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InterProfessional Education and Care Newsletter

From the Editors

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Winter 2009-2010

Inside this issue:

**Advanced Physical
Diagnosis: An Innovative
Interprofessional
Approach for Teaching
Clinical Skills to
Senior Medical Students**
2

**An Innovative
Interprofessional Course:
Cultural Humility
and Competence**
3-4

**Interprofessional Geriatric
Education: Team-based
Care for Chronic Conditions**
4-5

Calendar of Events
6

Welcome to this inaugural edition of the Jefferson InterProfessional Education and Care Newsletter. We are delighted to launch this new vehicle to share the exciting programs advancing interprofessional care and education that are happening here at Jefferson and beyond. The Newsletter will be a biannual on-line peer-reviewed publication, which will showcase a range of innovative courses, experiential, simulation, and clinical instruction, and new models of team-based care, all designed to enhance the ability of the healthcare team to meet the mandates of the Institute of Medicine to provide safe, effective, efficient, equitable, timely, patient-centered care.¹ Interprofessional team-based care has been widely accepted as a key element to a re-designed health-care system; however, evidence for the true effectiveness of interprofessional collaborative care, and the educational interventions that support it, is lacking.^{2,3} We hope this Newsletter will serve as one forum for bringing promising new strategies to your attention as they are developed.

We have adopted the Center for the Advancement of Interprofessional Education definition of interprofessional education, which occurs “when two or more professions learn from, with and about each other to improve collaboration and the quality of care.”⁴ In this edition, you will learn about bringing physical and occupational therapy faculty to an advanced physical diagnosis course for medical students to improve physicians understanding of the role, scope of practice, and appropriate referral to physical and occupational therapy (Berg, et. al.). Chernett and colleagues describe an exciting interprofessional course in cultural humility and competence, an issue that impacts every health professional’s ability to provide patient-centered care. Finally, a unique team-based approach to creating interprofessional didactic and clinical skills curriculum in geriatric care is described by Hsieh et. al.

We hope you enjoy this first edition of the Jefferson InterProfessional Education and Care Newsletter. We welcome your feedback, contributions and suggestions for future editions.

Christine Arenson, MD
Molly Rose, RN, PhD
Co-Editors

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Advanced Physical Diagnosis: An Innovative Interprofessional Approach for Teaching Clinical Skills to Senior Medical Students

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Background: Physical examination remains a centerpiece in medical education teaching. There is, however, little formal medical education that introduces the differences in goals and perspectives of other health professions, such as occupational and physical therapy, inpatient examination and treatment. We developed a pilot innovative curricular module, nested in a preexisting advanced course to teach senior medical students the role of occupational therapy (OT) and physical therapy (PT) by way of a patient simulation activity in the context of a multidisciplinary examination and evaluation. This innovative teaching strategy assists medical students in making appropriate referrals for rehabilitative care.

Methods: This one-month Advanced Physical Diagnosis course for senior medical students is an elective offered 3 times per year. It consists of 20 separate symptom-based modules of physical examination teaching. Each 4 hour teaching module consists of a didactic review of the basic exam, a context of history, a description and demonstration of more advanced techniques followed by a demonstration of pathologic outcomes using standardized and simulated patients.¹ For one module, a videotape was created of an actual patient with Parkinson's disease being examined by an MD, an OT and an PT. After a brief lecture describing the scope of practice for each of these three professions under the World Health Organization (ICF) Model² medical students watched the videotaped examination and evaluation sessions. The interprofessional team of faculty (including MD, OT and PT) led a discussion comparing and contrasting focus and intent for each of these patient evaluations. A pre and post survey of knowledge about OT and PT was given to the medical students to assess the impact of the 4-hour session on medical students' knowledge about the roles and perspectives of OT and PT.

Results: A total of 23 students participated in the module. Twenty three pre survey and 16 post survey responses were collected and analyzed. Prior to the course, 100% of the medical students had heard of both physical and occupational therapy. Students also identified a total of 7 broad areas of focus for a physical therapy intervention and 7 for occupational therapy intervention. Examples were strengthening muscles, improving gait, improving gross motor function (PT) and increasing ADLs, improving fine motor function and increasing coordination (OT).

At the end of the class, students identified 8 additional areas of focus for physical therapy (i.e. cardiopulmonary and lung capacity, trunk mobility, transfers); 5 for occupational therapy (i.e. cognition, driving, lifestyle adaptation); and 9 areas that could trigger a referral for both therapies (i.e. weakness, safety). A review of the responses on the post class survey indicated that the medical students learned specific issues that would trigger a referral to either therapies. For example, students identified the following triggers for referral: general or localized weakness, trouble with memory, patient unable to do things they used to enjoy and cognitive assessment.

Conclusions: This interprofessional education session, employing a case-based videotape, was successful in illustrating to senior medical students the roles of OT and PT in patient management, and in increasing their awareness of the types of patient problems that would warrant referral for OT and PT services. The team is developing learning activities for future modules for medical students to teach the role of occupational and physical therapies in interprofessional health care.

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An Innovative Interprofessional Course: Cultural Humility and Competence

Chernett NL, Yuen E, Toth-Cohen S, Simmons R

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Jefferson School of Population Health
Thomas Jefferson University

As we tackle the disproportionate burden of chronic illness and access to quality health care of an increasingly diverse population, it is critical to infuse cultural and linguistic competence in all sectors of health care training.¹ To reach the Healthy People 2020 goal of eliminating health disparities, health and human services education must provide the knowledge and experience to understand the root causes of health disparities, as well as strategies to advance ongoing cultural and linguistic competence.²

In 2007 an interprofessional team of four faculty at TJU came together to develop an inter-disciplinary course entitled “Cultural Humility and Competence in Health Professions and Population Health” to advance this critical need.* Given the diversity of student schedules, we designed a course which would be accessible to students across disciplines and schools. The three credit “hybrid” course included both on-line and in-person classes to provide flexible scheduling.

Course Description

The aims of this course were to 1) provide students with an in-depth and advanced understanding of cultural diversity, health disparities and cultural competence; and 2) facilitate students’ ongoing development and application of cultural competence in themselves and their work environments.

Overarching topics included 1) **Diversity of and Health Disparities** experienced by racial / ethnic minorities and other disadvantaged groups. 2) **Students’ self-reflection** on personal values, beliefs and behaviors; 3) **Application to Practice**, exploring standards of care, health communication, health literacy and patient-provider partnerships.

The online curriculum included discussion boards in which students interacted with their peers and faculty on class assignments, and a reflective blog that chronicled their personal journeys. Primary course assignments required students to 1) design a health program for vulnerable population/s which incorporated culturally and linguistically sensitive approaches; and 2) develop personal and organizational plans for ongoing professional growth in cultural and linguistic competency.

Course Results

The course was piloted in Fall 2008 and offered again in Fall 2009. Ten graduate students, representing three disciplines (6 OT, 3 MPH and 1 PT) completed the Fall 2008 course; twelve students completed the Fall 2009 course (4 OT, 6 MPH and 2 MD/MPH). Based on 2008 student evaluations, we increased opportunities for student-to-student and student-to-faculty interactions in the Fall 2009 course by replacing four asynchronous classes with three synchronous group sessions and one additional in-person class.

Students from both years reported that the course enhanced their knowledge of cultural diversity and health disparities and the importance of humility in provider/patient communication as well as the value of being exposed to the professional perspectives of colleagues from other disciplines. The hybrid on-line formats provided students opportunities to read widely, discuss issues, build trust with their peers and deeply explore personal values. The Professional and Organizational Competence Plan assignments in the later part of the course afforded opportunities to apply new awareness, knowledge and skills that will positively impact their future practice in health and human services. These perspectives are well illustrated in student blogs:

“What I really got out of [course materials] was to listen . . . take time to reflect why people believe what they believe.” (Master’s OT, 2008)

“I have become more able to examine the cultures which I am a part of, particularly the medical culture, something I wish to always be cognizant of even when I become immersed in it in the future.” (MD/MPH, 2009)

“This perspective has broadened my focus...to looking at programming for cultural groups and possibilities for systems change.” (OTD, 2009)

In conclusion, though considerable time was required of faculty over two years for on-line curriculum development and meeting the challenges of an interprofessional course, our experience supports the conviction that acquiring cultural competency is a process that requires ongoing engagement in self-reflection and development of sensitivity and acceptance of individual differences to enhance communication among patients, providers and community members.³ Giving interprofessional students the opportunity to engage together to develop these attributes and reflective skills is critical to working in the community to improve health and the provision of empathetic, quality health care to all patients and may ultimately help to reach our goal to eliminate health disparities.

* Course development was supported in part by “In Touch: Mind, Body & Spirit” (NIMH# R24 MH074779, LN Gitlin, PhD, principal investigator) Jefferson Center for Applied Research on Aging and Health.

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Additional Resources

Health Resources and Services Administration. US Department of Health and Human Services. Transforming the Face of Health Professions through Cultural and Linguistic Competence Education: The Role of the HRSA Centers of Excellence. <http://www.hrsa.gov/culturalcompetence/curriculumguide/>

Curriculum in Ethnogeriatrics, 2nd Edition

Stanford Geriatric Education Center, 2001, <http://www.stanford.edu/group/ethnoger>

The core curriculum modules were developed to serve as a basic generic curriculum in ethnogeriatrics. The 2001 version includes comprehensive coverage for individual ethnic populations of elders in the United States to be used as companion for with the Core Curriculum.

National Standards on Culturally and Linguistically Appropriate Services Final Report. US Department of Health and Human Services, Office of Minority Health.

<http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf>. Published March 2001, Accessed June 12, 2009.

Unnatural Causes, California Newsreel

This seven-part series was developed by the documentary film company, The California Newsreel. It was shown on public television in the spring of 2008. The seven segments highlight the social determinants of health of a range of populations in the U.S. including African Americans, Latino/as, Asian/Pacific Islanders, and Native Americans. The introductory segment is 55 minutes in length and the other six segments are 28 minutes in length. The series is an excellent learning resource for all those in the public health and health care professions. Thomas Jefferson University has purchased a license for the entire series so it can be viewed on one's personal computer and/or shown in classroom settings. It is available to all Jefferson faculty and students via their campus key at http://jeffline.jefferson.edu/Collections/DVDs/unnatural_causes/.

Interprofessional Geriatric Education: Team-based Care for Chronic Conditions

Hsieh C, Arenson CA, Waddell-Terry, T
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Jefferson Medical College

The Eastern Pennsylvania-Delaware Geriatric Education Center (EPaD GEC) mission is to provide interprofessional geriatric education in Northeast and Southeast Pennsylvania and Delaware. EPaD GEC consortium members (Thomas Jefferson University (TJU), Christiana Care Health System (CCHS), Marywood University (MU) and Philadelphia Senior Center (PSC)) are committed to improving the health and quality of life of older adults and their caregivers by translating new evidence and innovative practice models into practical curricula and programs. One of our educational goals is to develop a structured curriculum on geriatric topics that can be integrated into the educational curricula of multiple health disciplines.

The GEC steering committee is comprised of faculty from disciplines: medicine, nursing, social work, pharmacy, occupational therapy, physical therapy, public health, physician assistant and gerontology. Members of this steering committee are involved in developing, implementing and evaluating curriculum on specific geriatric topics which is then posted on the EPaD GEC website, including management of chronic conditions, depression and palliative care. The curriculum for each topic will contain a didactic component (teaching slide sets and web-based self study modules) and a clinically relevant, interactive interprofessional geriatric clinical skills experience. Interprofessional, patient-centered management of chronic conditions is the first topic for which a complete set of educational resources and curriculum, including slide sets, innovative web modules and an interprofessional clinical skills scenario has been fully developed, tested and made available for use by educators from within and beyond the EPaD GEC consortium.

The process of developing the curriculum for managing chronic conditions began with the steering committee meeting initially to identify and develop content areas relevant to all disciplines in chronic illness care. Discussions regarding content areas reflected the differences in practice and guidelines for each professional discipline. The varying levels of knowledge of the learners in each discipline also had to be considered when developing interprofessional curriculum. Five subheadings were ultimately agreed on by all disciplines in the chronic care curriculum: (1) Effective interprofessional teams in the management of chronic conditions, (2) Evidence-based management in chronic conditions, (3) Caregiver and family support, (4) Self-management of chronic conditions and (5) Social issues in the management of chronic conditions. The steering committee group subsequently divided into small groups (2-3 people) to work together to develop slide sets for each subheading. An interprofessional working group reviewed all the slide sets to ensure that the contents were consistent, non-duplicative and relevant to all disciplines. The final slide sets were approved by the EPaD GEC Steering Committee. Slide sets were then translated into interactive web-based self study modules by Academic and Instructional Support and Resources (AISR) of TJU. The chronic conditions slide sets/web modules emphasize the importance of each health care team member including the patient and caregiver. Case studies are used within the modules to illustrate the roles of various health care members and the importance of working as a team and focusing on patient-centered care.

Outcomes being measured are the number of learners who complete the modules, including their level of training and professional discipline, and their evaluation of the modules. Pre- and post-test questions were developed to test learner knowledge and understanding of the content of the modules. Students, including geriatric fellows and family medicine residents, medical, nursing, pharmacy, OT, PT and social work students have rated the modules highly and confirmed their value in understanding patient-centered, team-based care of the older adult with complex comorbid illnesses.

After completion of the didactic modules, a new interprofessional working group was constituted, including representation from most of the clinical disciplines trained at EPaD GEC consortium institutions, and including experts from the Jefferson University Clinical Skills and Simulation Center to develop and pilot an interdisciplinary team-based clinical scenario. Tasks included adapting the evaluation checklist used by standardized patients and faculty to reflect key elements of team interaction and team-based, patient centered care; training standardized patients to use the new checklist to evaluate the team, as opposed to individual clinicians; and crafting a robust clinical scenario which requires input from multiple members of the healthcare team, patient and family for best outcomes.

The clinical skills scenario follows an active older woman admitted for an acute stroke. A video demonstrating the roles of various health professionals in the early evaluation and management of the patient serves to remind students of the importance of working together as a team, and demonstrates the

degree of impairment and rehabilitation needs of the patient. After viewing the video, an interprofessional group of students reviews the patient “chart” and participates in a 15 minute session to share information among the professions and plan the discharge planning meeting. The student team then meets with the patient and adult child for 20 minutes to review the current status and prognosis, make recommendations and plan the next steps in the patient’s care. Students then debrief with each other, faculty observers and the two standardized patients (patient and daughter). Evaluation of the pilot was extremely positive in all aspects, with all participants (standardized patients, faculty, and students from medicine, nursing, OT, PT and pharmacy) stating this was a very valuable teaching/learning experience and requesting participation in additional similar sessions.

There are many challenges to developing interdisciplinary curriculum including differing academic schedules, individual accountability and clinical responsibility and discipline-specific expectations of professional education. Other challenges include understanding the differences in culture, practice, licensing and guidelines for each of the professions, varying levels of knowledge of the learners in each discipline, identifying appropriate opportunities to incorporate the modules in training and obtaining continuing education credits for varied professionals.

Despite the challenges, addressing the priorities for interdisciplinary education is important. Working together in these interprofessional teams allow for collaborative and creative problem solving. It also improves faculty interaction among various disciplines and has led to other collaborative efforts. Most importantly, the diversity of knowledge, skills and experience enriches the educational product. The chronic conditions educational materials and other interprofessional geriatric education resources can be accessed via the EPaD GEC website <http://epadgjec.jefferson.edu>.

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Jefferson InterProfessional Education Center cordially invites you to
InterProfessional Care for the 21st Century:
Redefining Education and Practice

Save the Date & Call for Abstracts

Friday, March 12 and Saturday, March 13, 2010
Dorrance H. Hamilton Building
1001 Locust Street, Philadelphia, PA

jeffline.jefferson.edu/jcipe/2010Conference



THOMAS JEFFERSON UNIVERSITY

Our conference will develop knowledge and skills leading to new and innovative approaches for interprofessional education and care. Educators, clinicians, researchers, policymakers, and other interested stakeholders in the health and social services arena should attend.

Friday, March 12 * 4p.m.—7p.m.

Keynote Speaker: Joan Weiss, PhD, RN, CRNP

*Director, Division of Diversity and Interdisciplinary Education
Health Resources and Services Administration*

Saturday, March 13 * 8:15a.m.—3:15p.m.

Keynote Speaker: Madeline Hubbard Schmitt, PhD, RN, FAAN, FNAP

Professor Emerita, Professor of Nursing, University of Rochester

Jefferson Medical College of Thomas Jefferson University is accredited by the ACCME to provide continuing medical education for physicians. Thomas Jefferson University Hospital is an approved provider of continuing nursing education by the PA State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is eligible for ACPE credits; see final CPE activity announcement for specific details.

Continuing Education Hours: The Department of General Studies at Thomas Jefferson University awards certificates indicating Continuing Education Hours earned by verified conference attendance. Use of these hours is left to the discretion of the receiving agency.

Calendar of Events

Health Mentors Program —

Faculty needed for the Health Mentors Small Group Sessions on March 15 and April 19, 2010.

Please contact Reena Antony at Reena.Antony@jefferson.edu.

American Interprofessional Health Collaborative (AIHC)

Steering Committee Meeting is scheduled for Thursday, March 11th & Friday, March 12th, 2010 on Jefferson's Campus. The American Interprofessional Health Collaborative will hold their meeting in conjunction with the JCIPE 2010 conference. The registration for the AIHC Conference

on March 11-12, 2010 in Philadelphia is now open. Please go to this link to register: <http://www.ipe.umn.edu/reg/philly.shtml>

InterProfessional Education and Care Practicum

All interested TJU/TJUH Faculty and Staff are invited to register for the 2010 JCIPE Mini-Fellowship Program. Fellows will attend 4 sessions (March 10th, March 24th, March 31st, and April 14th) to gain specific skills in IPE development, finding an IPE teaching team, computer-assisted technologies, learning objectives and evaluations. Participants will also have one-on-one mentoring from JCIPE faculty to

develop their own IPE project. Program completers will be eligible for up to \$1,000 to support IPE project implementation costs. For more information contact Cassie Mills at Catherine.Mills@jefferson.edu or visit the <http://jeffline.jefferson.edu/jcipe/>.

InterProfessional Education and Scholarship Seminar Series with a Wine and Cheese Reception on May 13, 2010 from 4 to 5:30 pm.

“Evaluation of Clinical Skills/ Simulation Lab”

Dale Berg, MD and Katherine Berg, MD
Co-Directors, Clinical Skills and Simulation

Jefferson InterProfessional Education Center

<http://jeffline.jefferson.edu/jcipe/>



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