths of the professions represented in the group. 2) Analyze the values of healthcare professions in discipline specific pledges/oaths. 3) Identify the shared values for all represented professions. 4) Compose an interprofessional healthcare provider oath within a defined time frame of 45 minutes. 5) Present the oath to the larger class with discussion of rationale for values included.

Results: Students voiced that the assignment was a catalyst for understanding distinct and shared roles and shared professional values.

Conclusion: This assignment was a creative endeavor to facilitate growing competence in role understanding and shared professional values among health care professional students.

Objectives:

1. Describe a creative assignment to foster development of role understanding and identification of shared professional values among interprofessional students.
2. Provide interprofessional faculty an opportunity to gain insight into the shared values of interprofessional students.
3. Offer faculty a creative assignment to aid in students developing understanding of interprofessional roles and shared values.

B12iii (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

Collaboration Behind the Scenes: The Key to Effective Interprofessional Education

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Background/Rationale: We are all familiar with what interprofessional education initiatives can look like, but what about the behind the scenes activities that bring these initiatives to fruition? Do program planners and implementers practise the same

values, attitudes and skills that we are expecting of students? This presentation explores the backstage activities underpinning the Dalhousie Health Mentors Program, a large and complex interprofessional experience connecting student teams with community volunteers to learn about chronic disease, patient/client-centred practice and interprofessional collaboration.

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

1. Describe the connection between collaboration at the program development level and the collaborative learning experience that emerges from it
2. Identify the importance of having all of the stakeholders at the table
3. Describe the importance of paying deliberate attention to a collaborative process throughout program planning, delivery and evaluation

Methods: Presenters will discuss how the idea to implement a Health Mentors Program was conceived and how the various stakeholders approach its ownership. An overview of the structural evolution of the program, including the allocation of resources, the integration of a distant site, and building consensus on issues of ethics and social accountability will also be discussed.

Results: Program elements that reflect the designers' commitment to a genuine collaborative spirit – the mechanism for supervising student teams, for example - will be reviewed and ongoing challenges, both collaborative and operational, will be identified. Woven throughout the presentation is an ongoing reflection on the extent to which program designers embodied the principles of interprofessional collaboration in crafting this educational experience.

Conclusions: In the same way that we ask students to reflect on team processes, interprofessional program designers should take a step back to consider the ways in which they work together and the impact this has on the quality of the educational experience.

B12iv (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

Knowledge Assessment in an IPE Curriculum: Results of Preliminary Data Collected in a First Year IPE Program

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Background/Rationale: Interprofessional education (IPE) curricula are designed to impact learners' knowledge, skills, and attitudes about collaborative, team-based healthcare. Many educators measure attitudes pre and post-IPE using validated tools such as the Readiness for InterProfessional Learning Scale (RIPLS). Likewise skills such as communication and collaboration are assessed through small group interactions using Team or Interprofessional Objective Structured Clinical Examinations (TOSCE or IOSCE). However, educators seldom conduct formal assessments of knowledge around the core IPE competencies.

Methods/Methodology: A knowledge exam was developed around our core IPE competencies, including communication, collaboration, teams and teamwork in healthcare, scope of practice, and one health. Both A-type and X-type multiple choice questions were included in the exam. Over 900 first year health professional learners representing 9 health professions took the exam before beginning the IPE curriculum as a pre-test. At the end of the semester, the same exam was administered as a post-test. Data were tabulated and results compared between pre and post-tests, and by health profession.

Results: Learners scored very low in all knowledge areas at the beginning of the course. Pre and post-test scores will be highlighted in the presentation, and compared by profession.

Conclusions: The IPE curriculum impacts student knowledge in areas of communication, collaboration, teams and teamwork in healthcare, scope of practice, and one health. Educators should make a concerted effort to include knowledge assessments of the IPE competencies, as well as assessing skills and attitudes. Not only does this help demonstrate the effectiveness of IPE curricula, it provides useful feedback that can be used to modify and improve the curriculum.

Learning Objectives: Participants in this session will:

1. Understand how knowledge can be assessed in IPE curricula
2. Understand how knowledge changes after IPE
3. Learn how they can apply assessment principles to measure learning in IPE competencies.

Concurrent Breakout Sessions C

C1 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

Surfacing Values, Meaning and Respect: Narrative & Non-deliberative Approaches to Interprofessional Education & Research

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Background/Rationale: With the strengthening of relationships between the arts and health care, between qualitative researchers and care providers, between academic educators and professional developers opportunities are emerging to shape narrative and non-deliberative processes which can surface values, meaning and respect as important aspects of collaborative care and practice. At University Health Network, through our partnerships with the University of Toronto Centre for IPE, the Poet in Community at University of Toronto and the UHN-York University Academy we are working with students and staff using arts-based education and research modalities to discuss mutual care, relationship based practice, Interprofessional ethics, values and meaning in health care. This workshop will include an overview of the scopes, purposes and modalities of such an approach might include. Work to date has focused on using guided reflective writing, poetry, visual creative arts, stories, plays, reader's theatre and A/R/Tography research as conduits and catalysts for this complex learning. Excerpts and examples from the current curriculum as well as student, staff, researcher and facilitator voices will be highlighted.

The majority of this workshop will be experiential, providing participants with the opportunity to actively engage in two narrative arts-based activities, to discuss, share, reflect and consider innovative ways to incorporate and evaluate such approaches.