Concurrent Breakout Sessions E

E1 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

Technology Enabled Interprofessional Learning

Author #1
John Cheng
College of Health Disciplines
University of British Columbia

Author #2
Victoria Wood
College of Health Disciplines
University of British Columbia

Author #3
Nancy Yp
College of Health Disciplines
University of British Columiba

Background: Educational institutions are increasingly using technology to support teaching and learning. Technology Enabled Learning (TEL) "leverages technology to maximize learning within an environment of sound course design that can offer students the options of time, place, and pace and emphasizes different learning styles." TEL is particularly relevant for interprofessional education (IPE), which commonly faces challenges such as timing, full curricula and different educational philosophies across programs. It can enhance interpersonal intelligence - the ability to collaborate – by connecting learners from various disciplines and providing them with the ability to work cooperatively, while overcoming some of the logistical barriers to IPE. The College of Health Di sciplines at the University of British Columbia (UBC) has gained experience using technology to support interprofessional learning in a wide range of contexts over the past several years, learning valuable lessons along the way.

Objectives: Through this workshop, participants will:
1. Recognize the advantages of using technology to support IPE
2. Examine key considerations for using technology to support IPE
3. Explore possible challenges
4. Analyze ways in which technology can facilitate IPE in their own context

Teaching Methods: This session will begin with an overview of the TEL strategies that have been implemented at UBC such as online modules; an Interprofessional Education Passport; videos; websites; discussion forums; blogs; synchronous discussion applications; and social media tools. In small groups, workshop participants will conduct a SWOT analysis to determine how they could use TEL in their own context. Participants will present their ideas to a student panel that will provide feedback on how their ideas might be received by learners. Participants will use this feedback to document the considerations they will need to take into account in order to integrate technology enabled IPE in their context; possible challenges they might face; and strategies to address these challenges.

E2 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

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

Author #1
Anne Stewart
Department of Graduate Psychology, College of Health and Behavioral Studies
James Madison University

Author #2
Emily Akerson
Institute for Innovation in Health and Human Services, Affiliate faculty, Department of Nursing, College of Health and Behavioral Studies
James Madison University

Author #3
Joshua Baldwin
Department of Social Work, James Madison University, College of Health and Behavioral Studies
James Madison University

Author #4
Janet Gloeckner
Dietetic Program Director, Department of Health Sciences, College of Health and Behavioral Studies
James Madison University

Author #5
BJ Bryson
Department of Social Work, College of Health and Behavioral Studies
James Madison University

Background / Rationale: Ethics is a shared, relevant concern among health and human service disciplines and is an ideal vehicle for students and practicing professionals from different fields to learn about one another's disciplines and to participate in interprofessional team analysis, discussion, and problem-solving. We will share a variety of experiential learning activities developed by an interprofessional faculty team. The activities are part of the Ethical Decision-making in Healthcare: An Interprofessional Approach course at James Madison University. The class has been team taught since 2003 with over 1,400 students from a number of professional and pre-professional programs. Research in interprofessional practice demonstrates that our team work skills, including a willingness to share our unique body of knowledge with other health care providers, is vital in achieving positive patient outcomes and in enhancing job satisfaction. The workshop activities will provide an integrated interprofessional learning experience for participants to reflect on their personal and professional values, share discipline-specific knowledge related to interprofessional ethical concerns, and exchange effective, innovative instructional practices with other participants.

Objectives: As a result of participating in this workshop, participants will be able to:
1. Describe the benefits of using ethics in IPC coursework or trainings.
2. Identify, at least, 5 creative experiential strategies and techniques for promoting IPC teamwork in a climate of mutual respect and shared values.
3. Demonstrate innovative teamwork and case-based activities to facilitate IPC ethical decision-making (IPC ethic grid, tangram, learning style assessment, IPC case, etc).
4. Develop a personal plan for implementing strategies in their course or trainings.

Teaching Methods: The teaching methods will include experiential and interactive activities, discussions, and case-based problem-solving. Following the practice of the activities, participants will discuss their experience and consider how to implement the strategies in their settings.

E3 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Changing the Way Interprofessional Teams Talk

Author #1
Terry Eggenberger, PhD, RN
College of Nursing
Florida Atlantic University

Author #2
Kathryn Keller, PhD, RN
College of Nursing
Florida Atlantic University

Author #3
Mira Sarsekeyeva, MD
College of Medicine
Florida Atlantic University

Author #4
Ellen Ryan, PhD
School of Social Work
Florida Atlantic University

Background/Rationale: The ability to communicate is imperative for high functioning teams. The faculty at Florida Atlantic University have worked diligently to bring the disciplines of Nursing, Medicine, and Social Work together to impart communication tools and techniques that students can use to facilitate teamwork in the practice setting. Efficient and effective teams ultimately improve patient outcomes. To deliver person-centered care, these professionals must communicate successfully with patients, families, and team members. The transformation of communication and teamwork behaviors must first begin with the faculty. Together faculty and students can learn new ways of valuing the roles and responsibilities of each member of the team. The use of role play and the TeamSTEPPS curriculum provides a framework from which to structure the workshop experience.

Objectives:
1. Discuss integration of communication and teamwork competencies for interprofessional practice.
2. Demonstrate application of communication tools and techniques to overcome barriers.
3. Design and facilitate a workshop that will assist participants in translating these behaviors to practice.

Teaching Methods: To ensure that the participants acquire the necessary facilitation skills to lead similar workshops in the future, a brief didactic overview of the content will be followed by engaging in the workshop from the student perspective.

E4 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

Tailor-made Teamwork Tools: Finding the Right Evaluation Tool for Inter-professional Training

Author #1
Mitzi Scotten M.D.
University of Kansas School of Medicine/Nursing
Pediatrics

Background: As Inter-professional education continues to evolve, it is becoming more important to create meaningful tools to evaluate the participants. Tools that measure team function skills exist, but selecting the best tool to fit the needs of your learners may be more challenging. This workshop will introduce available teamwork assessment tools, use them in real time to evaluate IPE simulations, and challenge educators to begin thinking of creating individualized tools for use at their own home institution.

Objectives: This workshop will provide the following learning objectives:
1. Describe the important pillars for evaluating teamwork, including communication,cooperation,situational awareness and leadership
2. Demonstrate the ability to use a teamwork evaluation tool to assess a simulated team exercise; and
3. Initiate ideas to create an alternative and institutionally specific tool for future use.

E5 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Making Interprofessional Learning Explicit in a Clinical Context

Author #1
Jacinthe Savard, OT reg. (Ont.), Ph. D.
Adjunct professor in the School of Rehabilitation Sciences, and Director of research and development at the Interprofessional University Clinic
University of Ottawa

Author #2
Estelle Éthier, OT reg. (Ont.), M.Ed.
Director of education and services at the Interprofessional University Clinic
University of Ottawa

Author #3
Claire-Jehanne Dubouloz, OT reg. (Ont.), Ph. D.
Full professor in the School of Rehabilitation Sciences, and Director of the Interprofessional University Clinic
University of Ottawa

Background: There is increasing efforts to offer interprofessional clinical placements for health sciences students to provide them with opportunities to experiment IPE knowledge, attitudes and skills in a clinical setting. In the context of clinical placement, role modeling is an important way of teaching interprofessional collaboration. Students enjoy the interprofessional work experience and embrace the value of such collaboration among health care professionals. However, there is a need to make this learning explicit in order for students to become change agent and reproduce interprofessional collaboration in their future work environment.

At the University of Ottawa Interprofessional Clinic, interprofessionnal clinical placements are offered for students from 10 health care programs. A team of educator-clinicians from regulated professions guides students through a variety of activities including client evaluation and intervention. Recently, a brainstorming exercise was completed to 1) define learning objectives that could help

students develop the six competencies promoted in the CHIC National Interprofessional Competency Framework; and 2) identify activities done in our usual practice that lead to increase collaboration during patient care and brake down those activities to better understand their impact on interprofessionnal collaboration. The exercise resulted in a matrix including learning objectives and activities for the development of six interprofessional competencies at three different student learning levels (exposure, immersion and competence). The matrix will be used by educators to create more IPE opportunities during clinical placements, and by students as a guide from which to select IP learning objectives for their placement learning contract.

Participants Learning Objectives:
1. Learn about the IPE matrix developed at the University of Ottawa Interprofessional Clinic
2. Review practical applications of the matrix
3. Reflect on IPE activities that can be implemented in their own clinical settings.

Teaching methods:
- Formal presentation
- Discussion around practical examples
- Small groups discussions

E6 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

The Art of Leadership and Followership: Training Faculty, Facilitators and Learners to Lead Interprofessional Teams

Author #1
Kirsten J. Broadfoot, PhD
Interprofessional Education Program
University of Colorado Anschutz Medical Campus

Author #2
Lynne M. Yancey, MD
Interprofessional Education Program
University of Colorado Anschutz Medical Campus

Author #3
Joey Failma, EMT-B
Interprofessional Education Program
University of Colorado Anschutz Medical Campus

Author #4
Elshimaa Basha, BS
Interprofessional Education Program
University of Colorado Anschutz Medical Campus

Author #5
Michelle Colarelli, BA
Interprofessional Education Program
University of Colorado Anschutz Medical Campus

Author #6
Deidre Houston-Magee, PhD
Interprofessional Education Program
University of Colorado Anschutz Medical Campus

Background: In healthcare settings, clinical care team members must be able to shift from the role of leader to follower as demanded by an evolving clinical context in order to optimize patient safety and quality of care. However, while leadership and followership exist in a mutually constructed and sustained relationship, traditional team training and practice focus on teaching leadership skills, and place little emphasis on the skills of follwership. On the Anschutz Medical Campus, all learners are exposed to the communication processes undergirding effective team membership (leading and following) in a three phase interprofessional team curriculum: Fundamentals (preclinical curriculum), Clinical Transformations (simulated clinical care), and Clinical Integrations. The second phase, Clinical Transformations, creates the bridge from classroom instruction to application in real clinical situations. Interprofessional student teams are coached through simulated clinical scenarios by a trained facilitator. Instructors and facilitators model the skill of shifting between leadership and followership as they guide student teams through an interactive large group session, followed by small group team-based scenarios and debriefs. Learners also experience role shifts required to enable effective team leadership and followership in situ.

Objectives:
1. Understand the connections between effective team leadership and followership and the communication skills and processes which facilitate both in interprofessional teams.
2. Provide a framework and process for developing coach-facilitators for interprofessional teams.
3. Explore opportunities around education, evaluation, research, and facilitator development of interprofessional teams in clinical practice.

Implications: When leadership is considered the exclusive responsibility of one team member or discipline, effective team function is compromised, jeopardizing patient safety and other clinical outcomes. Optimally, team members possess both leadership and followership skills. Moreover, they are able to recognize when to shift between the two in evolving clinical contexts. Facilitators and faculty can model these skills to student teams.

E7 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

VA Centers of Excellence in Primary Care Education: Health Care Delivery and Educational Redesign at the Point of Interprofessional Care and Learning

Author #1
Kathryn Rugen, PhD, FNP-BC
Office of Academic Affiliations
Veterans Health Administration

Author #2
Stuart Gilman, MD, MPH
Office of Academic Affiliations
Veterans Health Administration

Author #3
Judith L. Bowen, MD
Office of Academic Affiliations
Veterans Health Administration

Author #4
Laural Traylor, MSW
Office of Academic Affiliations
Veterans Health Administration

Author #5
David Latini, PhD
Office of Academic Affiliations
Veterans Health Administration

Author #6
Jennifer Hayes, M. Ed
Office of Academic Affiliations
Veterans Health Administration

Author #7
Malcolm Cox, MD
Office of Academic Affiliations
Veterans Health Administration

Background: In parallel with the Veterans Affairs (VA) national priority to transform to a patient-centered care delivery system is the preparation of future health care professionals for practice in this new environment. To prepare the future workforce, the VA has funded five Centers of Excellence in Primary Care Education for five years. The overall purpose of these funded Centers are to foster transformation of clinical education by preparing graduates of health professional programs to work in and lead interprofessional teams that provide coordinated longitudinal patient-centered care. The objectives are to develop and test innovative approaches for curricula related to core competencies of patient-centered care and to study their impact on health professions education; including collaboration, cultural shifts in educational priorities, and educational and workforce outcomes within and beyond VA. The core competencies of patient-centered care include the educational domains of shared decision-making (care is aligned with the values, preferences and cultural perspective of the patient; curricula focus on the communication skills necessary to promote patients' self-efficacy), sustained relationships (care is designed to promote continuity of care; curricula focus on longitudinal learning relationships), interprofessional collaboration (care is team based, efficient and coordinated; curricula focus on developing trustful, collaborative relationships) and performance improvement (care is designed to optimize the health of populations; curricula focus on using the methodology of continuous improvement in redesigning care to achieve quality outcomes).

Objectives:
1. Describe the development and implementation of the VA Centers of Excellence in Primary Care Education
2. Discuss year one lessons learned and early results
3. Discuss project impact from interprofessional trainee and Center leader perspective

Implications: The evaluation focuses on the impact on patients, faculty/staff, trainees, micro-system, meso-system and macro-system.

E8i (20-minute Oral Paper Presentations; Presentation Theme: Team)

Healthcare Administration: Are They Part of the Team?

Author #1
Tina Meyer
College of Allied Health
Western University of Health Sciences

Author #2
John Tegzes
Department of Interprofessional Education
Western University of Health Sciences

Author #3
Sheree Aston
Vice Provost, Department of Academic Affairs
Western University of Health Sciences

Background/Rationale: Interprofessional education (IPE) curricula frequently engage the clinical disciplines as active participants in their programs. Since they focus on teams and team-based healthcare delivery, it is evident that physicians, nurses, pharmacists, allied health professionals, and other professions have a role in delivering high-quality, collaborative care. These same curricula commonly borrow from the TeamSTEPPS curriculum through the Agency for Healthcare Research and Quality (AHRQ). The TeamSTEPPS curriculum teaches about teams, including who is on the team and how to share common goals. They advocate for including the patient as well as providers as important members of the healthcare team. And they also include administration as having key roles on the team. Yet for many IPE curricula healthcare administration learners are conspicuously absent. This is a missed opportunity to highlight the roles and responsibilities that administrators have as members of the healthcare team. It also misses the fact that having shared common goals with administration is absolutely vital to providing interprofessional care in an era when third-party payment reimbursement practices do not currently allow for collaborative care billing.

Methods/Methodology: The challenges and opportunities for including healthcare administration in IPE curricula were compared and analyzed, with emphasis on some of the challenges that frequently limit their participation.

Results: Logistical issues were predominantly responsible for limiting healthcare administration's participation in IPE. Other factors included perceptions about non-clinical professions not being directly responsible for patient care.

Conclusions: Healthcare administration is a necessary part of the patient care team. Finding ways to include administration in IPE curricula will help to strengthen administration as part of the team, and will ultimately benefit patient care, and help to share common goals between practitioners and administrators.

E8ii (20-minute Oral Paper Presentations; Presentation Theme: Team)

The Relationship between Interprofessional Teams and Physicians in Primary Care

Author #1
Jana Lait
Workforce Research & Evaluation
Alberta Health Services

Author #2
Renee Torgerson
Workforce Research & Evaluation
Alberta Health Services

Author #3
Gail Armitage
Workforce Research & Evaluation
Alberta Health Services

Author #4
Shelanne Hepp
Workforce Research & Evaluation
Alberta Health Services

Background: Primary healthcare reform and interprofessional (IP) collaborative practice are priorities in Canadian healthcare. In Alberta, primary care is often delivered by physician-led primary care networks (PCNs) to promote service accessibility through team based-care. Forty PCNs operate in Alberta and over 70% of family physicians belong to a PCN. The goal of this project was to understand the factors influencing IP team functioning in PCNs including physician involvement, infrastructure, policies, and how services are organized.

Methods: Seven PCNs from across Alberta were recruited to participate. Each PCN identified two IP teams for group interviews and physicians, patients, and leaders for individual interviews. The interview data was thematically analyzed. Case studies were completed for each PCN and a comparative analysis across PCNs to identify common issues was conducted.

Results: PCN patients, physicians, IP team members and leaders agree that a team approach is good for patient care. IP team members provide patients with a broader range of care than physicians alone and are often able to spend more time with patients than are physicians. When team members provide services in physician offices, space is a concern, but team members often have more interaction with physicians than when the team provides services in centralized clinics. However, centralized clinics often allow more collaboration among IP team members.

Conclusions: Promoting the services of IP teams to physicians and enhancing the relationships between physicians and members of IP teams are important for increasing utilization and effectiveness of IP teams in PCNs.

Learning Objectives:
1. Understand ways in which IP teams work in PCNs: centralized and decentralized models.
2. Understand ways in which primary care physicians work with these IP teams.
3. Understand the factors that impact team functioning in primary care.

E8iii (20-minute Oral Paper Presentations; Presentation Theme: Team)

A Model for Improving Team Effectiveness: Collaborating with Regional Health Authorities (RHAs)

Author #1
Olga Heath
Centre for Collaborative Health Professional Education
Memorial University, St. John's, NL

Author #2
Carla Williams
Eastern Health Regional Health Authority, NL

Author #3
Josee Dumas
Eastern Health Regional Health Authority, NL

Author #4
Alissa Setliff
Eastern Health Regional Health Authority, NL

Author #5
Adam Reid
Centre for Collaborative Health Professional Education
Memorial University, St. John's, NL

Author #6
Brenda Kirby
Centre for Collaborative Health Professional Education
Memorial University, St. John's, NL

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

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

Methods: The process for developing the falls assessment clinic will be discussed, including challenges when working with multiple disciplines in a clinical setting. Interprofessional students and faculty preceptors participate in this clinic monthly and evaluate patients using discipline specific assessment tools. After seeing the patients, students collaborate as a team to discuss findings and recommendations for patient care. Students participating in the program complete pre- and post-surveys on their knowledge and efficacy of falls and perspectives on the health care team.

Results: Logistic barriers to program development such as varying academic schedules, learners in different levels of training, and patient fatigue from long assessment times were encountered. Evaluation data f rom the students show that the experience

of working in a team was very rewarding and beneficial in increasing students' knowledge of teamwork in a clinical scenario. The interprofessional clinic facilitated students' recognition of the important roles each profession play in a health care team.

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

E8iv (20-minute Oral Paper Presentations; Presentation Theme: Team)

A Theory to Optimize Pedagogy in Teamwork- Team-Driven Learning

Author #1
Mark Earnest, M.D. Ph.D.
Interprofessional Education
University of Colorado Anschuz Medical Campus

Author #2
Jason Williams, Psy.D. M.S.Ed
Interprofessional Education
University of Colorado Anschuz Medical Campus

The competency domain of teams and teamwork constitutes a critical component of interprofessional collaborative practice. Pedagogically, how to teach and develop these competencies is unclear. Well-described instructional methods using team learning include problem-based learning and team-based learning. For explicitly teaching and learning teamwork, both of these methods have shortcomings: team performance is not measureable; learning related to teamwork is secondary to the activity itself and not explicit; and teamwork-related learning is not grounded in theory and depends on the reflective inferences of the learner rather than on a comparison of team performance to any established measures of behavior and performance. To address these pedagogical deficiencies, we have establish ed five core principles necessary for learning activities explicitly teaching collaborative competencies in teamwork:

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

From this framework, we created an instructional model we call Team-Driven Learning (TDL) where the primary learning objectives are collaborative competencies. In this model, the learning activity provides a context where effective knowledge, skills, and attitudes in communication, teamwork, and role clarification are necessary for successful performance. Developing this dynamic requires creating complex problems to be solved where multiple strategies and approaches can yield very different performance outcomes which are comparable across multiple teams working to solve the same problems. For the purpose of training future health professionals in collaborative competence, we have relied on problems that are based in health and health care, to increase learner's acceptance of the competencies and increase their ability and likelihood to incorporate the skills into their clinical repertoire and professional identity.

E9i (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

Infant Development Day: A Collaborative Interprofessional Education Experience

Author #1
Patricia A. Reidy, DNP, FNP-BC
School of Nursing
MGH Institute of Health Professions

Author #2
Laura Plummer,PT, DPT, MS, NCS
School of Health and Rehabilitative Sciences
MGH Institute of Health Professions

Author #3
Anne McCarthy Jacobson, PT DPT MS
School of Health and Rehabilitative Sciences
MGH Institute of Health Professions

Author #4
Lesley Maxwell, MS, CCC-SLP
School of Health and Rehabilitative Sciences
MGH Institute of Health Professions

Author #5
Mary Riotte, MS, CCC-SLP
School of Health and Rehabilitative Sciences
MGH Institute of Health Professions

Author #6
Veronica Kane, PhD, RN, MS, CPNP
School of Nursing
MGH Institute of Health Professions

Background: Infant Development Day (IDD) established by the Physical Therapy Program at MGH Institute of Health Professions, allows students the opportunity to apply their developmental skills for infant and children. After completing didactic content for normal development, the students observe and interact with children performing a variety of age appropriate gross and fine motor skills facilitated by a physical therapist. In recent years nurse practitioner (NP) and communication and speech disorder (CSD) students were included to create an interprofessional experience. Although students observed the children together there was minimal interprofessional interaction. The purpose of this experiential learning activity was to increase communication and understanding of the various healthcare professions role in the developmental assessment of children.

Methods: PT, nursing and CSD students were placed in small interprofessional groups to observe and examine a child's developmental milestones facilitated by interdisciplinary faculty. Students were assigned specific tasks to demonstrate role responsibilities. A graded, on-line threaded discussion and student survey addressed competencies for child development and interprofessional role identification.

Results: There were 125 student participants represented by PT (54), nursing (41) and CSD (30). The on-line discussion demonstrated the learners' understanding of normal developmental milestones and recognition of role responsibilities. The student evaluation survey indicated that 80% of the respondents felt that IDD enhanced their understanding of normal development and 75% agreed that the interprofessional interaction facilitated an appreciation of the various health professions role and responsibilities.

Conclusions: This experiential activity met the shared educational objectives of understanding child development and role responsibilities by promoting student participation and communication in interprofessional groups. Further development is needed to define the faculty role in interprofessional activities.

Objectives:
1. Discuss an innovative interprofessional learning activity with shared educational objectives.
2. Identify instructional methodologies to promote interprofessional learning.
3. Discuss the role of faculty facilitating interprofessional educational activities.

E9ii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

The Role and Value of Rotating Faculty to Enhance Interprofessional Clinical Experience

Author #1
Shannon Cole, RN, FNP-C
VPIL Clinic Coordinator
Vanderbilt University School of Nursing

Author #2
Heather Davidson, PhD
VPIL Director of Program Development
Vanderbilt University School of Medicine

Author #3
Rebecca Moore, PhD, LMSW
VPIL Course Director, Social Work
Mid Tennessee Collaborative Master of Social Work Program at Tennessee State University

Author #4
Mark Chirico, Pharm.D.
VPIL Rotating Faculty
Belmont University College of Pharmacy

Author #5
Pamela Waynick-Rogers, DNP, APRN-BC
VPIL Course Director
Vanderbilt University School of Nursing

Author #6
Linda Norman, DSN, RN, FAAN
Senior Associate Dean for Academics
Vanderbilt University School of Nursing

Author #7
Bonnie Miller, MD
Senior Associate Dean for Health Sciences Education
Vanderbilt University School of Medicine

Background: The Vanderbilt Program in Interprofessional Leaning (VPIL) is focused on bringing interprofessional first year student learners into a working-learning team. Each VPIL team consists of four learners: a first year nursing student, first year medical student, first year pharmacy student and a first year master's level social work student. In addition to a clinic preceptor (physician or nurse practitioner), an additional rotating faculty representative is assigned to each clinic in order to facilitate interprofessional discussions and/or to help with patient care. These additional faculty are from the following disciplines: medicine, nursing, pharmacy or social work.

Methods: In the fall of 2010, VPIL began with 8 outpatient clinic sites for students and 6 rotating faculty. The rotating faculty consisted of three pharmacists, one nurse practitioner, one licensed social worker and one physician. The following year, ten clinics were added for the next cohort of students along with one additional rotating faculty (nursing). As VPIL continued to expand, the faculty began to brainstorm on how to increase the value of the rotating faculty especially with the addition of new clinical sites. The result of the discussion produced the pod concept which was implemented Fall 2012. Representatives from each discipline are assigned and rotate between four different clinical sites thereby providing each VPIL student team exposure to each discipline.

Results: The pod concept for rotating faculty was implemented and has been successful. Students appreciate the interaction with all disciplines, the clinical sites value the consistent presence of faculty and the rotating faculty appreciate the diversity of settings.

Conclusions: The pod concept for VPIL clinical rotations has been positively received by the course directors, clinical sites, rotating faculty and students. This model provides a method to comprehensively provide faculty coverage in all the clinical sites and can expanded as the VPIL program grows.

Objectives:
1. Describe the value and role of the rotating faculty.
2. Explain how VPIL provides a unique opportunity for students to be mentored by faculty from other disciplines.
3. Describe how the faculty has grown in their awareness and appreciation of the respective professions during the process of creating this student experience.

E9iii (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

A Clinical Workforce Strategic Plan – Setting Direction for Alberta Health Services

Author #1
Esther Suter
Director Workforce Research and Evaluation
Alberta Health Services

Author #2
Judy Bloom
Director Clinical Workforce Planning
Alberta Health Services

Author #3
Betty-Lynn Morrice
Associate Chief Health Professions Officer
Alberta Health Services

Author #4
Deb Gordon
SVP Health Professions Strategy and Practice
Alberta Health Services

Background: Alberta Health Services (AHS) operates in an environment of increasing public demand for high quality and sustainable health care. Optimization of the clinical workforce is intricately linked to fiscal accountability. AHS has developed a Clinical Workforce Strategic Plan (CWSP) to effectively manage the workforce.

Learning Objectives: 1) learn about the process of developing the CWSP; 2) learn in more detail about the strategy relating to collaborative practice; 3) learn about the impacts of the CWSP to date.

Methods: A working group with representatives from Health Professional Strategy and Practice, Strategy and Performance, Human Resources and Finance was struck. The group met regularly over four months to accomplish the following work:
- Analysis of Alberta and AHS context to understand factors influencing workforce supply and demand (e.g. economy, new capital projects)
- Comprehensive profiles of current workforce (distribution and demographics)
- Modeling scenarios to understand future workforce supply, distribution and demand across disciplines and geographic zones

- Review of the literature to devise strategies for effective workforce recruitment and deployment
- 5-year action plan

The completed draft CWSP plan was ultimately approved by Executive and the Board.

Results: The CWSP contains five strategies for effective planning and management of the clinical workforce, one of them being "effective utilization of the clinical workforce". This strategy focuses on collaborative practice and new models of care that allow health providers from all disciplines to fully use their knowledge and skills. Several high profile initiatives (e.g. Workforce Model Transformation, Care Transformation) are being implemented to operationalize this strategy. Conclusions: The AHS CWSP represents a multi-year and multi-faceted approach to enabling achievement of the AHS goals of access, quality and sustainability through optimal utilization of the clinical workforce. The plan has shaped the development of new models of care with collaborative practice as core component.

E9iv (20-minute Oral Paper Presentations; Presentation Theme: Clinical)

Bridging Education and Practice to Enhance Patient Safety: Integrated Medication Management in an Interprofessional Clinic

Author #1
Hoai-An Truong, PharmD, MPH
Assistant Dean for Professional Affairs and Associate Professor
University of Maryland Eastern Shore School of Pharmacy and Health Professions

Author #2
Heather B. Congdon, PharmD, BCPS, CDE
Assistant Dean for Shady Grove and Assistant Professor
University of Maryland Baltimore School of Pharmacy at the Shady Grove Campus

Author #3
Rosemary Botchway, MS HCA
Team Lead and Director of Center for Medicine Access
Primary Care Coalition of Montgomery County

Author #4
Diem-Thanh (Tanya) Dang
Team Co-Lead for PSPC Project
Primary Care Coalition of Montgomery County

Author #5
Faramarz Zarfeshan, RPh
Pharmacist Owner
ALFA Specialty Pharmacy

Author #6
Nancy Ripp, MD
Medical Director
Mercy Health Clinic

Author #7
Jennifer Thomas, PharmD
Pharmacy Services Manager
Delmarva Foundation for Medical Care Quality Improvement Organization

Three Learning Objectives:
1. Identify steps for expanding collaborative partnerships to provide integrated medication management and train students in an interprofessional clinic.
2. Describe an interprofessional collaborative model for integrating medication management into community-based clinics.
3. Recognize the prevalence of medication-related problems and outcomes to improve healthcare for underserved populations.

Background: Per the Institute of Medicine (IOM), there are at least 1.5 million preventable adverse drug events annually. Another IOM report cited working on an interdisciplinary team as a core competency for healthcare professionals. Practitioners and students who have interprofessional training to learn about, from, and with each other are better prepared to optimize patient care. The University of Maryland Baltimore and University of Maryland Eastern Shore Schools of Pharmacy, Primary Care Coalition of Montgomery County, Mercy Health Clinic, ALFA Specialty Pharmacy, Delmarva Foundation for Medical Care and Maryland Pharmacists Association collaborated to provide integrated medication management services and train students in an interprofessional clinic.

Methods: Team members met with leadership from partner organizations and practitioners, including medical directors, nurses, pharmacists, and physicians, to discuss integrating medication management in interprofessional clinics. The team piloted then implemented integrated medication management over 3 years. Patients with high-risks, multiple conditions and medications are referred to comprehensive medication management. Residents and students received training then provided patient-centered,

team-based care under supervision of providers.

Results: Integrated medication management services were implemented in October 2009 for one day/week. In 3 years, 215 patients were seen, and over 1700 medications reviewed, averaging 8 medications per patient. The team included three pharmacists, two physicians, two nurses. There were 6 residents and 27 students. The team received a grant and life-saving patient safety award.

Conclusions: Integrated medication management clinic provided access to medication reviews and healthcare for underserved patients while bridging interprofessional education and practice for residents and students.

E10i (20-minute Oral Paper Presentations; Presentation Theme: Leadership & Partnership/Community)

Establishing an Institutional Culture of Interprofessional Collaboration

Author #1
Amy Blue, PhD
Provost's Office
Medical University of South Carolina

Author #2
Judy Dubno, PhD
College of Medicine
Medical University of South Carolina

Author #3
Renata Leite, DDS, MS
College of Dental Medicine
Medical University of South Carolina

Author #4
David McNair, MHA
Provost's Office
Medical University of South Carolina

Author #5
Elizabeth Pilcher, DMD
College of Dental Medicine
Medical University of South Carolina

Author #6
Christopher Rees, MHA, MBA
Medical University Hospital
Medical University of South Carolina

Author #7
Roger White, PharmD
College of Pharmacy
Medical University of South Carolina

Author #8
James Zoller, PhD
College of Health Professions
Medical University of South Carolina

Background/Rationale: The introduction of an interprofessional education initiative was embraced in 2007 by the Medical University of South Carolina, an academic health sciences center, as an opportunity for broader institutional culture change. In 2010, interprofessional/interdisciplinary collaboration across teaching, research and clinical service missions became a university strategic planning initiative. Through synergistic approaches, interprofessional collaboration is being instilled within the fabric of the university.

Methods: Multiple methods to advance interprofessional collaboration have been implemented, including a faculty/staff development institute, a faculty fellowship, a speaker series, inclusion of recognition of interprofessional collaboration in promotion and tenure guidelines and university award criteria, a small grants awards program for projects advancing interprofessional work, and intentional networking across university missions to establish interprofessional linkages. Assessment tools and metrics to measure interprofessional collaboration exist.

Results: Several assessment approaches are being applied. In the clinical context, these include the use of teamwork instruments and examination of results with clinical outcomes and patient satisfaction scores. In the academic setting, items have been added to existing faculty/staff surveys. To assess student perceptions, validated attitudinal instruments are in use with other interprofessional education measures. Results suggest a general culture of interprofessional collaboration and point to areas that may need more support.

Conclusion: The introduction of interprofessional education activity can serve as a catalyst for broader institutional culture change, in turn enhancing the interprofessional learning environment as well as other university missions of research and clinical service. These approaches to foster institutional change and associated metrics can serve as a model for other institutions.

Learning Objectives:
1. Describe how an interprofessional education initiative can prompt broader institutional change.
2. Identify strategies to promote a culture of interprofessional collaboration within an academic health sciences institution.
3. Discuss approaches for measuring interprofessional collaboration within an academic health sciences culture.

E10ii (20-minute Oral Paper Presentations; Presentation Theme: Leadership & Partnership/Community)

Sharing the Wealth: Partnering to Promote Affordable IPE

Author #1
Margaret M. Slusser, Ph.D, RN
Associate Professor and Founding BSHS Program Coordinator
The Richard Stockton College of New Jersey

Author #2
Amy H. Edgar, MSN, RN, CNE
Associate Professor Nursing
Cedar Crest College

Author #3
Mary Brinker, MSN, RN
Instructor of Nursing
DeSales University

Author #4
Mary Ellen Miller, Ph.D, RN
Assistant Professor of Nursing
DeSales University

To date, the main thrust of the movement to implement Interprofessional Education (IPE) has been in practice settings where the importance of optimal patient outcomes is evident and urgent. One of the main vehicles for providing this education has been the use of high impact/high stakes, high fidelity simulation scenarios designed to help IP team members learn and implement core competencies related to teamwork. While these IPE based exercises are both exemplary and effective, they are also not always well suited to smaller medical settings or colleges and universities who have no access to high fidelity simulation centers. As a result, other strategies for delivery and opportunities for cost affordable simulation are necessary to provide IPE in less resource-rich environments. This prese ntation will describe the use of a pre-existing community-wide natural disaster (tornado) simulation adapted to provide accessible and affordable IPE and practice for students in various health professional programs (BSN, MSN, Physician Assistant, psychology, social work) from multiple college/university campuses, and community and college primary care providers (campus health center, emergency services, local health systems, law enforcement). Strategies for successful collaboration will be reviewed. Details of implementation including the use of victim volunteers, application of moulage, low to medium fidelity simulators, and participation of community-wide medical emergency services will also be provided. Presenters will present the processes of planning, implementation, evaluation and debriefing.

Objectives: The learner will be able to:
1. Articulate the steps necessary to adapt a pre-existing simulation scenario to include IPE core competencies.
2. Identify key resources for the implementation of a communit- wide, multiple agency simulated IPE scenario.
3. Identify measurable outcomes for IPE core ompetencies embedded within a natural disaster simulation.

Teaching: Methods: PowerPoint /Lecture/Discussion/Video highlighting the process from planning through implementation and evaluation.

E10iii (20-minute Oral Paper Presentations; Presentation Theme: Leadership & Partnership/Community)

A Funding Program to Promote Partnerships to Support Sustainable IPE

Author #1
Andrea Miville, B.Hsc, MHA(c)
University of Ottawa
Academic Health Council- Champlain Region
University of Ottawa

Author #2
Dawn Burnett, PT, PhD
Director
Academic Health Council- Champlain Region
University of Ottawa

Author #3
Dana Cross, BSc, MA, PMP, MHA
Assistant Director
Academic Health Council- Champlain Region
University of Ottawa

Background: To promote interprofessional education (IPE), the Academic Health Council - Champlain Region (AHC) initiated a funding program for its academic and clinical partners. This opportunity was created to provide support for the development and

implementation of IPE learning opportunities for healthcare students in the region. The emphasis was on integrating and sustaining IPE into existing curricula and clinical placements.

Methodology: A call for proposals was disseminated and promoted to partner organizations. A committee evaluated each of the funding applications based on 1) feasible integration into existing curricula or clinical setting placements; 2) impact on the IPE of students; and 3) involvement of two or more professions.

Results: Thirteen proposals were selected for funding which will benefit over 700 students from at least 12 health programs. A variety of innovative IPE activities will be implemented including: a bilingual, high-fidelity simulation activity involving students from both college and university programs; an interactive experience for rehabilitation sciences students to work as a team to practice obtaining informed consent with a patient; and an opportunity for medical, nursing and respiratory therapy students to practice their patient interviewing skills.

Conclusion: A modest funding initiative was able to promote the development of a broad number of IPE learning opportunities. As a result future students will be able to benefit from a variety of innovative IPE opportunities integrated into their programs of study. This funding support program forged new partnerships and created cultures of collaboration. A networking showcase is planned to highlight innovative activities, partnerships and best practices in IPE.

Learning Objectives:
1. To profile a funding initiative to promote the development of sustainable IPE activities.
2. To present an overview of inter-institution partnerships created through the development of IPE activities.
3. To discuss best practices and innovations in integrating IPE activities into existing curriculum.

E10iv (20-minute Oral Paper Presentations; Presentation Theme: Leadership & Partnership/Community)

The National Center for Interprofessional Practice and Education – Meet the Research and Evaluation Team!

Author #1
Jordan Orzoff
University of Minnesota

Author #2
Jean King
University of Minnesota

Author #3
Nawal Lutfiyya
Essentia Health

Author #4
Barbara Brandt
University of Minnesota

Background/Rationale: The University of Minnesota has been selected by HRSA to be the National Center for Interprofessional Practice and Education. The center will create a new nexus between the rapidly transforming health care system and higher education in the United States. In this session, the evaluation team for the center will discuss the center's goals for research, evaluation, and scholarship, and the opportunities for collaboration and partnership that will be opening up across the country and across borders.

Methods/Methodology: The core goals of the center include the promotion of inquiry and evidence to promote best practices in interprofessional education and practice. The evaluation team brings together expertise in program evaluation, assessment, health education, capacity building, data analysis, and health informatics. Over the first five years of the center, the evaluation team looks to partner with local and national affiliates to develop and test evidence-based models for assessing the scope and impact of interprofessional programs. Training, resources, and data will be developed and provided to educational and practice programs.
Results: The evaluation team will share the National Center's project plan and resources for research, evaluation, and scholarship, including highlighting opportunities for local and national partnerships. This should be the start of many fruitful conversations and collaborations.

Objectives:
1. To introduce the evaluation team for the new National Center for Interprofessional Practice and Education
2. To understand the five-year plan for research, evaluation, and scholarship to be conducted by the National Center
3. To identify opportunities to partner with the Center for interprofessional research projects

E11i (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

Outcomes of Using Critical Care Simulations to Teach Nursing-Medicine Collaboration

Author #1
Jean Ellen Zavertnik
Virginia Commonwealth University

Author #2
Tanya A. Huff
Virginia Commonwealth University

Author #3
Alan Dow
Virginia Commonwealth University

Objectives:
1. Describe one approach to using simulation to teach interprofessional competencies
2. Recognize the effects of simulation-based instruction about communication techniques on interprofessional outcomes.
3. Identify the barriers and facilitators to implementing a nursing/medicine simulation activity.

Background: Improving collaboration among health professions is seen as vital for safer, higher quality care. In order to increase the interprofessional competency of our graduating nursing and medical students, we developed a simulation-based curriculum focused on managing critical events to teach the TeamSTEPPS concepts of leadership, communication, mutual support, and situation monitoring.

Methods: All senior nursing (n = 150) and medicine (n = 170) students participated in two, two-hour workshops focused on interprofessional teamwork around critical clinical events. During the first workshop, students were briefed about Advanced Cardiac Life Support algorithms and worked as a team through six simulated resuscitation events. Team communication was emphasized, and profession-specific responsibilities were minimized. In the second workshop, teams completed nine simulated, acute change in status patient scenarios. As cases unfolded, the students were encouraged to make clinical decisions about care and utilize effective team communication practices such as SBAR, repeat backs, and call outs. With a faculty member, students were debriefed as a team about the clinical and teamwork aspects of each case.

Results: Students evaluated the sessions with a survey containing Likert scale items linked to interprofessional and critical care competencies. Overall satisfaction with the curriculum is high with both students and faculty interested in expanding the sessions. Formal survey results will be presented at the conference.

Conclusions: A simulation-based curriculum is one feasible approach to teaching skills in critical care and interprofessional collaboration. Formal assessment data will demonstrate the effects of the curriculum on student competency. In addition, we will discuss the resources and barriers needed to implement this type of learning activity.

E11ii (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

The Name of the Game is "Let's Not Play House': An Innovative Interprofessional Education Simulation

Author #1
Sylvia Langlois
Centre for Interprofessional Education
University of Toronto

Author #2
Susan Wagner
Department of Speech- Language Pathology
University of Toronto

Author #3
Angie Andreoli
Advanced Practice Leader
University Health Network

Author #4
Vinita Arora
Leslie Dan Faculty of Pharmacy
University of Toronto

Author #5
Erica Cambly
Faculty of Nursing
University of Toronto

Author #6
Catherine Kilmartin
Faculty of Dentistry
University of Toronto

Author #7
Roxanne Power
Faculty of Social Work
University of Toronto

Author #8
Denyse Richardson
Faculty of Medicine
University of Toronto

Background: The use of simulation in healthcare training is growing, but has not been widely used in interprofessional education (IPE). Case-based scenarios with standardized patients provide an opportunity for students to apply their own professional knowledge and skill in an interactive team activity. One learning activity developed for senior learners in the competency-based IPE curriculum is a case simulation utilizing standardized patients and family members around a complex intriguing case.

Objectives:
1. To describe an innovative team-based simulation activity
2. To review the benefits of case-based simulation to promote interprofessionalism
3. To extract key learning to assist in the development of future interprofessional learning opportunities

Methods: During this 3.5 hour learning activity, students in small groups and two facilitators receive the stem of the case and work as an interprofessional team to ask for reports and test results from a health chart and an all-knowing facilitator in the room. They also have the opportunity to interview the patient and some of his friends and family in order to obtain a clearer assessment picture and consider future management. Finally students write a shared interprofessional management plan. A team debrief with facilitators and standardized patients provides feedback regarding process.

Results: Students reported improved perception of learning of the IPE core competencies as measured on pre- and post- self-assessments utilizing global rating scales linked to the IPE core competencies. In addition, evaluation results revealed positive feedback regarding the learning opportunity. Data from a focus group with facilitators also revealed the richness of simulation to help students learn communication, collaboration and critical thinking in an interprofessional environment.

Conclusion: Interprofessional education benefits from simulated learning activities that use innovative methods that make learning fun. The role of simulation in IPE requires continued development and application to determine best practices.

E11iii (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

IPE Activities: Should One Size Fit All?

Author #1
Isabelle Gaboury
Université de Sherbrooke

Author #2
Caroline Bois
Université de Sherbrooke

Numerous interprofessional education (IPE) activities have been proposed to enhance and encourage interprofessional collaboration (IPC). Trainees' needs and organizational constraints should be balanced to offer only high impact activities; however, very few IPE projects have included outcome evaluation, even lesser are articulated around essential steps to be qualified as educational scholarship. Our efforts to implement and evaluate various IPE activities have led us to question to what extent such activities should be tailored to meet trainees' needs and future practice contexts.

A multiple case study was used. Case 1: First year family medicine residents were exposed to a two-year participatory action IPE program. A needs assessment at baseline was performed with Pollard's questionnaire and a focus group about the participants' IPC definition and IPC-related challenges. Case 2: Final year trainees (physiotherapy, occupational therapy, family medicine and rheumatology) were exposed to a one-day workshop based on small group and experiential learning theories and related to four musculoskeletal conditions. Post-workshop reflexive group discussion was undertaken. Secondary analysis of those two evaluative activities was performed and emergent themes were identified. Participants' needs and evaluation of IPE activities were analysed. Pros and cons of tailoring IPE activities were discussed.

Communication skills were recognized as a central competency. IPE activities should 1) be highly context– and practice-driven, 2) focused on referral and follow-up modalities with different collaborators and within various clinical contexts, 3) include real life

challenges such as human, time, and financial resources, as well as organizational constraints. Case 1 underlined crucial influence of preceptor's role modeling. Case 2 suggested that benefits obtained from IPE activities may vary according to trainees' context.

Participatory action research is one way of tailoring IPE program efforts to balance faculty and departmental resources with trainees' needs, and consequently ensuring integration of only high impact activities in curricula.

E11iv (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

Developing Team-Based Collaboration and Communication Competency in Geriatrics: A Comparison of Face-to-Face and On-line Learning

Author #1
Sylvia Langlois
Centre for Interprofessional Education
University of Toronto

Author #2
Sylvia Davidson
Occupational Therapy
Baycrest

Author #3
Mandy Lowe
Education and Professional Development
University Health Network

Background: The aging population is having a significant impact on the health care system, where increasingly complex health problems place a demand on coordinated health services. Interprofessional education (IPE) for students prepares them to address these complex health issues.

While problems with logistics are often cited as a barrier to IPE, on-line learning is increasingly regarded as an effective strategy to mitigate this challenge. Studies have suggested that traditional face-to-face learning and on-line learning have similar effectiveness. This study explored the differences between on-line and face-to-face learning in a program teaching interprofessional practice in geriatric rehabilitation.

Objectives: To explore:
1. Differences in learnin g in synchronous on-line and face-to-face IPE
2. Student learning preferences and responses to these different learning experiences
3. Implications for future development of on-line resources

Methods: Eight videos of geriatric rehabilitation team interactions regarding assessment and goal setting, team intervention, discharge and team project planning were used in a pilot program with sixty students from eight professions. These videos and facilitator guide ensured identical learning content in each of the two sessions. Interprofessional student groups were randomly assigned to identical face-to-face or on-line facilitated learning activities, and then alternated for the following session.

Results: Results from student learning preference inventories, self-assessment of competencies through global rating scales, learning regarding issues in geriatric rehabilitation and team skills and evaluation data will be discussed. Further exploration of evaluation and student and facilitator focus group data will explore differences in learning and preferences for on-line or face-to-face interprofessional learning.

Conclusions: Although IPE often faces logistical challenges, online learning is a valuable approach to consider. The potential for further development of on-line learning tools will also be discussed.

E12i (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

VIPER Centre: Virtual Support for Educators

Author #1
JoAnne Davies
Health Sciences Education and Research Commons
University of Alberta

Author #2
Sharla King
Health Sciences Education and Research Commons
University of Alberta

Author #3
Louisa Fricker
Faculty of Nursing
University of Alberta

Learning Objectives: Participants will:
1. Experience the VIPER Centre environment
2. Explore sample resources
3. Provide feedback/suggestions for enhancements

Background: Many resources exist to support interprofessional education (IPE). However, the challenge arises in identifying easily accessible resources that can be integrated into existing learning experiences or used as stand-alone IPE opportunities. This is especially true for educators new to IPE.

VIPER is a Virtual Interprofessional (IP) Educator Resource Center for students and educators interested in integrating IP learning within existing curricula or experiences. VIPER offers practical resources that can be implemented in various ways. Each resource includes sample lesson plans to assist with implementation and examples demonstrating how the resource might be used. VIPER draws on critical existing resources and newly developed resources.

Methods: Faculty from four post-secondary institutions, practice educators and clinicians were approached to participate in a review of VIPER resources. Educators had full access to VIPER to utilize its resources. Participants completed a survey identifying the utility of the existing resources and providing suggestions for additional critical information.

Results: Early feedback about VIPER focused on improving the usefulness of the site's individual resources. Based on this feedback, every resource has been tagged with keywords relating to IP competency, intended audience, relevant environment (e.g. classroom, simulation lab), and level of student expertise attained. Each keyword has an icon associated with it, improving visual identification of relevant resources. Overall, users found VIPER a well-constructed site with useful resources.

Conclusion: VIPER has been reviewed by a limited audience, but appears to have potential for wider use. Future plans are to continue to iteratively promote, develop and evaluate VIPER. We will add resources and interactive enhancements, including enabling users to comment on resources or suggest/contribute new ones.

E12ii (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

Dissecting First-Year Students' Perceptions of Health Profession Groups: Potential Barriers to IPE

Author #1
Carolyn Giordano
Office of Institutional Research
Thomas Jefferson University

Author #2
Barret Michalec
Department of Sociology
University of Delaware

Author #3
Christine Arenson
Jefferson InterProfessional Education Center
Thomas Jefferson University

Author #4
Molly A. Rose
Jefferson School of Nursing
Thomas Jefferson University

Author #5
Reena Antony
Jefferson InterProfessional Education Center
Thomas Jefferson University

Background: Previous research has shown that health profession students enter interprofessional education (IPE) programs with negative perceptions of health disciplines other than their own, which could serve as possible barriers to engagement with interprofessional principles. This presentation will examine perceptions and attributes of students entering their education program and how they may contrast with their own and other professions.

Methods and Findings: 638 students from six different health profession programs completed the Student Stereotypes Rating Questionnaire (SSRQ) assessing their perceptions/stereotypes of their own and other health professions. Analyses show that there is a high degree of variability in how each profession is perceived by the students, but that the students, regardless of discipline (except medical students), rated their own profession the highest on almost every attribute listed.

Conclusions: The data provides evidence for the tenets of Social Identity Theory raised in the relevant literature. The authors also suggest that the lack of adequately formulated "professional-in-training" identity, as well as the formidability of anticipatory socialization, help to foster and perpetuate these stereotypes and that IPE programs have the potential to exacerbate these negative perceptions. IPE design and evaluation may need to account for and address these concerns to achieve desired outcomes in the future.

Learning Objectives: Through attendance at this session, participants will be able to:
1. Identify the perceptions and stereotypes that health profession students bring with them to their interprofessional education programs.
2. Examine how students view their own profession as well as the professions of their fellow students.
3. Discuss employing social identity theory (SIT) to better understand varying perceptions among health profession students in IPE
4. Discuss the impact of anticipatory socialization, a concept that has not yet been fully discussed in the IPE literature.

E12iii (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

A Geriatric Standardized Patient Exercise Teaches Interprofessional Teamwork Skills

Author #1
Maria A. Wamsley, MD
Department of Medicine
University of California, San Francisco

Author #2
Michi Yukawa, MD
Division of Geriatrics
University of California, San Francisco and San Francisco VA Medical Center

Author #3
Josette Rivera, MD
Division of Geriatrics
University of California, San Francisco

Author #4
Susan Hyde, DDS, MPH, PhD
School of Dentistry
University of California, San Francisco

Author #5
Janelle Christman, MSG
School of Pharmacy
University of California, San Francisco

Author #6
Amber Fitzsimmons, MS
Department of Physical Therapy
University of California, San Francisco

Author #7
Alice Gahbauer, MS
School of Pharmacy
University of California, San Francisco

Author #8
Alison Scheid, PT, DPT, OCS, NCS
Department of Physical Therapy
University of California, San Francisco

Background/Rationale: Recently published competencies for interprofessional collaborative practice highlight the need for innovative curricula to teach these skills. Geriatrics incorporates interprofessional collaborative care and provides an ideal opportunity for interprofessional education. We previously implemented an interprofessional standardized patient exercise (ISPE) for

multiprofessional learners. The ISPE improved student attitudes towards interprofessional care, enhanced knowledge of health care provider (HCP) roles and increased student confidence in working with other HCPs. We modified the ISPE to focus on geriatric care as a model for interprofessional collaborative care.

Methods/Methodology: We created the case of "Elsie Smith" a geriatric standardized patient (SP) with complex chronic medical conditions. During the 4-hour exercise, students from the schools of Dentistry, Medicine, Nursing, Pharmacy, Physical Therapy, Social Work and Nutrition were divided into interprofessional teams. Each student interviewed the SP while team members observed. The team then gathered to develop a care plan. The exercise concluded with a faculty-led debrief in which students reflected on their experience. We surveyed students and faculty about their satisfaction with the ISPE and perceived achievement of objectives.

Results: Multiprofessional learners (n=261) participated in the ISPE. Students reported learning about the roles of other HCPs (mean=5.22 on a 6-point scale, SD=.96), increased comfort in working in interprofessional teams (mean=4.99, SD=1.04) and would recommend the exercise to fellow students (mean=5.09, SD=1.05). Faculty (n=47) reported that the ISPE enhanced student understanding of the HCPs roles (mean=5.81, SD=.40), increased collaboration between HCP students (mean=5.64, SD=.57) and would recommend the exercise for students in their profession (mean=5.96, SD=.20).

Conclusions: We successfully developed and implemented a geriatric ISPE for multiprofessional students which was well received by student and faculty participants. A geriatric ISPE provides an ideal opportunity to teach the Interprofessional Collaborative Practice Competencies, particularly in the roles/responsibilities, communication, and teamwork domains.

Learning Objectives:
1. Recognize that the field of geriatrics provides an ideal opportunity for teaching interprofessional collaborative care competencies
2. Describe the process of designing and implementing an interprofessional standardized patient exercise
3. Discuss the benefits of an interprofessional standardized patient experience

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E12iv (20-minute Oral Paper Presentations; Presentation Theme: Simulation/Technology & Curriculum)

Partnering with Practice Leadership Teams to Enhance a University Interprofessional Course

Author #1
JoAnne Davies
Health Sciences Education and Research Commons
University of Alberta

Author #2
Sunita Vohra
CARE Program for Integrative Health and Healing
Dept. of Pediatrics, University of Alberta

Author #3
Anastasia Kutt
CARE Program for Integrative Health and Healing
Dept. of Pediatrics, University of Alberta

Author #4
Sandra Woodhead Lyons
Institute for Continuing Care Education and Research

Author #5
Dawn Ansell
Interdisciplinary Simulation Centre
Faculty of Health Studies, NorQuest College

Learning Objectives
1. Describe the partnership process used to develop specialized Interprofessional (IP) course streams
2. Provide example course curriculum overviews
3. Discuss evaluation results
4. Explain future course plans

Background: A dozen programs on a university campus collaborate to offer a mandatory, multi-section course on IP Health Team Development, taken simultaneously by over a thousand students. The students work in small IP teams, learning effective team processes and building IP competencies (communication, collaboration, role clarification, reflection, patient-centered care).
During the past two years the course has been enhanced by creating several "streams", each providing exposure to a particular practice context (Complementary and Alternative Medicine, Continuing Care, 5 others). The course coordinator works with leadership teams who develop/coordinate each stream; the process includes collaboration between institutions and between educational and

practice environments. Students optionally indicate stream preferences prior to the course. Several traditional sections of the course are also still offered.

Methods: Data on student satisfaction was gathered via online and written surveys. Section facilitators provided feedback via surveys and small group discussions. Course coordinators and stream leadership teams collaborate on the evaluation, including observation of classes throughout the term. Analysis includes comparisons of streams and traditional course sections.

Results: Stream requests exceed available seats, indicating high student interest. Students and facilitators are very satisfied with the streams and generally prefer them over the generic course.

Conclusions: The 2012 pilot was a success and was expanded with 3 new streams for 2013 and some streams increasing student caps. Plans are to continue expanding the number of streams and to include students from other institutions/additional disciplines. By partnering with the stream leadership teams, it is possible to provide more in-depth exposure to particular practice environments and more authentic experiences than is possible with the traditional course.

Concurrent Breakout Sessions F

F1 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

Facilitating Case-based Interprofessional Education

Author #1
Victoria S. Kaprielian, MD
Campbell University

Author #2
Patricia M. Dieter, MPA, PA-C
Duke University

Author #3
Betsy Melcher, MS, ATC, MHS, PA-C
Duke University

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

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

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

Learning Objectives: By the end of this session, participants will be able to:
1. Describe at least 3 models for interprofessional educational activities with health professions learners.
2. Discuss common obstacles to implementation of interprofessional learning activities, and identify strategies to address them.
3. Design a clinical case for use with at least 3 disciplines of health professions learners