

# COLLABORATIVE HEALTHCARE



INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

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## FROM THE EDITORS

Here at JCIPE, another semester has flown by. And again, the Center has been busy expanding and integrating our programs on campus and beyond. This fall, as we welcomed our tenth cohort into the Jefferson Health Mentors Program, we introduced a revised curriculum which is more heavily focused on the social determinants of health and integrates the Social Ecological Model. We also added an eighth profession, Medical Laboratory Sciences, to the mix, expanding our total student enrollment to more than 1400 students! Building on this foundation, this fall we also expanded our more advanced interprofessional TeamSTEPPS® training program. During the course of four workshops, the Center and 16 volunteer interprofessional facilitators from four different professions led 554 students from five professions through simulated case scenarios through which they applied their TeamSTEPPS® skills. Though reportedly pushed outside their comfort zones, students described learning valuable lessons about teamwork, effective communication, leadership, experiential learning and the value of working with other professions. They also reported feeling better prepared for clinicals and "real-world" scenarios. Check out some student feedback in this edition!

As many of you know from having joined us, we hosted our fifth biennial conference on October 28 and 29. One hundred seventy attendees hailed from Canada, Israel and 27 different states. Our keynotes addressed issues of global interprofessional education and practice; the history of Medicare and its impact on our ability to deliver patient-centered, interprofessional care; and the importance of teams in maximizing value in healthcare. A range of oral and poster presentations showcased the advancement of interprofessional education and practice, with innovative pilots becoming integrated with more depth and breadth. Along the lines of this theme, the Journal of Interprofessional Education & Practice (JIEP) plans to publish a special conference edition this spring featuring works from the conference and John H. V. Gilbert, C.M., Ph.D., LLD (Dalhousie), FCAHS as guest editor. Finally, many congratulations to Deirdre Yarosh, MA, a Jefferson Pharmacy student, who received JIEP's Student Award for her peer paper presentation "Examining Health

Mentor Perceptions of Student Teamwork."

In this edition of the recently rebranded newsletter, we have another exciting collection of articles, two highlighting some of the innovative work presented at the JCIPE conference. These include the use of peer teaching between physical therapy and dental students and of Pandemic™, a strategy board game, to teach interprofessional competencies. We are also pleased to bring interprofessional mental healthcare to the forefront in an article about the creation of the Interprofessional Leadership Institute for Mental Health Equity. Finally, two student leaders of the newly launched No One Dies Alone program describe their vision and experience thus far, showing us the power of interprofessional student teamwork in program development and in supporting both patients and one another.

Wishing you a happy, healthy and warm holiday season and a wonderful new year!



JCIPE is engaged in innovative IPE work year-round on and off the Thomas Jefferson University campus. Want in-the-minute updates about our programs and events? **Follow Us on Twitter @JeffCIPE**

## IN THIS ISSUE

From the Editors.....1	Teaching Interprofessional Practice Skills by "Saving Humanity": An Innovative IPE Curricular Method Using a Cooperative Strategy Board Game .....5	Feedback from TJU Nursing Students .....7
Interprofessional Peer Teaching: Physical Therapy Students Teaching Dental Students to Transfer Patients.....2	Reflections from the Bedside of Dying Patients.....7	Meet an IPE Champion at TJU .....8
The Development of the Interprofessional Leadership Institute for Mental Health Equity .....3		Congratulations to Jefferson Pharmacy Student Deirdre Yarosh, MA.....9
		Updates from the Health Mentors Program.....9

# Interprofessional Peer Teaching: Physical Therapy Students Teaching Dental Students to Transfer Patients

## Background

While the need for interprofessional education (IPE) has been clearly elucidated, (Interprofessional Education Collaborative, 2016), one of the major barriers is the logistical challenge of meeting curricular requirements for all involved. The organization and time required in an already full schedule are often deterrents. Ideal opportunities meet specific program curricular requirements as well as enhancing interprofessional competencies. Interprofessional competencies include developing skills to teach other health care providers about profession-specific skills and enhancing communication across the professions (Bridges, 2011; Interprofessional Education Collaborative, 2016). Active learning techniques have been advocated for adult learners to promote motivation and engagement (Knowles, 1984), while peer teaching has been found to improve confidence with communication and improve teamwork (Seenan, 2016). The use of peer teaching may be an important option for learning about and with other professions to meet interprofessional competencies related to communication and learning about other professions while addressing logistical constraints.

One of the most common causes of medical practitioner musculoskeletal injuries is lifting techniques (Monaghan & Proctor, 2011). While dental educational programs include ergonomic training, there is limited information available on how to assist individuals with movement dysfunction or disabilities into or out of a dental chair. Dental students need to understand how to work with their team to coordinate safe transitions for patients to, and from, the dental chair while adhering to precautions (Stevenson, 2015). Physical therapy accreditation standards include a requirement for students to design and deliver instruction in this area to other health care professionals (Geiger, 2013). The purpose of this paper is to describe the innovative active learning method that occurred at the University of



Florida when the Physical Therapy and Dental professional programs partnered to provide these profession-specific curricular objectives and interprofessional competencies.

## Methods

The two faculty responsible for this interactive practical experience discussed areas where overlapping curricular needs presented the win-win opportunity. The single one and a half hour event was planned one semester ahead with integration into courses for both professional programs. First year Doctor of Physical Therapy (DPT, n= 69) and Doctor of Dentistry students (DMD, n=93) participated in two groups. DPT students taught the DMD students about weight bearing precautions, safe body mechanics and how to transfer patients from wheelchairs to the dental chair in the dental operatory environment. Third year DPT students (DPT, n=66) provided supervision and feedback. DPT students had completed the techniques in the previous semester, and were briefed on the background of dental students' training. They were required to prepare the format of the interactive experience and handouts as an assignment prior to the event. All students were provided with an online link of the wheelchair dependent transfer to the chair and received a brief orientation at the beginning of the session. Once the students were in the operatory units, the experience was completely student-led, with DPT students demonstrating and instructing the techniques followed by the dental students performing and practicing the skills with feedback.



## Results

One hundred forty students (38 DMD, 53 Yr 1 DPT, 49 Yr 3 DPT) completed a de-identified survey. On a scale of 0/10= not at all important and 10/10 = very important, all students believed that learning how to perform transfers, appropriate body mechanics, and how to address needs for those with mobility deficits were very important (mean 9.2, 9.7, 9.0 respectively). After the experience, 79% of the DMD students reported being confident or very confident assisting patients with mobility needs to the dental chair, while 100% of the Yr 1 DPT students reported being confident or very confident teaching other professionals in their environments. Students felt that the experience was highly motivating (57%) or somewhat motivating (36%) and rated the experience as very good or excellent (DMD 82%, Yr 1 DPT 88%, Yr 3 81%). Open ended comments were very positive, with all students reporting increased confidence in either the transfers or with teaching. Dental students noted learning in areas related to patient education for those with mobility needs, precautions, injury prevention, body mechanics, communication and respect. DPT students noted achievement of objectives for teaching and supervision skills, interprofessional collaboration, adapting skills to other environments and the importance of teaching transfers to other professionals.

## Conclusions

The opportunity to meet curricular objectives for both groups addressed some of the barriers to interprofessional education. The one-on-one interactive experience was motivating, valued, highly rated and increased confidence with patient transfers and teaching other health care professionals.

## Discussion

Interprofessional skills including communication, teaching other professionals about specific roles and collaboration were introduced early in a short but feasible experience. The dental



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operatory environment challenged problem solving and created a realistic environment.

### Implications for Interprofessional Education

Mutually beneficial short active peer teaching experiences are feasible and may address some of the barriers for early interprofessional education. Integrating profession-specific knowledge helps build mutual respect. Communication between those responsible for courses or curricula is critical to identify opportunities for students to learn about, with and from each other.

## The Development of the Interprofessional Leadership Institute for Mental Health Equity

### Abstract

The *Interprofessional Leadership Institute for Mental Health Equity* is being developed at the University of North Carolina at Chapel Hill to reduce mental health disparities by (1) engaging students in interprofessional service learning and research activities, (2) promoting integration of community-based strategies and social determinants of mental health conditions among underserved and vulnerable groups as required curricular components, (3) enhancing workforce diversity (in partnership with Racial/Ethnic Minority-Serving Colleges/Universities) by supporting students to obtain professional careers in mental health care, mental health policy, and mental health leadership, and (4) supporting current mental health providers, educators, and researchers who are working to mentor students in ways that address mental health inequities.

### The Issue

Americans with mental health and substance abuse disorders have lower life expectancies. This is magnified for Americans in racial and ethnic minorities, who generally are medically underserved and underrepresented across the health professions. Inadequacy of mental health care contributes greatly to disparate health outcomes. Stigma about mental illness, perceived incongruence of culture, values, and priorities between patients and providers, and perceived incongruence of spiritual/religious beliefs and mental health care services pose barriers to better care and affect access to and use of mental health care service for underrepresented groups (American Psychological Association (APA), 2016). It is imperative to address the mental health care needs for these groups. Strategies are needed

**Kim Dunleavy PT, PhD, OCS**  
**Venita Sposetti, DMD**

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to build a workforce that can diminish mental health inequities. The current workforce is likely without critical skills needed for integrated, team-based care (Substance Abuse and Mental Health Services Administration (SAMHSA), 2011), including the ability to engage patients, families, and communities. SAMHSA has recognized the critical importance of university partnerships to more effectively recruit, prepare, and retain a diverse cadre of health professionals to successfully provide services that reduce disparities in mental health care and substance use disorders. A promising strategy for enriching the preparation of the next generation of health professionals includes revamping the model for training and service provision.

### Background

To address these critical needs, the Interprofessional Leadership Institute for Mental Health Equity (ILI-MHE) is being developed as an interprofessional (IP) academic-community (A-C) partnered program at The University of North Carolina at Chapel Hill. The Interprofessional Leadership Institute for Mental Health Equity will address the four IP Education Collaborative competencies: values and ethics, roles and responsibilities, communication, and teamwork (Interprofessional Education Collaborative, 2011). Key components follow recommendations from the Josiah Macy Jr. Foundation to realign interprofessional education (IPE) with clinical practice (Josiah Macy Jr. Foundation, 2013). The goals are also in line with World Health Organization's (WHO) statement identifying IPE as "a key step in moving health systems from fragmentation to a position of strength" (WHO, 2010) and with the American Psychological Association's (APA) Recommendations for Addressing Mental Health Disparities (APA,

2016), which include guidance to:

- 1) Facilitate partnerships among mental and behavioral health providers, educators, community leaders, government agencies, and families to ensure culturally and linguistically competent and evidence-based prevention, early intervention, and treatment.
- 2) Increase the availability of mental and behavioral health services that are culturally and linguistically competent and accessible to racial and ethnic minorities.
- 3) Increase research examining the complexities and intersections of multiple statuses/identities.
- 4) Foster positive relationships and programs within racial and ethnic minority communities to increase awareness of mental health issues and prevent environmental factors that may place individuals at risk.

### Project Development

Through existing and newly developed A-C partnerships, students enrolled in existing, discipline-specific community health practicums, independent studies, and clinical courses are being trained to provide culturally sensitive, contextually relevant, team-oriented, evidence-based, holistic, and policy-focused care. Students are made aware of these opportunities through existing and newly forming interdisciplinary partnerships between the Schools of Nursing and other health professions programs. The students are engaging in educational experiences that stimulate creative strategizing for addressing mental health inequities. A primary goal is to produce mental health professionals who are collaboration-ready – safely, cost effectively,

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and with improved outcomes for patients. Students are engaging in experiences that enhance clinical practice and transformational leadership through addressing complex, situational needs for mental health patients via didactic and clinical practice experiences with underserved and underrepresented clients. Educational components include content on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (US Department of Health and Human Services, Office of Minority Health, 2016), ethnopsychopharmacology, recovery models, reflective practice, mind-body interventions, and the importance of understanding the importance of wellness and self-care (in accordance with the quadruple aim) among providers working to achieve the triple aim (Bodenheimer & Sinsky, 2014). Additional topics are related to determinants of mental health care disparities among women and men of color; lesbian, bisexual, transgender, questioning populations; and other underserved groups. This type of learning for emerging leaders in the health professions has been found to increase empathy and insight while also increasing acuity of focus on costs, outcomes, quality care, and policy changes needed to positively impact care (Racine, Proctor, & Jewell, 2012). This approach has wide-reaching significance for increasing access to care to individuals in the communities where they currently live and educating new generations of professionals to better address mental health problems in ways that will meet population needs and reduce mental health inequities.

## Discussion

Impact is being assessed by evaluating: the number of students who participate in the program, the number of disciplines represented, the development of IP and inter-institutional partnerships, the post-program satisfaction and competencies (IP and cultural sensitivity) achieved by participants, and the degree to which holistic,



patient-centered care is fostered in program participants. For example, although a number of the experiences involve students from different professions working in the same setting or on similar projects, project success will be measured by the degree to which consistent interprofessional communication, coordination, and collaboration are achieved in accordance with the IPE competencies and additional guidance for effective interprofessional education experiences (Interprofessional Education Collaborative, 2011; Speakman, Tagliareni, Sherburne, & Sicks, 2016). The ILI-MHE can facilitate better patient-provider relationships and patient outcomes that are more satisfying to them and their families. The ILI-MHE ultimately has potential to reduce disparities in health care and health outcomes by supporting the next generation of health professionals as they serve this community directly and develop clinical practice, as well as conceptualizing macro-level, leadership strategies to improve care.

As the program develops, partnerships are being fostered among the Schools of Nursing, Medicine (Department of Social Medicine, Center for Health Equity Research), Public Health, and Social Work at the University of North Carolina at Chapel Hill, and the Area Health Education Center. Additional key and strategic partners include the Center for Lifelong Learning and the Carolina Center for Public Service at UNC Chapel Hill. In addition, the Institute includes partnerships with the Honors Program, the Health Careers Access Program, and the Academic/Community Service Learning Program at North Carolina Central University.

During the first, formative year of the ILI-MHE:

- Four undergraduate students, six master's degree students, and three doctoral students engaged in clinical practice, service learning, and research projects addressing mental health care with underserved populations.
- Seven disciplines were represented, including psychiatric nursing, marriage and family therapy, psychology, medicine, nursing leadership, pre-pharmacy, and criminal justice.
- The focus on social determinants of health and health disparities was expanded in didactic components and assignments for a required, graduate-level population health and epidemiology course in the School of Nursing, which included an enrollment of over 90 students over two semesters.
- Student participants reported satisfaction, professional/personal growth, and a deeper appreciation for addressing health disparities.



In the September 2016 large-scale TeamSTEPPS® workshops, student feedback reflected the importance of experiential learning and how much students value working with other professions.

*"Knowing that Jeff as an institution, as well as the professionals who led the roleplays, are committed to these concepts, creates a great foundation for prioritizing communication skills as we move forward in our careers."*

—student participant

## Conclusion

In its first year, the ILI-MHE is demonstrating success in its goals to dispel negative perceptions about socioeconomically disadvantaged patients by exposing pre-professionals to the root causes of social disadvantage, suggesting strategies for team-oriented IP clinical training, and supporting the next generation of health professionals as they develop strategies to improve care and resolve mental health disparities.

**Cheryl L. Woods-Giscombe, PhD, RN, PMHNP**

*The University of North Carolina at Chapel Hill  
School of Nursing*

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# Teaching Interprofessional Practice Skills by "Saving Humanity": An Innovative IPE Curricular Method Using a Cooperative Strategy Board Game

**Statement of Issue**

Increasingly, team-based interprofessional (IP) collaboration is the central model of practice for health disciplines (Khalili, Orchard, Laschinger, & Farah, 2013). Yet traditional education models can foster a uniprofessional identity that leads to "turf protection" and subsequent resistance to IP collaboration (Bronstein, 2003, p. 448). Interprofessional education (IPE) models, however, are designed to promote team competency and an IP identity (Lindgard, 2013). IPE activities often focus on building student competency in four core areas: efficient and effective teamwork, effective communication, understanding of professional roles, and shared values (Interprofessional Education Collaborative (IPEC), 2016). Innovative IPE activities provide students with real-time decision-making and debriefing opportunities are needed (Lindgard, 2013).

**Background**

One such innovative IPE activity is utilizing a cooperative strategy board game called Pandemic™, which requires a team to "save humanity" by making strategic cooperative decisions to cure four global pandemics. Each student takes on a professional role that offers a unique strategic advantage; all roles are needed for success. Students must demonstrate a basic level of competency in all four IP areas to beat the game. The level of difficulty can be modified for novice, intermediate, or advanced students



and the game provides a unique experience and challenge each time it is played.

**Methodology**

Undergraduate and graduate students from social work (SW), medicine (Med), nursing (Nursing), physical therapy (PT), occupational therapy (OT), and physician assistant (PA) programs were recruited via distributed

flyers and emails. The study took place from October 2015 to March 2016. Three pre-post measures were used in the study, including the Attitudes Toward Health Care Teams Scale (ATHCT) (Heinemann, Schmitt, Farrell, & Brallier, 1999), the Teams Skills Scale (TSS) (Hepburn, Tsukuda, & Fasser, 1998), and the

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Team Fitness Tool (TFT) (Sun Country Health Region, n.d.). After completing consent forms, students were assigned to an IPE team. Each team had a separate assigned game session date/time (3.5 hours).

Prior to the game session, team members received instructions for the game along with the assigned roles for their team and completed the ATHCT and the TSS through Survey Monkey. At the game session, students first introduced themselves and then asked any questions about the rules and assigned roles. Students played Pandemic™ twice during the game session. The first game was played using the "Introductory" game mode (easiest level yet still challenging). During game play, a facilitator was available to answer questions about game mechanics and provided limited feedback if necessary. At the end of the first game, each student completed the TFT and participated in a 15-minute debrief that was audiotaped. The team was asked about effective strategies used, and how as a team they could be more efficient and effective at achieving their collective goal.

Students then played the game for a second time at a more challenging level. Depending on the outcome of the first game, the team chose to play on the more challenging "Normal" mode or the most challenging "Heroic" mode. During this second game, the facilitator offered no clarification or feedback. After the second game, students filled out the TFT and participated in a 30-minute audiotaped debrief. Students responded to six questions that explored the parallels between playing Pandemic™ and interprofessional practice. The four IPEC competencies were reflected in these questions. After the game session, students completed the ATHCT and the TSS again through Survey Monkey.



## Quantitative Results

Thirty-six students participated in the study; of those, a majority was graduate students (92%) and there was a 50/50 split by gender. Most were from SW (28%), followed by Med (25%), PT (19%), OT (11%), PA (11%), and Nursing (5%). The median age was 22 years old with a range of 20-57 years of age. A majority of the students had never played a cooperative strategy board game before (67%), and most had not participated in a prior IPE course or activity (61%).

Four Wilcoxon Signed Rank Tests were conducted to compare the mean summed scores from the pre-test and post-test measures for the ATHCT, TSS, and TFT. Higher scores on the ATHCT, TSS, and TFT reflect increasingly positive attitudes and behaviors that are consistent with interprofessional collaboration. The ATHCT has two subscales: the Values/Process Subscale and the Shared Leadership Subscale (Leipzig et. al, 2002). Higher scores on the Values/Process Subscale reflect more positive beliefs that interprofessional collaboration is a valuable and efficient healthcare model. The maximum summed score for this Subscale is 96; the pre-test mean summed score was 79.42 and the post-test mean summed score was 83.75. The Wilcoxon Signed Rank test for the Values/Process Subscale indicated that post-test ranks were statistically higher than pre-test ranks ( $Z = -4.049, p < .000$ ). Similarly, higher scores on the Shared Leadership Subscale reflect increasing beliefs that members on a healthcare team should share leadership roles. The maximum summed score for this subscale is 30; the pre-test mean summed score was 17.81 and the post-test mean summed score was 18.61. The test indicated that for the Shared Leadership Subscale the post-test ranks were not statistically higher than pre-test ranks ( $Z = -1.149, p < .156$ ).

For the Team Skills Scale, the maximum summed score is 85; the pre-test mean summed score was 60.75 and the post-test mean summed score was 66.83. The Wilcoxon Signed Rank test indicated that post-test ranks were statistically higher than pre-test ranks ( $Z = -4.049, p < .000$ ). Lastly, for the Team Fitness Tool, the maximum summed score is 88; the pre-test mean summed score was 82.41 and the post-test mean summed score was 84.81. The Wilcoxon Signed Rank test also indicated that post-test ranks were statistically higher than pre-test ranks ( $Z = -3.005, p < .003$ ).

Analysis of the qualitative data is currently underway and will be published upon completion.

## Discussion

Given the significant increase in post-test scores on the ATHCT (Values/Process Subscale), TSS, and TFT, it appears that the Pandemic™ IPE activity was successful in reinforcing and enhancing students' existing positive attitudes towards interprofessional work and confidence in their own teamwork skills. Of note, students came in with relatively high pre-test scores; one explanation for this is that the students chose to participate in this IPE activity because of their favorable attitudes towards IP collaboration. It would be worthwhile to see if initial scores would be similarly elevated among students who are required to attend and to compare the change in post-test scores.

This was in contrast to the lower pre-test and post-test summed scores found on the Shared Leadership Subscale on the ATHCT. The five items on this Subscale are statements related to the role of physicians as leaders on interprofessional teams. Many of the students across disciplines agreed that physicians are natural leaders who bear the responsibility on a health care team and that the role of other health professionals on the team is to serve as ancillary members who assist the physician. While the students' scores did increase after the Pandemic™ learning activity, the increase was not a statistically significant one, suggesting that future IPE learning activities need to specifically target these beliefs around shared leadership.

The most challenging aspect of this project was to fulfill the goal of equal representation of disciplines on each team. Due to conflicting academic and clinical schedules and the voluntary nature of the activity, some disciplines had very little participation. Although logistical challenges are likely to arise in any IPE endeavor, it is critical that significant time and energy be devoted to maximizing participation from each discipline to reflect the workforce. One way to increase participation is to promote collective ownership by forming a planning committee comprised of representatives from each department. Potential barriers can then be addressed, mandatory participation can be explored, and the activity can be widely promoted.

## Conclusion and Implications for Interprofessional Education and Practice

The Pandemic™ IPE learning activity is an innovative way to improve team competency and promote IP collaboration among allied health students. It can be used in a single course or can be integrated into a larger IPE curriculum. In either case, collective ownership among

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faculty from participating departments is key. Next research steps will include exploring the potential benefit of using this activity in health care settings with IP teams as a way to improve team competency.

**Emily McCave, PhD, MSW, LMSW**

Associate Professor of Social Work and IPE Fellow  
Quinnipiac University

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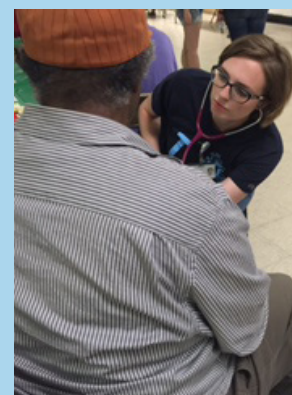
**For the past 6 months, we've been collecting feedback from TJU Nursing students about collaborative practice experiences in their clinical sites. Here are some highlights:**

"I learned today that you should always operate with everyone in the care plan with equal respect and mutual understanding... [T]his allows everyone involved to feel an equal share in the decision, [including] the patient and the patient's family the patient and the patient's family."

"I was not aware how much Occupational Therapy helps the patient emotionally, spiritually, and medically."

"Sometimes just being there and supporting other members of the team is just as important as speaking about your ideas."

"I was surprised at the full involvement of all staff in the meeting. I thought it was a great and useful thing that they had representatives from all aspects of care, including medical staff, activities planner and the facilities coordinator... [E]ven though it's not something you immediately think about, an important part of patient care is having someone around who can fix electric or plumbing problems."



## Reflections from the Bedside of Dying Patients

I walked into a room with its lights glaring and television blaring, a room where a man I had never met before would take his final breath two hours later. The attending nurse kindly dimmed the lights and turned off the television. I sat down next to him. I felt panic. I felt sadness, and I felt peace. This individual would have passed without me knowing, yet I was there with him; he wouldn't be alone.

The No One Dies Alone (NODA) chapter at Jefferson launched in May, 2016. It launched as a vision in which students of Thomas Jefferson University would volunteer their time to offer their compassionate companionship to dying individuals who would otherwise be alone. Our chapter's mission originated in Eugene, Oregon back in 2001 after a nurse, Sandra Clarke, CCRN, was unable to offer her dying patient the companionship he had requested and she felt he deserved. She fought vigilantly for her vision, and now over 300 programs exist nationwide with Sandra's vision at their core; Jefferson is proudly home to one more – the only student volunteer chapter about which we are aware.

Jefferson's highly interprofessional and supportive community allowed for students to oversee NODA's growth, development, and success. As student volunteers, we come together from all professions to offer compassionate care to individuals in need. Our service offers respite to our hard-working nurses who want to see their patients receive the best care possible, and to the families who cannot be present. While our primary goal is offering our supportive presence to those who are dying who would otherwise be alone, our program is truly special, and our service extends far beyond any mission statement ever could.

Our program remains in its infancy, but continues to grow, and I'm so proud of what our team has accomplished. A nurse recently expressed that he thought our service was "just the most wonderful thing" in reference to a vigil our student volunteers performed earlier that week. That was at our fifth vigil, or "activation," as we call them. Our first activation occurred on May 12, 2016, where a third year medical student coordinated a Jefferson nursing student

and second year medical student to the bedside of a patient in shifts. The coordinator described how he could feel his presence having a calming effect on the patient as he delicately helped her through her final moments.

Given NODA's small starting volunteer base and fragmenting infrastructure, last summer we were at risk of losing this amazing program we'd started. This was extremely troubling, knowing there were others out there who would need us. Demonstrating such value during its first implementation alone, the future success for NODA was absolutely worth fighting for.

Second year medical student, Patrick Kukulich and I teamed up to fight for those who would benefit from our vision for NODA here at Jefferson. We reached out to the Jefferson community for help, and volunteers came forth from across the professions, as the service of compassionate companionship sees no professional boundary. We've doubled our volunteer base since the summer, and

CONTINUED ON PAGE 8

have established a motivated and talented interprofessional leadership team. Experiencing the value of teamwork as NODA grows has been truly inspiring. When I began my professional education at Jefferson College of Pharmacy, I never imagined that I'd be leading an interprofessional team in creating such a unique program. Evidentially, my place as a student of Jefferson University allowed me to seize such an opportunity, and I feel truly grateful.

Volunteering for No One Dies Alone has provided me with invaluable introspective experiences that may have otherwise been intangible. Furthermore, the processes required to implement this program required me to push my comfort zone into uncharted territory. Breaking these grounds and building NODA with my interprofessional team continues to manifest as an incredible adjunct to my personal and professional development.

Patrick Kukulich shared his experience as a medical student stating that he is "...constantly inundated with facts and figures referring to disease processes, symptomatology, lab values, etc. It becomes very easy to get lost in the data, and the hours spent memorizing information

that I have yet to see translate to bedside care can be quite dehumanizing.

That being said, serving as a compassionate companion for No One Dies Alone offers me, as a medical student, the chance to be human again; although it can be grim, these experiences cast a light into a room of shadows and remind me what it is like to be a fragile, sensitive, being, and all of the vulnerability that comes with the human experience.

Volunteering with NODA allows me to put my brain to rest, to forget the clinical data for just a few hours, and really take the time to connect with a patient on a whole different level - an opportunity that I will likely never get again as a resident or an attending. In a word, the experience is remarkable."

Our NODA team shares a special connection, which hones our ability to empathize, respect, and communicate on an interprofessional level. The team grows stronger with each patient encounter, subsequent reflective session, and soon, monthly didactic meeting. While a person's inevitable passing is the premise of our presence, their death can nonetheless be difficult. We respond to the news of their imminent passing in a way which parallels that of a dear friend.

We do our best to support each other through the difficult times. Our reflective sessions following the death of a patient under our companionship are of particular value to our volunteers. They provide us with the opportunity to work through our experiences together, and to better prepare us for the next time. Our didactic meetings scheduled to begin this spring will provide further opportunity to share, reflect, learn, and better the NODA experience. Included in these meetings will be the opportunity to learn from guest speakers on the death and dying process, as well as about interprofessional competencies. For those who are brave and are willing to embark on this journey with us, volunteering for No One Dies Alone provides an incredible and unique opportunity for interprofessional development and education. Please be in touch with any questions or if you are interested in volunteering with us.

**Hannah DeCleene**

*No One Dies Alone Coordinator  
Jefferson College of Pharmacy 2019*

**Patrick Kukulich**

*No One Dies Alone Assistant Coordinator  
Sidney Kimmel Medical College 2019*



Attendance for our Fall 2016 Interprofessional Care for the 21st Century conference surpassed all previous conferences. Thank you to our keynote speakers and all presenters for making it a huge success and for your important work in IPE and CP!

Pictured: Keynote speakers Malcolm Cox, MD; Sheila Davis, DNP, ANP-BC, FAAN; Lucinda Maine, PhD; Edith Mitchell, MD, FACP; and Ellen-Marie Whelan, PhD, CRNP, FAAN

**Meet an IPE Champion at Thomas Jefferson University**

Carolyn Giordano, PhD, FASAHP

**Describe your work with JCIPE:**

I've been working as a researcher and evaluator with JCIPE since 2008, on the first program evaluation of the Health Mentors Program, and more recently as part of the development team for the Jefferson Teamwork Observation Guide (JTOG). I also co-chair the IPE Research and Evaluation Committee.

**What excites you about this work?**

The JTOG is a versatile tool in which teams, patients, and caregivers can assess teams in action. The broad application of this tool from students to patients has been very exciting. Also, seeing the progression from a paper tool to an online mobile app format has been very rewarding.

**Why is IPE/CP important to you?**

The longstanding academic silos have often baffled me, as not only a barrier to learning, but an ineffective model for future practice. Interprofessional education is what is going to move interprofessional practice into action.





## Updates from the Health Mentors Program

**Student Professions:** 8 \*Medical Laboratory Sciences is a new addition this year

**Student Enrollment:** More than 1,400 students

**New Curricular Focus:** Social Determinants of Health and the Social Ecological Model

### Student Reflection:

*"The health mentors program is a great opportunity to work with students from other health professional programs and be able to see the difference we make in the health mentor's life over the course of the two years."* -Pharmacy student



## Congratulations Deirdre Yarosh, MA

Many congratulations to Jefferson Pharmacy student Deirdre Yarosh, MA for winning the 2016 Student Award from the *Journal of Interprofessional Education & Practice* for her peer paper presentation "Examining Health Mentor Perceptions of Student Teamwork!"



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## Jefferson Center for Interprofessional Education

130 S. 9th Street, Suite 1056, Philadelphia, PA 19107 • Tel: 215-955-0639 • Fax: 215-503-6284 • Jefferson.edu/JCIPE