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# Interprofessional Education and Care Newsletter

## From the Editors

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**Summer 2011**

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Welcome to the latest edition of the Jefferson Interprofessional Education and Care Newsletter. We are pleased to describe the launch of two reports essential to interprofessional education and practice in the United States that occurred on May 11, 2011: *Core Competencies for Interprofessional Collaborative Practice* and *Team-Based Competencies, Building a Shared Foundation for Education and Clinical Practice*. The first report, *Core Competencies for Interprofessional Collaborative Practice*, was produced by an expert panel convened in 2009 by the Interprofessional Education Collaborative (IPEC), a unique partnership of six associations - the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, and the Association of Schools of Public Health. The panel proposed four domains of core competencies needed to provide integrated, collaborative, high-quality, cost-effective care to patients within the nation's current, evolving health care system. The four domains are values and ethics of interprofessional practice, leverage of the unique roles and responsibilities of interprofessional partners, communication with patients, families, communities and other health professionals, and team based care to deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable. The panel also identified 38 specific sub-competencies that describe the essential behaviors across the four domains. We are thrilled to report that Jefferson's Health Mentors Program was cited in the report as an exemplar of interprofessional learning activities. The second report, *Team-Based Competencies, Building a Shared Foundation for Education and Clinical Practice*, was the result of a conference sponsored by the Health Resources and Services Administration, the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, and the ABIM Foundation in partnership with IPEC. The meeting, held in February 2011, brought together more than 80 leaders from various health professions to preview the core competencies presented by IPEC, and create action strategies that would use them to "transform health professional education and health care delivery in the United States." Recommended action strategies include dissemination of the core competencies to key stakeholders - academic deans, policymakers, and health care leaders; launch of an education campaign that makes the critical link between collaborative health care teams and providing high-quality, safe, and cost-sensitive treatment; preparation of faculty for teaching students how to work effectively as part of an interprofessional team; development of metrics for interprofessional education and collaborative care to help advance team-based competencies in teaching and practice; and forging partnerships among the academic community, health care providers, and government agencies to advance interprofessional education. The articles within this newsletter are examples of interprofessional activities that clearly fall within the newly developed U.S. core competencies.

Molly A. Rose, RN, PhD  
Christine A. Arenson, MD  
Editors

# Selected Interprofessional Activities at the University Clinical Skills & Simulation Center

**John Duffy**  
Jefferson School of Nursing

Interprofessional simulation has been a mainstay of a Jefferson education for almost a decade. Since the opening of the Hamilton Building in 2007, opportunities for interprofessional simulation have grown exponentially at the University. In response to this rapid growth, an Interprofessional Simulation Curriculum Committee (ISCC) was established by Dr. Michael Vergare, Senior Vice President of Academic Affairs in 2010. Committee members include representatives from nursing, medicine, occupational therapy, physical therapy, and pharmacy. The overarching goal of the ISCC is to promote and support the development of interprofessional education via simulation as a teaching/learning strategy for faculty and students on campus. To achieve this goal, the committee offers both individual consultation, as well as faculty development programs.

At Thomas Jefferson University's (TJU) fall faculty development seminar in October 2010, the ISCC presented *The Use of Simulation in Health Sciences Education*. This presentation included a trigger film on the collaboration of a multidisciplinary code team. The film has since been incorporated into many teaching plans and is being used by students across disciplines to showcase a collaborative effort that incorporates role identification, skill acquisition, and clear communication techniques in a simulated clinical backdrop of a patient experiencing cardiopulmonary arrest.

In December 2010, at the close of the fall semester, 300 interprofessional students from couples and family therapy, nursing, medicine, occupational therapy, physical therapy, and pharmacy participated in the program, *Communication Skills in Family Centered Care: What Do You Bring to the Table?* This program highlighted many of the teaching modalities used at the UCSSC. It included the use of a UCSSC produced trigger film and short film clips, live presentation by faculty, small interprofessional group discussions led by faculty, and a simulcast presentation of a family meeting using standardized patients who emerge from the screen to conduct an open panel discussion. Student evaluations of this program were positive, indicating that the session was valuable, and heightened their awareness of the importance of interprofessional communication among team members in the area of family centered care.

In spring 2011, the occupational therapy department repeated an interprofessional simulated learning activity in which students from occupational therapy, medicine, nursing, and pharmacy participated in a discharge planning scenario (developed by the Eastern Pennsylvania-Delaware Geriatric Education Center\*). The physical therapy department in collaboration with nursing and medicine challenged their students with simulation scenarios on cardio-pulmonary assessment, GI bleed emergencies, and safe transfer

techniques for critical care patients. In addition, the physical and occupational therapy departments offered a workshop for senior medical students in the 4<sup>th</sup> year course, *Advanced Physical Diagnosis (APD)*. This workshop provided the learners with a skill set in physical assessment directed to patients who are at high risk for falling. This interprofessional component of the APD course, now offered for its second year, complements students' physical examination skills.

Through collaborative efforts among faculty, the following interprofessional simulations are in the planning stages. First, combining OB/GYN medical students with BSN nursing students in infant delivery scenarios using the human birthing simulator (Noelle). A second opportunity is joining up first year medical students and second degree nursing students from the Facilitated Academic Coursework Track (FACT) program to introduce quality and safety techniques such as Situation-Background-Assessment-Recommendation (SBAR) and Team Strategies and Tools to Enhance Performance and Patient Safety (Team STEPPS).<sup>1-2</sup> The SBAR technique provides a framework for communication between members of the health care team about a patient's condition and Team STEPPS is an evidence-based teamwork system to improve communication and teamwork skills among health care professionals.

Creating healthy interprofessional team experiences early in students' education fosters a diversity of professional knowledge.<sup>3</sup> Healthcare education at TJU is indeed at a very exciting time in its history.

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2. Agency for Healthcare Research and Quality (AHRQ). TeamSTEPPS Implementation. <http://teamstepps.ahrq.gov/index.htm>. Accessed April 3, 2011.
3. Hager M. Enhancing Interactions between Nursing and Medicine: opportunities in Health Professional Education. New York: Josiah Macy, Jr. Foundation; 2001:11-34.

\*The project described was supported by Grant Number D31HP08834 from the Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Health Resources and Services Administration Department of Health and Human Services (HHS).

# Providing for the Medical and Social Needs of Newly Resettled Refugees in Philadelphia

Amy Szajna<sup>1</sup>, Marc Altshuler<sup>2</sup>, Kevin Scott<sup>2</sup>

<sup>1</sup>Jefferson School of Nursing

<sup>2</sup>Jefferson Family Medical Associates

According to Office of Refugee Resettlement (ORR) data, Pennsylvania received 2,155 refugees during the 2009 fiscal year.<sup>1</sup> The primary countries of origin of these refugees were Burma, Bhutan, and Iraq. The number of refugees who resettled to Philadelphia County in 2009 totaled 597 persons. The nationalities of the refugees who resettled to Philadelphia County are representative of state statistics.<sup>2</sup>

Jefferson Family Medicine Associates (JFMA), upon initiating a partnership with the Nationalities Service Center (NSC), began providing refugee health assessments in September 2007. JFMA providers has access to routine vaccinations, medical examinations, urgent care, and management of chronic conditions. Since 2007, JFMA has provided medical care to 625 refugees with approximately 250 new patients seen and approximately 1,200 total visits annually. The refugees who receive medical care at JFMA often have complicated health problems that require extensive management, patient and family teaching, and continued follow-up care. The medical diagnoses most commonly addressed include latent tuberculosis, hepatitis B, hypertension, diabetes, hyperlipidemia, asthma, mental health conditions including Post Traumatic Stress Disorder, periodontal disease, and a wide array of ophthalmic problems. Examples of less common diagnoses requiring continued services at JFMA or referral to specialists include malaria, HIV, hepatitis C, parathyroid adenoma, rheumatic heart disease, and ventricular septal defects.

Due to the numerous medical, cultural, and linguistic complexities of the JFMA refugee patient population, the need for other services is extensive. For example, physicians at JFMA identified that their refugee patients need additional assistance in accessing primary care, navigating through the American healthcare system, and adjusting to American cultural and societal norms. Specifically, needs include, but are not limited to, assistance with scheduling medical appointments, education on the proper utilization of prescriptions, accompaniment to diagnostic testing procedures, diet and nutrition teaching, home safety evaluations, and assisting refugees to understand their medical diagnoses within the framework of their cultures.

In the fall of 2010, JeffREP (Refugee Education Partners) was started as an extension of the student interest group, Refugee Health Partners. The goal of JeffREP is to identify refugee families who have difficulty adjusting to life in the U.S., with the hope of assisting in their transition for self-sufficiency and independence. Many of the original families identified also had complicated medical conditions that made their transition to the U.S. more challenging. Some of the activities of

JeffREP include assisting with school enrollment, arranging transportation to healthcare visits, and acting as their individualized healthcare navigator. This unique group has not only provided the refugees with the necessary assistance that they need on a daily basis, but it has given the students the first-hand experience of learning how to navigate “life” through the eyes of a foreign-born patient.

The medical and social needs of the refugee population are complex and could benefit from input from numerous professions. Thomas Jefferson University implements interprofessional educational programs in various formats on campus. The authors are collaborating to further develop an interprofessional approach to refugee health within the university to prepare students for their future practices that may include refugee populations or those with varied cultural backgrounds. Strategies to include students from the Jefferson Medical College and Schools of Nursing, Pharmacy, Health Professions, and Population Health would provide an opportunity for students to gain an appreciation of a notoriously vulnerable population while working together within an interprofessional framework.

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## Developing a Tool to Assess Students' Attitudes toward Chronic Illness

Jon Veloski  
Jefferson Medical College

The goals of many interprofessional programs involve changing students' attitudes. Jefferson Attitudes toward Chronic Illness Survey (Jefferson CIS), which has been used to assess the attitudes of perceptions toward chronic illness care of nearly 2,000 Jefferson students since 2007, provides a case study of some of the best practices used to develop a credible tool to evaluate attitudinal change following curricula designed to improve chronic illness care skills. Previous work demonstrates that health professionals and students often report negative biases towards care of those with chronic illness or disability.<sup>1,2,3</sup> Although the details are available elsewhere,<sup>4</sup> the following highlights key methods and representative findings from the initial validation study for the Survey.

Content validation and pre-testing provided a firm foundation for the Jefferson CIS. After our review of the literature confirmed that no suitable instrument was already available, one of our co-investigators who is a nurse prepared a rough draft of questionnaire items inspired by the literature. She also talked with a sample of faculty, residents, and students in primary care. She probed their experiences with chronic illness, asking them to express in their own words their personal thoughts about their patients. A panel of faculty in family medicine, internal medicine, geriatric medicine, nursing, pharmacology, and occupational therapy shaped her draft further. After pilot testing on a sample of students, the final version of the four-page Survey included 5 short-answer and 35 Likert-scale items.

Quantitative analysis provided valuable information about the validity of scores based on the Survey's Likert-scale items. After administering it to 704 freshmen and seniors in medicine and nursing in the spring and fall of 2007, we used correlation coefficients and principal components factor analysis to probe relationships in their responses.

We found one important factor comprising items such as "I enjoy working with patients' families," "I value the development of long-term relationships with my patients," and "I try to understand how it must feel for someone to have to live with a chronic illness." We used inferential statistics to examine cross-sectional differences on this factor, which was named "Personal Interest in Patients." Significant differences between the freshmen and seniors in both medicine and nursing in this initial cross-sectional study revealed that both groups on average tend to lose

study revealed that both groups on average tend to lose personal interest in patients and other survey questions related to chronic illness during their education. This supported the validity of the Survey because this trend is similar to patterns for related constructs such as patient empathy.<sup>5</sup>

Qualitative analysis of several short-answer items provided further support for the Survey's validity. One item asked students to list a few words that come to mind when caring for someone with a chronic illness. Content analysis identified 158 unique terms used in their responses, which we classified either as "Constructive/Supportive" reactions to chronic illness versus "Discouraging/Pessimistic." Constructive/Supportive responses included professional clinical responsibilities or positive emotions - "aggressive treatment," "patience," "compassion," "empathy," "understanding," "love," "hopeful," "caring," and "perseverance." Discouraging/Pessimistic responses included pragmatic realities and negative emotions, including "costly," "thankless," "frustrating," "exhausting," "sad," and "tiring." Students were classified as Supportive or Discouraging based on the majority of their words.

Overall, 47% of the students were classified as Constructive/Supportive, and 30% were classified as Discouraging/Pessimistic. The remaining 23% used a mix of Constructive/Supportive and Discouraging/Pessimistic words. We calculated mean scores on the Personal Interest in Patients factor identified in the quantitative analysis for the students classified as Constructive/Supportive and those classified as Discouraging/Pessimistic. The mean for students classified as Constructive/Supportive was significantly higher than the mean for those classified as Discouraging/Pessimistic. This provided cross-validation for the quantitative and qualitative parts of the Survey.

When asked to estimate the national cost of chronic illness, most students underestimated its economic impact. While the absolute accuracy of the frequently cited value of 75% of U.S. health expenditures<sup>6</sup> is debatable, the students' average estimates of between 30% and 50% indicate that the vast majority of the estimates made by the students in this study were low in relation to widely held beliefs about the relative cost of chronic illness.

Implications: This study provided initial data on the validity of this evaluation tool. It also provided a baseline



assessment for graduates and new students in anticipation of curricular changes related to chronic illness. Since 2007 the Survey has been administered to students throughout the University at matriculation, end of year-1, end of year-2 and at graduation. It serves as one component of the longitudinal evaluation of outcomes for students in Jefferson's Health Mentors Program and other interprofessional initiatives.

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6. DeVol R, Bedroussian A. An unhealthy America: The economic burden of chronic disease. The Milken Institute. Santa Monica, CA, 2007.

## Announcements

### **Congratulations to JCIPE's Spring 2011 Interprofessional Education and Care Practicum Pilot Award Recipients:**

1. Rickie Brawer, PhD, James Plumb, MD, MPH, Neva White, MSN, CRNP, CDE, Pamela Harrod Smith, BS, MS, David Madison, BS, MEd  
Project: A Community Based Diabetes Self Management Education Program  
Thomas Jefferson University Hospital, Center City: Community Health Department, Center for Urban Health
2. Marcia Levinson, PT, MFT, PhD, Martha Ankeny, BA, MEd, Caryn Johnson, MS, OTR/L, FAOTA  
Project: Contemporary Therapeutic Aquatics for OT's and PT's  
Thomas Jefferson University: School of Health Professions and Academic & Instructional Support & Resources (AISR)
3. Carol Carofiglio, RN, PhD, Carmen Sultana, MD, Ksenia Zukowsky, PhD, APRN, NNP-BC, Deborah A. Cruz MSN, CRNP, Jane Huffnagle, MD, Suzanne Huffnagle, MD, Patricia Constanty, MSN, CRNP  
Project: Use of Obstetrical Simulation Drills to Improve the Perinatal Practice Environment  
Thomas Jefferson University Hospital, Center City: Department of Obstetrics and Gynecology

To view project summaries, visit <http://jeffline.jefferson.edu/jcipe/development/>.



### **Jefferson Award for Excellence in Interprofessional Education**

In recognition for outstanding contributions to interprofessional education three faculty awards were given by JCIPE to Nethra Ankam, MD, Department of Rehabilitation Medicine, Jefferson Medical College on June 1, 2011 and Leigh Ann Hewston, PT, MEd, Department of Physical Therapy, Jefferson School of Health Professions and Elena Umland, PharmD, Jefferson School of Pharmacy, on June 7, 2011.



## Health Mentors Program

### Faculty Recruitment

Join other Jefferson faculty and help prepare our students for interprofessional collaborative team practice! Please volunteer to lead Interprofessional (IPE) Small Group Sessions at Jefferson.

1. Monday, November 7, 2011 Year Two Module 3 IPE Small Group Session “Assessing Patient Safety”  
(Session A: 12 pm-12:50 pm and/or Session B: 1 pm-1:50 pm)
2. Monday, November 14, 2011 Year One Module 1 IPE Session “Obtaining a Comprehensive Life and Health History”  
(Session A: 12 pm-12:50 pm and/or Session B: 1 pm-1:50 pm)

New to Health Mentors Program? Please let us know if you would like to be paired with an experienced Health Mentors Program Small Group facilitator for your first session. For more information and/or interested in co-facilitating a small group session, please contact Sokha Koeuth by email ([sokha.koeuth@jefferson.edu](mailto:sokha.koeuth@jefferson.edu)) or phone (215-955-3757). Thank you so much for your teaching and leadership.



### Health Mentors Recruitment for Fall 2011!

The Jefferson InterProfessional Education Center is now recruiting Health Mentors for Fall 2011! The Health Mentors Program is an opportunity for students from the Jefferson Medical College, Jefferson Schools of Nursing, Pharmacy, and Health Professions (Physical Therapy, Occupational Therapy and Couple and Family Therapy) to learn FIRST HAND from a patient about things that really matter to patients living with chronic health conditions or impairments.

The Health Mentors are adults of any age from the community who live with one or more chronic health conditions (i.e. diabetes, high blood pressure, asthma, arthritis, cancer or others) or impairments (i.e. spinal cord injury and cerebral palsy or others) and would like to volunteer their time to teach students the importance of patient-centered care. Students will talk to their Health Mentors about things that are important to being a good health care professional. Topics include: medication usage; patient safety; activities of daily living; and wellness care. If you would like to apply to become a Jefferson Health Mentor, or just get more information, you can contact Sokha Koeuth by email ([sokha.koeuth@jefferson.edu](mailto:sokha.koeuth@jefferson.edu)), phone (215-955-3757) or visit us at <http://jeffline.jefferson.edu/jcipe/hmp/>



## Upcoming Faculty and Staff Development Programs

### Interprofessional Education and Care Practicum

#### **Application Deadline Date: September 30, 2011**

This 5-session practicum is a hands-on didactic and interactive experience for faculty and staff who are interested in developing a pilot interprofessional education (IPE) or care (IPC) project in either an educational and/or practice setting. Jefferson faculty will mentor you in planning, delivering, and evaluating your interprofessional education or care project.

Participants will attend 5 sessions to gain specific skills in IPE development, finding an IPE teaching team, computer assisted technologies, learning objectives and evaluations.

**Added bonus:** Jefferson staff/faculty who complete the training and an IPE plan will be eligible to apply for up to \$1,000.00 to their departments to assist in funding pilot projects. Unfortunately, we will not be able to offer funding to non-Jefferson participants.

However, **all** participants who complete the training will be eligible for free registration to the Spring 2012 *Interprofessional Care for the 21st Century: Redefining Education and Practice* conference.

### Fall 2011 Schedule

|           |              |   |
|-----------|--------------|---|
| Session 1 | October 11th | General Principles of interprofessional education, including selection of settings and level of learners, teaching methods - Stephen Kern, OTR/L, FAOTA |
| Session 2 | October 18th | Computer learning strategies - Dan Kipnis, MSI and Kathleen Day, MS, AISR   |
| Session 3 | October 25th | Program development, including developing measurable objectives and linking activities to learning objectives - Leigh Ann Hewston, PT, MEd              |
| Session 4 | November 1st | Program evaluation - Kevin Lyons, PhD and Carolyn Giordano, PhD   |
| Session 5 | November 8th | Putting it all together - Christine Arenson, MD   |

To learn more about the Interprofessional Education and Care Practicum and/or to download the application, visit JCIPE's website at <http://jeffline.jefferson.edu/jcipe/> or contact Cassie Mills at [Catherine.Mills@jefferson.edu](mailto:Catherine.Mills@jefferson.edu).

**Upcoming Faculty and Staff Development Programs**

**Manuscript Writing Workshop (2011-2012)**

**Space is limited. Register by October 19<sup>th</sup> to Cassie Mills (catherine.mills@jefferson.edu).**

The seven-session workshop series is designed for faculty/staff who have participated in an interprofessional project but have not yet written a manuscript for publication. By the end of the workshop sessions, participants will: choose an appropriate journal to submit a manuscript, write a manuscript on an interprofessional education or care project, obtain peer feedback on manuscript and submit a completed manuscript to a selected journal.

**2011-2012 Schedule**

|           |                  |   |
|-----------|------------------|---|
| Session 1 | October 26, 2011 | Overview of the Writing Workshop (Location: 208/209 Hamilton Bldg)            |
| Session 2 | January 25, 2012 | Library Resources / Conducting a Literature Search (Location: 307 Scott Bldg) |
| Session 3 | March 14, 2012   | Prepare a Manuscript Outline  |
| Session 4 | March 28, 2012   | Draft of Manuscript Introduction, Background and Methods Sections             |
| Session 5 | April 11, 2012   | Draft of Manuscript Results, Discussion/Implications and Conclusion Sections  |
| Session 6 | April 25, 2012   | Submit a Complete Manuscript Draft  |
| Session 7 | May 9, 2012      | Wrap Up   |

All sessions will take place on Wednesdays from 1 - 2 p.m. Location: TBA



**Collaborating Across Borders III**

*An American-Canadian Dialogue on Interprofessional Health Education and Practice*

Dates: November 19-21, 2011

Location: Tucson, Arizona

Conference Website: <http://www.cabarizona2011.org/>



**Save the Date! - Interprofessional Care for the 21st Century: Redefining Education and Practice**

Dates: May 18-19, 2012

Location: Philadelphia, PA

Sponsor: Thomas Jefferson University, Jefferson InterProfessional Education Center



## *Jefferson InterProfessional Education Center*

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



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