

Learning Objectives: Participants will:

1. Be familiarized with the RIPLS;
2. Learn about the shortcomings of the RIPLS;
3. Learn about conclusions drawn regarding the appropriate use of the RIPLS in IPE.

Concurrent Breakout Sessions D

D1 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

IPE...Get Started Today: Applying Instruction Design for Success

Author #1

Sarah Shrader
University of Kansas

Author #3

Sarah Shannon
University of Washington

Author #2

Amy Blue
Medical University of South Carolina

Author #4

Brenda Zierler
University of Washington

Rationale: As the demand for health profession graduates who enter practice ready to function in interprofessional collaborative teams increases, faculty development is needed so that educational institutions can best prepare their learners for the practice environment and achieve interprofessional competencies. However, many institutions are just beginning to work on IPE endeavors and faculty development is needed. The aims of the workshop are twofold: 1) discuss IPE instructional design concepts and have participants apply them to create their own IPE activity to implement at their institution; 2) provide a model faculty development workshop that participants can recreate at their own institutions.

Specific learning objectives include:

1. Discuss instructional design concepts for IPE.
2. Describe possible delivery methods for IPE.
3. Apply instructional design concepts and national competencies to develop an IPE activity.
4. Identify methods to conduct a faculty development workshop about IPE instructional design.

Teaching Methods: Participants will be introduced to IPE instructional design concepts and will apply the information using active learning pedagogies.

1. Introduction and IPE instructional design concepts (15 minutes)
2. Application of teaching methods to deliver IPE using the national competencies via an interactive card game focused on diverse learning methods and a facilitated debriefing (40 minutes)
3. Application of information learned at the session using an IPE instructional design template and receiving feedback from a small group using think-pair-share technique (20 minutes)
4. Discussion of how to apply this workshop format elsewhere (10 minutes)
5. Conclusion (5 minutes)

Implications: Participants will get "two for the price of one" from the workshop. They will gain: 1) knowledge in instructional design and use it to develop an IPE activity for implementation at their institution; and 2) acquire methods for IPE faculty development that they may implement at their institution.

D2 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

NeighborhoodHELP™: A Community-based Interprofessional Service Learning Experience

Author #1

Christine Degnon McFarlin
Herbert Wertheim College of Medicine
Florida International University

Author #3

Lourdes Martin
Robert Stempel College of Public Health and Social Work
Florida International University

Author #5

Peggy Maisel
College of Law
Florida International University

Author #2

Maria De Los Santos
College of Nursing and Health Sciences
Florida International University

Author #4

Iveris Martinez
Herbert Wertheim College of Medicine
Florida International University

Background: Florida International University's (FIU) Herbert Wertheim College of Medicine (HWCOM) is a new medical school with an innovative approach to teaching social determinants of health. We have integrated interprofessional service-learning into all four years of the curriculum through the Green Family Foundation (GFF) NeighborhoodHELP™ (Health Education Learning Program), which pairs student teams with Households from underserved communities. A longitudinal, interprofessional, service-learning experience, GFFHELP™ is the cornerstone of our medical school curriculum, a required component of the Nursing programs, as well as a practicum site for Social Work students. With the Households, students identify and learn about the social determinants of health, practice interprofessional team skills, and impact health outcomes in local communities. When appropriate, law students are consulted to assist families with legal barriers to health and, in partnership with the HWCOM, undertake policy advocacy projects to improve access to healthcare. Preliminary data indicates a significant reduction of ER visits in Households visited by students. Student assessments and narrative reflections indicate an appreciation of social determinants of health, as well as application of social and behavioral sciences principles in clinical care.

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

1. Describe a longitudinal service learning curriculum in which interdisciplinary teams of students are assigned to underserved communities to address the health of families throughout those students' education.
2. Discuss successes and challenges in implementing a longitudinal interprofessional experience.
3. Describe the impact of interprofessional education on effective communication, teamwork and application of principles of social and behavioral sciences in clinical care.

Teaching Methods: Audience members are expected to participate in group discussions, role playing, and an interactive exercise as we offer specific skills and strategies for teaching interprofessional students to both work together as teams, and to communicate effectively when working independently towards team objectives.

D3 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Polarity Thinking: An Essential IPE and IPC Leadership Skill

Author #1

Michelle R Troseth
Elsevier CPM Resource Center

Author #2

Tracy Christopherson
Elsevier CPM Resource Center

Background: Most healthcare leaders are masters of problem solving. However, the major issues impacting healthcare today are a combination of problems to be solved and polarities to be managed. This calls for new leadership skills and competencies that embrace polarity thinking and Polarity Management™ tools to for effective and sustainable transformational change. Specifically for leaders in interprofessional education (IPE) and interprofessional practice (IPP) where great resistance is often met, polarity thinking

and tools to manage polarities are critical for success. Polarities are interdependent pairs, united around a common purpose, that need each other to gain and maintain performance over time. Once identified or seen, the qualities of the pairs can be mapped on a Polarity Map, composed of upsides (values) and downsides (fears). The energy inherent in these interdependent pairs can then be tapped to realize the benefits of both sides of the polarity; creating what is known as “both-and” thinking or polarity thinking. Participants introduced to polarity thinking and the tools to help manage polarities have described it as “life changing” and an essential new skill to lead in an emerging interprofessional world.

Objectives:

1. Distinguish between problems to be solved and polarities to be managed
2. Delineate the underlying polarities in IPE and IPP transformative change
3. Experience a polarity mapping exercise related to interprofessional education and practice

D4 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Sustainability of Community-university Partnerships in IPE: Reviewing the Factors

Author #1

Wilma Jelley
University of Ottawa

Author #3

Gail Bowes
University of Ottawa

Author #5

Betty Cragg
University of Ottawa

Author #2

Chantal vonSchoenberg
University of Ottawa

Author #4

Kristine Houde
University of Ottawa

Background: Sustaining interprofessional education (IPE) programs especially when the program is situated outside the academic setting can be a challenge. The authors have used a sustainability model developed by the team members of the rural IPE program at the University of Ottawa. This model is a revised version of the National Health Service Institute for Innovation Sustainability Model (UK, 2007). By applying the 11 factors of the model that considers organization, process and staff / participant elements we have been able to identify strengths and areas needing improvement for sustainability of each of our community programs.

Objectives: Participants in this workshop will develop an appreciation of the factors to consider, develop and support when working on sustainability of IPE programs in the community. Using the 11 factors of a sustainability model, workshop participants will be able to:

1. Describe the importance of each factor;
2. Apply the factors to their own community-based IPE project or program and
3. Determine the areas of strength and the weaknesses in sustaining their community IPE initiative.

D5 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Mission Possible: Interprofessional Education (IPE) as a Platform for Educational Scholarship and Leadership to Support Performance Reviews, Promotion and Tenure

Author #1

Heather Dean
Medicine
University of Manitoba

Author #3

Louise Nasmith
University of British Columbia

Author #2

Lesley Bainbridge
University of British Columbia

Author #4

Christie Newton
University of British Columbia

Author #5

Susan Wagner
University of Toronto

Author #7

Olga Heath
Memorial University

Author #9

Susan Mackintosh
Western University of Health Sciences

Author #6

Andrea Pfeifle

Author #8

Ruby Grymonpre
University of Manitoba

Background: Faculty engaged in interprofessional education (IPE) may be discouraged, feel undervalued and misunderstood in the academic environment because of current academic incentive and reward structures, career paths, career advancement opportunities and cultural differences across faculties. The protracted time that is required to form effective teams of educators across multiple faculties or programs and the nature of IPE team teaching makes individual performance review a challenge for the performance reviews and the promotions or tenure process. Furthermore, the health science faculties have unique academic cultures for education, research and scholarship with multiple academic role expectations that may be reflected in their promotions and tenure criteria. A workshop was presented at CABIII in 2011 that confirmed a strong desire to articulate specific performance metrics to use in IPE for the evaluation of teaching, scholarship and service. The authors compiled a preliminary list of strategies for individuals and institutions to enhance recognition of IPE in teaching, scholarship and service. Since then, performance metrics for educational scholarship have been defined (VanMelle, 2012), but do not specifically incorporate the unique aspects of IPE. It is possible that the new national accreditation standards across professions in Canada could provide a platform for development of specific metrics for IPE (AIPHE, 2012). The goal of this proposed workshop is to use the new accreditation standards for IPE to inform the performance review processes and promotions and tenure guidelines.

Objectives:

1. Apply the proposed accreditation standards in Canada (AIPHE) as a platform to inform guidelines regarding common language and standards of IPE in performance review, promotions and tenure processes.
2. Explore methods and metrics for performance review in IPE teaching, scholarship and leadership.
3. Share tools for peer-review of IPE teaching and approaches for successful negotiation of the Promotion and Tenure process for faculty engaged in IPE activities.

D6 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

Engaging Student Leadership for Interprofessional Education: A Developmental Approach

Author #1

James A. Ballard, M.S.
Center for Interprofessional HealthCare Education, Research &
Practice
University of Kentucky Medical Center

Author #3

David Howell, MBA
Physician Assistant Studies Educator
Medical University of South Carolina

Author #5

Amy Leaphart, MA, MS
Health Professions Education
Medical University of South Carolina

Author #7

Ryan Hickson
Colleges of Pharmacy and Public Health
University of Kentucky

Author #2

Rebecca L. Durkin
Student Affairs and Enrollment Management
Rosalind Franklin University of Medicine and Science

Author #4

Gina Kundan, MA
Center for Health Interprofessional Programs (CHIP)
University of Minnesota Academic Health Center

Author #6

Martin Smallidge
School of Dental Medicine
University of Pittsburgh

Background: The importance of student engagement and leadership for the successful integration of interprofessionalism into the curricula and academic culture cannot be overstated[1]. Furthermore if interprofessional education (IPE) is to be successful, educators must intentionally support the development of IPE as a core outcome for student leadership and engagement. This presentation will contrast the journey of four institutions toward intentional development of interprofessional education across the academy by focusing student interest and leadership development. Each institution represented on the panel supports various student interest groups that work in tandem with a faculty leadership and/or the institutions' dedicated IPE infrastructure. IPE leadership ensures that a) each group is directed toward accomplishing one or more of the IPEC IP Competency Domains [2], b) the interprofessional leadership skills of students are honed through ongoing informal and/or formal curricular/co-curricular experiences and c) Intentional IPE organizational development. Each began with modest student interest and each has expanded the foci of student support to include intentional leadership development.

Learning objectives:

1. Contrast multiple approaches to student engagement and leadership development.
2. Reflect on methodologies that could be implemented among participant institutions.
3. Describe the evaluation methodology and results for each program

Implications: This presentation underscores the importance of student engagement for the development of IPE. Additionally participants will experience various approaches to attract, support and develop student leadership skills in order to sustain and expand IPE. A developmental perspective has been offered as a way to demonstrate the natural progression from student interest to student leadership. Our hope is that this approach will provide direction for those beginning the journey toward interprofessionalism as well as strategies for those who wish to expand current efforts to develop the next generation of interprofessional leadership.

D7 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

Interprofessional Professionalism Collaborative: The Interprofessional Professionalism Assessment (IPA)

Author #1

Jody S Frost, PT, DPT, PhD
Lead Academic Affairs Specialist
American Physical Therapy Association

Author #3

Loretta M Nunez, MA, AuD, CCC-A/SLP
Director, Academic Affairs
American Speech-Language-Hearing Association

Author #5

Kathy McGuinn, MSN, RN, CPHQ
Director, Special Projects
American Association of Colleges of Nursing

Author #2

Catherine Grus, PhD
Deputy Executive Director, Education
American Psychological Association

Author #4

Dana P Hammer, RPh, MS, PhD
School of Pharmacy
University of Washington

Author #6

John Bentley, PhD
Associate Professor for Pharmacy Administration
University of Mississippi

Background: The concept of interprofessional professionalism (IPP) focuses on observable behaviors that illustrate the elements of professionalism uniquely relevant to collaborations across a variety of health professionals. The Interprofessional Professionalism Collaborative (IPC), consisting of 13 health professions and one assessment organization, developed an Interprofessional Professionalism Assessment (IPA) over 5 years. The IPA, a 26-item behavioral assessment, is intended for preceptors/supervisors to rate how well a student/trainee under their supervision is demonstrating professionalism when interacting with other health professionals. The IPA is currently undergoing pilot testing to provide data to perform an initial psychometric evaluation of the instrument and to provide evidence of its reliability and validity. Research methodologies used to develop the IPA and conduct the yearlong pilot will be discussed along with lessons learned. Future possibilities will be explored including the use and relevance of the IPA in health profession's education and practice environments, access to the IPA and development of a tool kit, dissemination of pilot findings, and future studies.

Objectives:

1. Describe the background and rationale for the IPA.
2. Describe the development process of the IPA in preparation for the pilot study.
3. Explain the methods used in the IPA pilot study to assess the IPA's psychometric properties.

4. Discuss lessons learned in conducting the IPA pilot study.
5. Explore future IPA possibilities including dissemination of research, IPA access, development of a tool kit, use/relevance of the IPA, and additional studies.

Implications: Implications for developing a reliable and valid IPA applied consistently across multiple health professions as a part of professional education could potentially be significant. The IPA has potential as one measurement of how IPP is being demonstrated by health professions students within clinical practice in an interprofessional education curriculum. Longitudinal data could also reflect changes in the culture of IPP within education and practice.

D8i (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

Implementation of Interprofessional Learning Activities in Professional Disciplinary Practicum: Results of a Pilot Project

Author #1

Isabelle Brault
University of Montreal
University of Montreal

Author #2

Pierre-Yves Therriault
University of Montreal
University of Montreal

Background: Increases in chronic diseases, aging population and technology development enable healthcare professionals to increase collaboration to better respond to patient and family needs. In order to prepare future healthcare professionals to effectively collaborate together, many universities has developed Interprofessional education (IPE) programs. By now, those IPE programs are mostly courses or clinical simulation experiences where students share disciplinary expertise and learn collaborative skills. Few experiences have been made to pursuit Interprofessional education (IPE) in healthcare settings where students and professionals are working together to develop core collaboration competencies. This conference aims to present the experience of implementation of interprofessional learning activities during multiple professional disciplinary practicum.

Objectives: This conference has 3 objectives:

1. To explore implementation barriers and facilitators
2. To explore interprofessional learning activities contribution to collaboration competency development
3. To explore the efficacy of educational tools deployed in the implementation process

Methods: We conducted a pilot study between January and April 2012 in 4 healthcare settings (hospital (n = 2), rehabilitation (n = 1) and community (n = 1)). The assessment of the project is based on satisfaction level of 69 participants and on 4 focus groups with participants (students (n = 26), clinical supervisors (n = 29), coordinators (n = 5) and teaching managers (n = 6)).

Results: The implementation process followed numerous steps which include training sessions for clinicians, identification of interprofessional learning activities based on current professional practices and student assessment. For the students, the experience was positive and allowed them to develop collaboration competencies during their clinical practicum.

Conclusion: Despite some difficulties related to the implementation interprofessional learning activities, the results strongly support the relevance and support the idea of promoting professional exchanges between students of different professions both in academia and in the clinical setting.

D8ii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

Interprofessional Virtual Home Assessment: Preparing OT & PT Students for Collaborative Practice

Author #1

Dory Sabata
University of Kansas Medical Center
Occupational Therapy Education

Author #2

Carla Sabus
University of Kansas Medical Center
Physical Therapy Rehab Services

Author #3

Tennille Fincham
University of Kansas Medical Center
Teaching & Learning Technology

Author #5

Lauren Foster
University of Kansas Medical Center
Occupational Therapy Education

Author #4

David Antonocci
University of Kansas Medical Center
Teaching & Learning Technology

Author #6

Sonny Painter
University of Kansas Medical Center
Teaching & Learning Technology

Background: Evidence indicates that communication among health care teams a key factor for improving client outcomes (Propp, et al, 2010). Therefore, educational program need to prepare student in health professions for how to work together in practice. Simulation is one way for students of varied professions to practice collaborative skills and reflect on their experiences. Second Life® is a 3-D web-based gaming platform which can also be used for educational simulation. The environment can be designed to include spaces and objects conceptualized by the user such as a clinic or a client's home. Cartoon-like characters, called avatars, can be created and are used to interact within the virtual space and can represent people such as clients, caregivers, and health professionals.

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

1. Describe an interprofessional simulation of a home assessment
2. Identify 2-3 skills students develop from participating in this activity
3. Compare this virtual educational activity to a team assessment that occurs in OT/PT practice

Methods: An interprofessional activity with occupational and physical therapy students utilized Second Life. Students worked collaboratively in small groups to conduct an in-home assessment of an older adult and caregiver. The in-home assessments occurred in a virtual home with avatars representing the older adult, caregiver, and therapists. After the virtual assessment, the students determined client goals and made recommendations for interventions. Finally, students debriefed with their faculty who played the virtual roles of older adult and caregiver.

Results: Students developed practical skills while collaborating to address a client's health outcomes. Students shared their perspectives and began to recognize how to work together towards a common goal.

Conclusions: Virtual simulation can help to develop needed practical skills and serve as a platform for interprofessional education.

D8iii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

IPE Clinical Skills Education to Promote Teamwork and Collaboration in Health Professions Education: Three Years in The Making

Author #1

E. Adel Herge, OTD, OTR/L, FAOTA
Department of Occupational Therapy, Jefferson School of Health Professions
Thomas Jefferson University

Author #2

Christine Hsieh, MD
Jefferson Medical College
Thomas Jefferson University

Author #3

Tarae Waddell-Terry, MS
Jefferson Medical College
Thomas Jefferson University

Background: Representatives of the University of Arizona (UA) Interprofessional Education & Practice (IPEP) and the College of Medicine Office of Graduate Medical Education partnered with medical center administrators and staff to design and implement an interprofessional orientation for new resident physicians to the UA Medical Center culture of teamwork, patient-centered care, and healthcare quality and safety.

Methodology: Over 200 incoming residents and fellows from 26 medical specialties and sub-specialties participated in a 4-hour orientation session. The learning objectives focused on knowing the health care team, ensuring patient/family centered care, and utilizing good communication skills. AIDET, a five-step communication process for healthcare professionals to communicate with patients, families, and each other, served as the core skill learning component. The orientation used case and problem-based collaborative learning methods to engage participants in small group discussions. Three scenarios highlighted AIDET communication, the need for a good patient hospital experience and discharge, plus consultation and escalation etiquette. Interprofessional faculty, staff and physicians, who facilitated small groups, prepared for their roles with a one-hour orientation session. A post-session survey was used to evaluate the orientation.

Results: Based on retrospective pre-post data analysis, 85% reported a positive increase in their understanding about the role AIDET plays in high quality patient care, compared to 34% beforehand, plus 86% substantially increased their knowledge about integrating others into the team, compared to 53% beforehand. Approximately 95% of all physicians identified the orientation as relevant to improving healthcare outcomes and increasing patient trust in healthcare teams. Despite the various level of learners and specialties (primary care, non-primary care, and hospital based), all physicians reported the orientation to be valuable.

Conclusion: Resident physician orientation can be used to lay the foundation for interprofessional collaborative practice, associated with better patient safety, quality outcomes and increased patient satisfaction.

D8iv (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

Interprofessional Care Delivery Model in Paediatric Neurological Rehabilitation: Optimizing the Patient Experience

Author #1

Kim Bradley PhD reg.CASLPO
Collaborative Practice Leader
Holland Bloorview Kids Rehabilitation Hospital

Author #3

Keith Adamson PhD, RSW
Senior Director, Collaborative Practice
Holland Bloorview Kids Rehabilitation Hospital

Author #2

Kelly Falzon RN, MHSc
Chief Nursing Executive
Holland Bloorview Kids Rehabilitation Hospital

Author #4

Jenette Schoon RN, CNN(C), CRN(C)
Project Lead
Holland Bloorview Kids Rehabilitation Hospital

Background: The inpatient admission process of Holland Bloorview Kids Rehabilitation Hospital was time consuming, resource intensive and inconsistent and was described as stressful and overwhelming by clients. A new process was developed that was evidence-based, efficient, timely, safe and client-centered and whose foundations are both interprofessional and collaborative.

Method/Results: The new inpatient admission process incorporates interprofessional joint evaluations and collaborative domain-based assessments. Analysis of the needed outcomes of the inpatient admission process revealed tasks that could be designated to a single profession for their own use; tasks that could be completed by one of several professionals and the results used collaboratively; and tasks that were best completed by multiple professionals. Within the admission process collaboration is not left to individual choice but is mandated as clinicians generate assessment information not just for their own use, but for all of their colleagues. Challenges relating to professional scope, interprofessional trust and respect, shared decision making and willingness to share power were all addressed in the design and implementation of this admission process.

Conclusions: The inclusion of profession based, interprofessional and collaborative tasks according to the needs of the client means this admission process is less overwhelming for the client, generates more reliable data, takes less time and uses fewer professional resources. It is evidence-based, standardised and grounded in patient safety.

This inpatient admission process demonstrates that the deliberate incorporation of collaborative and interprofessional principles and structures within routine healthcare optimizes both limited health care resources and quality patient care.

Learning Objectives: Participants will

1. Understand how tasks/processes can be designated as profession specific, interprofessional or collaborative
2. Apply the core competencies of collaborative practice to this admission process and its implementation
3. Observe that interprofessional and collaborative practices can be operationalized to provide efficient and high quality patient care.

D9i (20-minute Oral Paper Presentations; Presentation Theme: Team)

Interprofessional Team Action Groups as a Means of Developing Collaborative Competency in Health Care Students

Author #1

Sara Brown, MSN, RN
Nursing Department
Jefferson College of Health Sciences

Author #3

Judy Lash, PhD
Physician Assistant Program
Jefferson College of Health Sciences

Author #5

Dave Trinkle, MD
Department of Interprofessionalism
Virginia Tech Carilion School of Medicine

Author #7

Patty Vari, PhD, RN
Nursing Department
Jefferson College of Health Sciences

Author #2

Jeannie Garber, DNP, RN
Nursing Department
Jefferson College of Health Sciences

Author #4

Avs Porter, DNP, RN
Nursing Department
Jefferson College of Health Sciences

Author #6

Wilton Kennedy, DHSc., PA-C
Physician Assistant Program
Jefferson College of Health Sciences

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 and implementation of a unique interprofessional curriculum based on the core collaborative competencies. This curriculum utilizes innovative interprofessional Team Action Groups to foster the development of leadership, and collaborative competency.

Methods/Methodology: This presentation will describe the collaboration between a college of health sciences and a medical school to develop a leadership course for first-year medical students, first-year physician assistant students and senior nursing students. A unique aspect of the interprofessional effort is the Team Action Group. The goal of these interprofessional groups is to facilitate accomplishment of the core competencies as an added component to leadership didactic. During the first semester the groups complete team building activities, discuss roles and values, create an interprofessional oath, experience conflict management and set personal leadership goals. In the second semester the group experiences simulated health care team experiences and then negotiates, develops and implements a service learning project. The culmination of the course is an individual reflective paper and a poster presentation of the service learning project.

Results/Conclusions: The TAG groups serve as an example of creative educational endeavor to aid students in developing competence in collaboration.

Learning Objectives:

1. Describe the development of interprofessional Team Action Groups as a means to developing collaboration competency in students.
2. Explore a curriculum plan for the interprofessional groups.
3. Explore the challenges and successes associated with the implementation of interprofessional education through TAG groups.

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

D9ii (20-minute Oral Paper Presentations; Presentation Theme: Team)

A Continuing Interprofessional Education (CIPE) Program to Improve Sepsis Care by Enhancing Healthcare Team Collaboration

Author #1

John A. Owen EdD, MSc
Office of Continuing Medical Education
Schools of Medicine and Nursing
University of Virginia

Author #3

Keith Littlewood, MD
Department of Anesthesiology
University of Virginia

Author #5

Reba Moyer Childress, MSN, FNP, APRN-BC
School of Nursing
University of Virginia

Author #2

Valentina Brashers, MD, FACP, FNAP
Schools of Medicine and Nursing
University of Virginia

Author #4

Elisabeth Wright, ME
Medical Simulation Center, School of Medicine
University of Virginia

Background/Rationale: The Institute of Medicine has emphasized the need to prepare practitioners for effective team-based practice. This Continuing Interprofessional Education (CIPE) program was intended to facilitate the translation of CIPE from the classroom to clinical practice.

Methods/Methodology: The CIPE program was comprised of three activities:

1. Attendance at a 3 day IPE faculty development program for physicians, nurses, acute care nurse practitioners and respiratory therapists who work in critical care settings. Participants engaged in interactive learning of teamwork skills in a classroom setting.
2. Identification of teamwork roles using a Surviving Sepsis IPE Simulation Case. Participants assigned role responsibility for each step in the Surviving Sepsis guideline before and after observing a video of a sepsis case simulation.
3. Creation of a Surviving Sepsis "Collaborative Care Best Practices Model". Participants identified interprofessional practice behaviors observed in the Surviving Sepsis IPE Simulation Case.

Results:

1. Over 90% of the participants agreed or strongly agreed that the CIPE faculty development program met their expectations.
2. Pre/post changes in assignment of role responsibilities occurred. For example, physician responsibility for "obtain serum lactate and blood pressure" changed from 66.7% (pre) to 36% (post).
3. Participants successfully created a "Collaborative Care Best Practices Model" that prioritized the top 10 interprofessional practice behaviors needed for effective implementation of the Surviving Sepsis guideline.

Conclusions: A well-designed CIPE program intended to facilitate the translation of IPE from the classroom to interprofessional practice can change perceptions of teamwork roles and behaviors.

Learning Objectives:

1. Describe a process for creating a CIPE faculty development program to enhance teamwork.
2. List the steps to increase role identification using an IPE simulation case
3. Describe a process for creating a "Collaborative Care Best Practices" Model that can facilitate the translation of IPE from the classroom to the real world of interprofessional practice.

D9iii (20-minute Oral Paper Presentations; Presentation Theme: Team)

Interprofessional Team Approach to Academic Health Center Resident Physician Orientation

Author #1

Cathleen Michaels
College of Nursing
University of Arizona

Author #3

Nancy Coleman
College of Medicine
University of Arizona

Author #5

John Murphy
College of Pharmacy
University of Arizona

Author #2

Lynne Tomasa
College of Medicine
University of Arizona

Author #4

Yvonne Price
Interprofessional Education & Practice
University of Arizona

Author #6

Andreas Theodorou
College of Medicine
University of Arizona

Background: Representatives of the University of Arizona (UA) Interprofessional Education & Practice (IPEP) and the College of Medicine Office of Graduate Medical Education partnered with medical center administrators and staff to design and implement an interprofessional orientation for new resident physicians to the UA Medical Center culture of teamwork, patient-centered care, and healthcare quality and safety.

Methodology: Over 200 incoming residents and fellows from 26 medical specialties and sub-specialties participated in a 4-hour orientation session. The learning objectives focused on knowing the health care team, ensuring patient/family centered care, and utilizing good communication skills. AIDET, a five-step communication process for healthcare professionals to communicate with patients, families, and each other, served as the core skill learning component. The orientation used case and problem-based collaborative learning methods to engage participants in small group discussions. Three scenarios highlighted AIDET communication, the need for a good patient hospital experience and discharge, plus consultation and escalation etiquette. Interprofessional faculty, staff and physicians, who facilitated small groups, prepared for their roles with a one-hour orientation session. A post-session survey was used to evaluate the orientation.

Results: Based on retrospective pre-post data analysis, 85% reported a positive increase in their understanding about the role AIDET plays in high quality patient care, compared to 34% beforehand, plus 86% substantially increased their knowledge about integrating others into the team, compared to 53% beforehand. Approximately 95% of all physicians identified the orientation as relevant to improving healthcare outcomes and increasing patient trust in healthcare teams. Despite the various level of learners and specialties (primary care, non-primary care, and hospital based), all physicians reported the orientation to be valuable.

Conclusion: Resident physician orientation can be used to lay the foundation for interprofessional collaborative practice, associated with better patient safety, quality outcomes and increased patient satisfaction.

D9iv (20-minute Oral Paper Presentations; Presentation Theme: Team)

The Metamorphosis of a Collaborative Team: From Creation to Operation

Author #1

Carole Orchard
Office of Interprofessional Health Education & Research
Western University

Background: Diabetic foot ulcers are a common complication of diabetes. Without effective interprofessional collaborative teamwork these can result in long-standing wounds and amputations. In London Ontario a team was created to address this problem in 2007 through a grant from HealthForceOntario. The team was comprised of 11 health practitioners representing 8 different professions. A formal series of team development workshops (6 2-hour session including 3 patients with diabetic foot ulcers) was provided prior to team practice implementation. The clinic then operated over a 1 ½ year period of time.

Methods: A qualitative study using an ethnographic approach to explore health professional and patients experiences within the team was carried out.

Methodology: A purposive sample of clinic health practitioners and their patients was employed. A total of 32 individual interviews were conducted (pre-workshops; at the beginning of team practice; 5 months; and 10 months into team practice) between 2007 and 2009 from 11 health practitioners and 9 patients.

Results: At the team formation time members shared the value they saw in working together but felt their skills were not always valued by others. In the next phase of Team Adjustment: they negotiated their roles and developed communications to support team trust and to resolve conflicts. Finally the team moved to Team Balance where members saw the value in sharing worries about their patients with each other and reflected on how they had grown to value sharing in discussion and decision making leading to valuing working with each other.

Conclusions: This IPC team's series of developmental phases to become collaborative may provide a beginning foundation to understanding such transformations.

Learning Objectives: Explore impact of a formal team development series on collaborative practice; discuss the developmental phases of an IPC team; and explore the transitions in adoption of collaborative practices within a team.

D10i (20-minute Oral Paper Presentations; Presentation Theme: Assessment/Evaluation)

Assessing Student Attitudes Before and After an Interprofessional Practice Experience

Author #1

Jana K. Zaudke, MD
Department of Family Medicine
University of Kansas Medical Center

Author #3

Jim Kleoppel, MS, PharmD
School of Pharmacy
University of Kansas Medical Center

Author #5

Steve Jernigan, PT, PhD
Department of Physical Therapy and Rehabilitation Science
University of Kansas Medical Center

Author #7

Katie Cronin, JD, MSW
School of Law
University of Kansas

Author #2

Heidi Chumley, MD
Associate Vice Chancellor for Educational Resources and
Interprofessional Education
University of Kansas Medical Center

Author #4

Christina Phillips, DNP, APRN
School of Nursing
University of Kansas Medical Center

Author #6

Norbert Belz, MHSA, RHIA
Department of Health Information Management
University of Kansas Medical Center

Author #8

Tony Paolo, PhD
School of Medicine
University of Kansas Medical Center

Background: In the fall of 2011, the Interprofessional Teaching Clinic (IPTC) was established in partnership with Schools of Medicine, Nursing, Pharmacy, Health Professions and Law. Patient care is provided by interprofessional teams consisting of senior medical, nursing, and pharmacy students. Students from the School of Health Professions participate as their schedule permits. Law students participate by case consultation.

We are interested in learning how this interprofessional practice exposure might change student attitudes toward teamwork and foster an appreciation for each team members' contribution. Student attitudes toward interprofessional learning were assessed before and after their exposure to IPTC using the Readiness for Interprofessional Learning Scale (RIPLS).

Methods: Pre and post-survey data were collected electronically on participating students from the Schools of Medicine, Nursing, Pharmacy, Health Professions and Law. The RIPLS is a 23 item survey comprised of 3 subscales. The mean score per subscale was reported and used for analysis of variance. Higher scores indicated more favorable attitudes. Completion of the survey was voluntary. Results were de-identified.

Aggregate pre and post-survey scores for each professional group were compared and analyzed for meaningful detectable difference. Individual pre and post-survey scores will be compared using paired t-tests.

Results: To date, 177 students have been exposed to IPTC with 91 students completing both pre & post-tests, yielding a 51% completion rate. Attitudes toward teamwork and professional identity were significantly more positive for all respondents after exposure to IPTC.

Conclusions: Exposure to an interprofessional practice experience appears to positively enhance student attitudes toward other health professionals and team-based patient care.

Learning Objectives:

1. Characterize how the IPTC meets the definition of an interprofessional education and 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.

D10ii (20-minute Oral Paper Presentations; Presentation Theme: Assessment/Evaluation)

Evaluating Interprofessional Education with an Interprofessional Team: A Qualitative Study

Author #1

Sheila A. Leander, PhD, RN
School of Nursing and Center for Interprofessional Education and Research
Saint Louis University

Author #3

Ginge Kettenbach, PhD, PT
Program in Physical Therapy and Center for Interprofessional Education and Research
Saint Louis University

Author #5

David Pole, MPH
Department of Community and Family Medicine and Center for Interprofessional Education and Research
Saint Louis University

Author #2

S. Maggie Maloney, Ph.D, OTR/L
Occupational Therapy Program and Center for Interprofessional Education and Research
Saint Louis University

Author #4

Irma Ruebling, MA, PT
Center for Interprofessional Education and Research and Program in Physical Therapy
Saint Louis University

Author #6

Rebecca Banks, MA, MSW, ACSW
School of Social Work and Center for Interprofessional Education and Research
Saint Louis University

Background: Our interprofessional faculty team is evaluating a team-based, service learning capstone IPE course. Students in the capstone course represent physical therapy, occupational therapy, nuclear medicine technology, radiation therapy, athletic training, nursing, investigative medical sciences, cytotechnology, nutrition and dietetics, and clinical lab sciences. The research aims include assessment of student ability to articulate beliefs, emotions, and behaviors related to interprofessional teamwork, and assess student comfort and effectiveness in communicating with peers and others in the service community.

Methods/Methodology: This qualitative study analyzes a critical reflection assignment from the course in 2010-2011. A random stratified sample of 39 entries from a population of 275 was selected. The faculty research team includes faculty from nursing, occupational therapy, social work, public health, and physical therapy. Results: Preliminary results include nine code families identified in the critical reflection assignment data; IPE outcomes, culture/community engagement, team process, client/patient centered, barriers, beliefs, course objectives, emotions, and behaviors.

Conclusions: Preliminary findings are that students can articulate beliefs, emotions and behaviors related to interprofessional teamwork. Critical reflection assignments are useful for assessing student beliefs, emotions and behaviors in the capstone course and appear to reflect course objectives and desired outcomes.

Learning objectives:

1. Recognize critical reflection assignments as integral to the student experience in a team-based service learning capstone interprofessional course.

2. Summarize findings from a qualitative study of critical reflection assignments designed to enhance student ability to articulate beliefs, emotions and behaviors related to interprofessional teamwork.
3. Discuss the process of interprofessional faculty conducting educational research, including introducing quantitative researchers to the qualitative research paradigm.

D10iii (20-minute Oral Paper Presentations; Presentation Theme: Assessment/Evaluation)

A Mixed-method Investigation into Interprofessional Collaboration in Physical Therapy Practice Settings

Author #1

Amber Fitzsimmons
PT, MS Center for Innovation in Interprofessional Education
University of California, San Francisco

Author #2

Kimberly Topp
PT, PhD, Chair of Graduate Program in Physical Therapy
University of California, San Francisco

Background: Interprofessional education is required to develop entry-level doctorate physical therapists who are immediately ready for collaborative practice and who can deliver quality, patient-centered care. Insight into student perceptions of interprofessional collaboration experiences in clinical settings will inform pedagogical strategies for classroom/clinical education and assist in the application of core competencies. This sequential mixed-method study explored the behaviors, beliefs and attitudes of first year physical therapy students experiencing interprofessional collaboration in clinical settings.

Methods/Methodology: Using the Interprofessional Socializing and Valuing Scale (ISVS) (n=33), we measured the degree to which transformative learning took place following an 8-week clinical rotation, as evidenced by self-report changed behaviors, beliefs and attitudes. After subjects completed their clinical rotation in either an acute care or outpatient facility, we conducted semi-structured interviews (n=30). We used a general inductive approach and thematic content analysis to understand what constitutes effective interprofessional collaboration in the clinical setting from a learner's perspective.

Results: A repeated measures ANOVA revealed no statistical differences ($p < 0.05$) between pre- and post-test scores within or between groups using the ISVS scale. Interestingly, data reveals pre-post test (change) scores in the behavior domain decreases after an 8 week clinical with greater change scores revealed in the acute care versus an outpatient setting. Thematic content analysis revealed learners felt that interprofessional collaboration facilitated effective communication, error prevention and created efficiencies in patient care.

Conclusions: Learners' identification of interprofessional collaborative experiences in various clinical settings will assist curricular development and assessment for a range of clinical learning contexts. Additionally, the change in behavior scores may indicate the need for additional skills training (for both the learner and the clinical instructors) in the behavior domain including negotiation and coping skills as they navigate the complexity of power differential, professional roles and scopes of practice within the various clinical settings.

D10iv (20-minute Oral Paper Presentations; Presentation Theme: Assessment/Evaluation)

Assessment of Health Science Students Engaged in an Interprofessional Fall Prevention Program

Author #1

Ann Ryan Haddad
Pharmacy Practice
Creighton University School of Pharmacy and Health Professions

Author #2

Teresa Cochran
Physical Therapy
Creighton University School of Pharmacy and Health Professions

Author #3

Lisa Black
Physical Therapy
Creighton University School of Pharmacy and Health Professions

Author #4

Kelli Coover
Pharmacy Practice
Creighton University School of Pharmacy and Health Professions

Author #5

Kathy Flecky
Occupational Therapy
Creighton University School of Pharmacy and Health Professions

Author #7

Joy Doll
Occupational Therapy
Creighton University School of Pharmacy and Health Professions

Author #9

Yongyue Qi
Assessment
Creighton University School of Pharmacy and Health Professions

Author #6

Anne Tripp
Nursing
Creighton University School of Nursing

Author #8

Kristine Gauthier
Nursing
Creighton University School of Nursing

Author #10

Kate Martens Stricklett
Office of Interprofessional Scholarship, Service and Education
Creighton University School of Pharmacy and Health Professions

Background: Increasing momentum to deliver health care in interprofessional teams requires development of learning experiences that improve student attitudes towards team function. The purpose of this project was to assess students' attitudes toward the healthcare team while participating in an interprofessional fall risk assessment program in a senior independent living facility.

Learning Objectives

1. Describe the interprofessional fall risk assessment project.
2. Identify benefits and challenges in developing this interprofessional student team experience.
3. Discuss changes in students' attitudes toward the healthcare team.

Methods: Ninety-six nursing, pharmacy, occupational and physical therapy students participated in an interprofessional fall risk assessment program, completing discipline-specific screens (medication review, Berg Balance Screen, home safety evaluation) for 45 seniors. Students in the experimental group viewed team training videos, while "control" students did not. Both groups received an educational handout on Interprofessional Teams. Students were grouped in interprofessional teams to generate client-centered recommendations based on discipline-specific data. Dependent variables included online completion of the Modified Team Skills Scale (MTSS) by students prior to and following the learning experience. Wilcoxon Signed-ranks test and analysis of covariance (ANCOVA) were employed in data analysis.

Results: Scores for both control and intervention groups improved significantly on post-tests for the survey. All scores improved significantly from pre- to post- measures on all questions of the MTSS; however, training videos did not influence post-score changes for the intervention group.

Conclusions: This opportunity provided students authentic application of clinical skills in an interprofessional team. Because both groups demonstrated significantly in scores, it is possible that elements of the interprofessional experience, beyond the training video, resulted in improved team skills.

D11i (20-minute Oral Paper Presentations; Presentation Theme: Curriculum/Teaching/Course)

Interprofessional Collaboration on the Run: A Flexible Curriculum for Teaching Collaborative Practice to Health and Human Service Students in Different Educational Settings

Author #1

Christie Newton
Assistant Professor, Department of Family Practice
University of British Columbia

Author #2

Donna Drynan
Department of Occupational Sciences and Occupational Therapy
University of British Columbia

Author #3

Victoria Wood
College of Health Disciplines
University of British Columbia

Background: In 2008, the College of Health Disciplines at the University of British Columbia developed a learning series that was designed to provide professional development interventions to health and human service faculty and practitioners so they

incorporate elements of interprofessional collaboration into practice and learn how to provide interprofessional education to a broad range of students. The content was informed by the Canadian Interprofessional Competency Framework. Evaluations of this series indicate that the content effectively teaches the interprofessional competencies necessary to be a collaborative practitioner. Feedback also suggested that pre-licensure students would benefit from engaging directly with this content. However, the intensive, full-day workshop format of the series presents implementation challenges with pre-licensure students.

Methodology: The College designed, piloted and evaluated a series of six online learning modules for health care students to assist them in developing interprofessional collaborative practice competencies, based on each of the workshop content from this learning series. The modules have been piloted in both the practice and classroom setting with students, practitioners and faculty. Feedback was gathered through an online survey, which has informed the refinement of the modules. The online survey data also speaks to the effectiveness of the modules in helping learners develop the competencies necessary for interprofessional collaboration.

Results: This presentation will describe the design, implementation and evaluation of the 'IPC on the Run' modules.

Objectives:

1. Explore how to teach competencies for collaborative practice
2. Explore innovative ways to delivery IPE in both classroom and practice settings
3. Explore online delivery of IPE

D11ii (20-minute Oral Paper Presentations; Presentation Theme: Curriculum/Teaching/Course)

Competency-Based Professional Education in University Settings: Challenges and Solutions

Author #1

D. Mark Ragg
School of Social Work
Eastern Michigan University

Author #2

James C. Piers
Department of Sociology and Social Work
Hope College

Background: In the past decade, professional have transitioned from knowledge to competence-based educational outcomes. However, professional schools have struggled to produce graduates with the requisite competencies for contemporary community practice (Nelson & Graves, 2011; O'Donovan et al., 2005; Pachana, Sofronoff & O'Brien, 2008; Wilson & Kelly, 2010). The transition to a competence-focus requires a full retooling of the academic process (Dath & Iobst, 2010; Falender & Shafranske, 2010; Varkey et al., 2009).

Inherent in the retooling process educational programs must shift their focus from static outcomes to integrated skill elements working in concert (ten Cate & Scheele, 2007). Each course must develop specific abilities or competencies which in turn provide a foundation for the competencies developed in future courses (Albanese et al., 2010; Swing, 2010). In the university environment, such changes are difficult. Transitional difficulties are associated with structural, pedagogical, and educational challenges.

Structural challenges tend to emerge from the scheduling, promotional and financial priorities within the educational setting. Such priorities limit the adaptations possible within the system. The pedagogical challenges emerge from long traditions of knowledge development and transmission. As competence development strategies are introduced, instructors and systems designed for knowledge transmission must be adapted. Educational challenges involve the partnership between students and educators.

This oral/paper presentation identifies specific challenges within each area of challenge providing a framework for educators to understand the reasons for competence-development failures. This framework is then used to identify adaptations that can be used within university systems to increase the competence-levels of graduating students. The presentation will accomplish the following learning objectives:

1. Participants will be able to identify competence-development principles
2. Participants will learn strategies for competence development in educational and training programs
3. Participants will learn how to use technology to adapt learning environments to promote competence development

D11iii (20-minute Oral Paper Presentations; Presentation Theme: Curriculum/Teaching/Course)

Interprofessional Education (IPE) for First Year Students and Professional Identity

Author #1

Benny Efindie
Department of Medical Education, Faculty of Medicine
University Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Author #2

Nabishah Mohamad
Department of Medical Education, Faculty of Medicine
University Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Author #3

John HV Gilbert
On behalf of NUM Interprofessional Education Working Group
1. Faculty of Pharmacy, SEGi University, Petaling Jaya, Malaysia
2. The College of Health Disciplines, The University of British Columbia, Vancouver Canada

Background: In February 2011, a two-credit co-curriculum module to introduce the concepts of IPE was developed at National University of Malaysia (NUM) and offered to all first year undergraduate students from the faculties of medicine, dentistry, pharmacy and health sciences. Students (87) were divided into groups of 9 to 11 from different faculties. Group activities included presentation and observation of the roles of different health professions, and a community project. We aim to investigate whether the introduction of IPE changes the perception of the students about the roles of their own professions.

Learning Objectives:

1. To share the experience of introducing an IPE module for first year health-related students at National University of Malaysia.
2. To present the impact of IPE in the early years on the professional identity of the students.
3. To share the methodology used and welcome feedback from the audience.

Methodology: Before and after the undertaking the module the students were asked to complete a 5-option Likert scale questionnaire consisting of 19 items assessing their perception of roles of their own profession. The difference of score between pre and post experience was analysed using paired t-test.

Results: Eighty one (81) students completed this questionnaire. Overall, there was improvement of the score of most of the items after the IPE sessions. Before IPE 77.8% of the students agreed that their professions work more effectively in a team and after IPE it was increased to 91% (the mean score increased from 4.12 to 4.40, $P = 0.011$). Slightly more than half (50.6%) saw that their professions overlap with other professions, but only 13.5% agreed that their professions could be replaced with other professions. When asked whether their profession takes a leadership role in healthcare, medical students produced the highest mean score (4.28 and 4.50 pre and post respectively, $P = 0.163$) and the pharmacy students the lowest mean score (3.07 and 3.21 pre and post respectively, $P = 0.583$).

Conclusion: This IPE module for first year students changed their perceptions of the roles of their own professions relative to other professions.

D11iv (20-minute Oral Paper Presentations; Presentation Theme: Curriculum/Teaching/Course)

Collegiate Interprofessional Education on Health Literacy: Session Development, Implementation and Evaluation

Author #1

James D. Campbell
Department of Family and Community Medicine
University of Missouri

Author #2

Sherri Ulbrich, RN, PhD, CCRN
Sinclair School of Nursing
University of Missouri

Background: With the complexity of today's health care, there is a need to have health professionals educated to deliver patient-

entered care as an interprofessional team. The purpose of this project was to develop an interprofessional experience on health literacy providing collaborative learning opportunities for accelerated nursing students and first year medicine students.

Methods: A total of 49 accelerated nursing students and 102 first year medical students participated in an interprofessional session that focused on developing team dynamics and health literacy communication skills. The participants were divided into 16 small groups with facilitators from nursing, medicine, and other related disciplines. The primary teaching strategy was a standardized patient (SP) encounter. Students demonstrated health teaching and teach-back strategies to meet the educational needs of an adult diabetic patient with low literacy skills and a foot ulcer requiring debridement. Pre/Post session questions were used to evaluate changes in health literacy knowledge.

Results: In pre/post session questions, both nursing and medical students showed significant increases in self-reported health literacy knowledge. Students also perceived a high degree of relevance to their future careers. Both facilitators and students perceived the session quite favorably. In open ended responses, students and facilitators identified the SP encounter and working as a team as the most favorable part of the session. Students also identified the opportunity to develop and practice skills.

Conclusions: An interprofessional session with activities focusing on a standardized patient encounter can be an effective strategy for learning about health literacy and developing positive interprofessional attitudes.

Objectives:

1. Demonstrate the importance of health literacy training in interprofessional teamwork.
2. Describe how an interprofessional experience on health literacy can provide collaborative learning opportunities for interprofessional practice.
3. Identify the use of a standardized patient as a learning strategy for teaching about health literacy in patient-centered care.

D12i (20-minute Oral Paper Presentations; Presentation Theme: Technology/Simulation & Assessment/Evaluation)

Yes We Can! Developing Interprofessional Collaborative Practice (ICP) Core Competencies through Participation in an Online Learning Community

Author #1

Wendy C Hildenbrand, MPH, OTR/L, FAOTA
Occupational Therapy Education Department; School of Health Professions
University of Kansas Medical Center

Author #2

Jackie Nowak, RN, MS, APRN-CNS
School of Nursing
University of Kansas Medical Center

Author #3

Vicki Hicks, RN, MS, APRN-CNS
School of Nursing
University of Kansas Medical Center

Background: Interprofessional collaborative practice (ICP) skills are necessary for planning and managing care for individuals and populations as well as ensuring patients receive quality care across settings and providers. Consequently, interprofessional education is an essential obligation for health professional schools. The Interprofessional Education Collaborative Expert Panel (2011) identified core ICP competencies: values/ethics, roles/responsibilities, interprofessional communication, and teams/teamwork. To teach ICP skills, faculty constructed an innovative online interprofessional population-based health care course designed to immerse RN-to-BSN students and entry-level Master of Occupational Therapy (MOT) students in active collaborative learning experiences. The purpose of this study is to examine the effectiveness of participation in an online learning community structured "to prepare all health professions students for deliberately working together with the common goal of building a safer and better patient-centered and community/population oriented US health care system" (IECEP, 2011).

Methods/Methodology: Qualitative and quantitative data analysis of pre-and post-survey data spotlights development of interprofessional core competencies of RN-to-BSN and MOT students along with strengths and challenges associated with online learning.

Results: Data indicates statistically significant and meaningful change across competencies. Students report interprofessional communication and teams/teamwork as the most rewarding competency and most critical competency for successful ICP while delineating professional roles/responsibilities and interprofessional communication as most challenging. Essential online learning features include accessible material, timely feedback, and personal responsibility. Technical incompatibility issues and depersonalization or miscommunication without context cues present challenges to positive online learning experiences.

Conclusions: "Deliberatively working together" in interprofessional online course instruction supports development of ICP competencies needed for quality, client-centered, collaborative care in contexts such as community and/or public health environments.

Learning Objectives:

1. Attendees will identify four core interprofessional collaborative practice competencies;
2. Attendees will discuss effectiveness of online interprofessional education in ICP competency development;
3. Attendees will consider interprofessional collaborative practice opportunities in community/public health contexts.

D12ii (20-minute Oral Paper Presentations; Presentation Theme: Technology/Simulation & Assessment/Evaluation)

Assessing Interprofessional Competency across the Students of a Health Science Campus

Author #1

Alan Dow, MD, MSHA
School of Medicine
Virginia Commonwealth University

Author #2

Deborah DiazGranados
School of Medicine
Virginia Commonwealth University

Author #3

Paul E. Mazmanian
School of Medicine
Virginia Commonwealth University

Background: In order to realize improved healthcare outcomes through increased interprofessional collaboration, institutions must train large groups of students that have the capacity to transform the delivery of care by practicing more collaboratively. To help measure the outcomes of our institutional interprofessional education programs, we developed a questionnaire based on the Interprofessional Education Collaborative competencies. It was administered to all health science students on our campus (n = 4075) in April 2012. Analysis of the data showed the questionnaire to be highly reliable with preservation of the four competency domains of the initial competencies. The Value/Ethics domain was rated significantly higher than all other domains, while the Teams/Teamwork domain was rated significantly lower than all other domains. No difference was noted in competency ratings by time since enrollment. We now seek to measure the change in competency ratings over time.

Objectives:

1. Know one method for assessing competency of large populations of learners
2. Appreciate how assessment can support competency frameworks
3. Recognize the value of large scale assessment for curriculum planning

Methods: In April 2013, the web-based questionnaire will be administered again to all students of our health science campus (n ~ 4100). The data will be analyzed to add to previous findings and to compare the change in ratings between years to detect a benefit of newly introduced interprofessional education programs.

Results: Results and comparisons will be reported.

Conclusions: A campuswide survey of interprofessional competency has been shown to provide data descriptive of our students and useful for educational planning. We will discuss the implications of prior and new findings for institutional assessment of interprofessional education outcomes and future directions for curriculum planning.

D12iii (20-minute Oral Paper Presentations; Presentation Theme: Technology/Simulation & Assessment/Evaluation)

Incorporation of Feedback and Debriefing Methods into an Interprofessional Elective Utilizing High-Fidelity Simulation in the Care of the Critically Ill

Author #1

Heather Brennan Congdon, PharmD, BCPS, CDE
School of Pharmacy
University of Maryland

Author #3

David Cannon, PharmD
School of Pharmacy
University of Maryland

Author #5

Professor Adriana Guerra, MPH, RRT
Respiratory Therapy Program
Salisbury University

Author #7

Mary Lang
The Universities at Shady Grove

Author #2

Karen Clark PhD, RN, CCRN
School of Nursing
University of Maryland

Author #4

Jeffrey P. Gonzales, PharmD, BCPS, FCCM
School of Pharmacy
University of Maryland

Author #6

Kelley Macmillan, Ph.D., MSW
School of Social Work
University of Maryland

Background: An interprofessional course enrolling pharmacy, nursing, social work, and respiratory therapy students was developed to enhance communication and patient assessment in the care of the critically ill. High fidelity simulation and case study was used to maximize strengths of the interprofessional team. Students assigned to teams worked through case scenarios. Methods of feedback included (1) video recording using METI Learning Space, (2) group and class debriefing sessions after each case, and (3) student reflection of individual and team performance after reviewing their teams video recorded case.

Three Learning Objectives:

1. Describe methods to incorporate debriefing into interprofessional coursework
2. Describe benefits of incorporating video recording into interprofessional debriefing/reflection
3. Describe barriers to incorporating video recording/debriefing into interprofessional coursework and resolutions to such barriers

Methods: Each case utilizing a high-fidelity mannequin was taped via METI Learning Space and posted to Blackboard (online education platform) for students to view after class. Each team immediately debriefed with the course faculty after the simulation. A class debrief was also conducted, engaging all students to reflect on overall perception of the simulation and their team performance. Finally, after class, each student watched the recorded simulations and submitted an individual written reflection regarding their perception of the simulation, their individual performance, and their team's performance.

Results: Student feedback elicited from the debriefing sessions and written reflections was positive. Although students admitted feeling initially uncomfortable viewing their performance on video, they ultimately found it to be extremely useful for individual and team growth over the course of the semester. Students reported they used lessons learned about their team from early semester cases to incorporate revised strategies into future cases.

Conclusion: Utilizing various methods of feedback, debriefing, and reflection served as a useful resource in the overall learning experience in interprofessional coursework involving high-fidelity simulation.

D12iv (20-minute Oral Paper Presentations; Presentation Theme: Technology/Simulation & Assessment/Evaluation)

Potential Value and Utility of Technology to Foster Inter-professional Discussion and Education among Emergency Medicine Health Care Professionals: A Preliminary Needs Assessment

Author #1

Jennifer Riley
Emergency Medicine
St. Michael's Hospital

Author #2

Lee Barratt
Emergency Medicine
St. Michael's Hospital

Author #3

Linda Rozmovits
Independent Qualitative Researcher

Background: The Emergency Department (ED) is a complex environment with competing priorities, ever changing information and where health professionals (HP) have little to no time during a shift to pause, discuss and reflect on clinical experiences, policies or new research. The nature of shift work and loss of personal time to attend formal inter-professional education (IPE) and meetings pose challenges, and online resources may have the potential to create a shared, inclusive, conveniently accessed platform for dialogue and education.

Methods: Twelve semi-structured interviews exploring new online technologies were conducted within a level 1 trauma, academic, inner city ED (6 nurses, 5 physicians, 1 social worker). The method of constant comparison was used for analyses and included searches for disconfirming evidence.

Results: Webcasts offered flexible access on shift or at home, but were seen as one-directional, unengaging and unlikely to be used. Interactive discussion forums would enable dialogue for evolving practice and new research and were preferable to webcasts, but concerns about confidentiality, moderating, and uptake by the collective would need to be addressed to ensure sustainability. An online ED centralized repository for information was considered appealing and had potential to evolve into an interactive resource. Barriers to new technology were an unwillingness to "work" off shift and the loss of face-to-face interaction. Personal engagement to discuss sensitive topics in an unhurried, non-stressful environment during IPE formal meetings and rounds was preferred.

Conclusions: Introducing online technologies in the ED to support IPE and discussion should be viewed with caution. New opportunities must fill a clearly defined need, be value-added and enhance clinical practice through consolidating and simplifying existing resources. Creating a collaborative website to improve process and function as a knowledge repository may lead to a future interactive resource for shared learning across professions.