

# COLLABORATIVE HEALTHCARE

INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

Fall 2017 | Vol. 8 No. 2

## FROM THE EDITORS

Greetings to all as we embark upon the last weeks of 2017! This fall has been a busy time for JCIPE in many different ways. At the end of September, thirteen JCIPE staff, faculty and students attended the Collaborating Across Borders VI Interprofessional Health Care Education and Collaborative Practice conference held in Banff, Alberta, Canada. JCIPE delivered one invited pre-conference workshop and five peer-reviewed, accepted live presentations focusing on a wide range of our activities including Hotspotting, the Health Mentors Program, the Jefferson Teamwork Observation Guide (JTOG™) and programmatic sustainability. We learned a lot relative to new program ideas, assessment suggestions and faculty development – just to name a few things garnered while in Banff that were excited to bring back to Jefferson. We are currently beginning preparations for our sixth hosted conference, **2018 Interprofessional Care for the 21st Century** that will take place on Jefferson’s campus on October 26 and 27, 2018. Save the date!

Throughout the past six months, we’ve continued to grow and expand our Center. In borrowing from the interview with Dr. Moghe in this Newsletter, JCIPE as a whole clearly illustrates the proverb “If you want

to go fast, go alone; if you want to go far, go together.” In response to our expanding programming, we’ve been fortunate to hire two new full-time personnel in the Center to help us go far and together. Ms. Courtney Newsome joined us in May as the coordinator of our advanced programs, and Ms. Sarah Libros joined us in July as program assistant to the coordinators of both the core and advanced JCIPE programs. In addition, we have expanded by supporting the time of eleven Jefferson faculty to work on six of our educational programs, our assessment and research endeavors, and our overall JCIPE pedagogy and faculty training. We want to go far, and are, thus going together!

This proverb fits, too, as one reads through the articles included in this edition of the Newsletter. In the letter to the editors, by a pharmacy alumnus focuses on what he learned at Jefferson relative to team-based care and how he is applying it to his current interprofessional practice. A graphic depicting the growth of our Hotspotting program also shows how we are working together. This past fall, we launched Hotspotting with eight Jefferson teams of interprofessional students, faculty and clinicians, serving as a hub to teams from all over the Northeastern United States.

The kickoff was held in September, and the program is scheduled to conclude in March, 2018. Going further together is also clear in the article that illustrates the multitude of talents that are responsible for the JTOG™ development. The JTOG™ app was launched this past September and is being used both at Jefferson and beyond as a way to provide a 360° evaluation of teamwork. This could not have occurred without the contributions of many. Further, while reading the submission on narrative medicine, one cannot help but think that when we share and get to know each other as human beings, we can go so much farther.

We hope that you enjoy this installment of *Collaborative Healthcare*. As we head into the holiday season, JCIPE wishes everyone much peace and prosperity in the coming New Year! Go far by going together!

**JEFFERSON CENTER  
FOR INTERPROFESSIONAL  
PRACTICE AND EDUCATION**

**10 YEARS**

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# Using Trauma Case-Based Learning to Inspire Interprofessional Readiness Among Future Health Professionals

## BACKGROUND

It is well established in the literature that patient outcomes and quality of care are optimized when disciplines work together (Chomienne et al., 2010). Interprofessional practice (IPP) among health professionals is even more important when working with individuals exposed to trauma, which can result in disrupted physical, cognitive, and social development, and manifest in an array of physical and psychological symptoms (e.g., Felitti & Anda, 1998). Consequently, professionals across social service and healthcare systems may encounter and simultaneously serve trauma-affected individuals. However, healthcare and behavioral health systems are historically fragmented and frequently fail to provide the coordinated and integrated care that is most effective in treating individuals with high levels of trauma exposure, resulting in ongoing unmet health needs (World Health Organization [WHO], 2010). Philadelphia residents require coordinated, collaborative care, as they experience rates of adversity in childhood three times more often than those found in a national sample (Public Health Management Corporation [PHMC], 2013). The overwhelming prevalence and pervasive impacts of childhood trauma, coupled with the patient care benefits of interprofessional practice, provide strong evidence to support the establishment of interprofessional training curricula for emerging health and behavioral health professionals at Jefferson, a University committed to improving lives in Philadelphia and beyond.

IPP education and training is one vehicle that allows Jefferson health programs to

address the need to train a “collaborative practice-ready workforce” (WHO, 2010, p. 7) that is prepared to respond to complex community health needs in a city with extremely high levels of trauma exposure (PHMC, 2013). The purpose of this study and educational module was to explore how the implementation of a multi-disciplinary trauma-focused case-based educational module impacted graduate students’ readiness for interprofessional learning and engagement, their perceptions of the need for professional engagement in interprofessional practice, and their understanding of trauma from a multi-disciplinary perspective (mental health, sensory, and medical).

## METHODOLOGY

### Pedagogy

The pedagogy for this educational module was a modified version of a pilot module implemented within the Community and Trauma Counseling (CTC) and Occupational Therapy (OT) programs on the Jefferson East Falls campus, which integrated trauma-focused knowledge and skills from both professions and seeded skills in interprofessional practice. With funding from a University Nexus Learning grant, the authors researched the efficacy of an expanded trauma-focused interprofessional module across the CTC, OT, and Physician Assistant Studies (PA) programs on the Jefferson East Falls campus. The module was delivered in a blended format, beginning with a 90-minute online module that included trauma-focused content specific to each professional discipline. The online module



was aimed at providing a shared foundation across disciplines that could be further developed during an on-campus session. The module was followed by a 4.5 hour on-campus session where students engaged in a combination of team-based learning (TBL) and problem-based learning (PBL) on interprofessional teams around a clinical child trauma case study.

### Sample

The module was delivered within required courses in the CTC and OT programs. The PA program required their students from the East Falls and Atlantic City campuses to attend as part of their ongoing programmatic learning activities. Although students were required to complete the online module and attend the on-campus session, participating in the research study was voluntary. Informed consent was conducted across all three programs by a research assistant not associated with any of the participating programs. In total, 107 graduate students across the CTC (N = 25), OT (N = 26), and PA (N = 49) programs participated. Seven additional students consented, but did not enter their program on the data entry forms.

**Figure 1: Instrumentation and Data Collection Timeline**

Start Summer Term	Day of module	Start of Fall Term
Pre-Test Quantitative	Post-Test Quantitative (+ ~30 days from baseline)	Post-Test Quantitative (+ ~90-120 days from baseline)
1. RIPLS 2. IEPS 3. Health Science Graduate Student Trauma Knowledge Scale; modified Health Care Provider Self-Assessment (Kassam-Adams et al., 2015)	1. IEPS 2. Health Science Graduate Student Trauma Knowledge Scale	1. IEPS 2. Health Science Graduate Student Trauma Knowledge Scale

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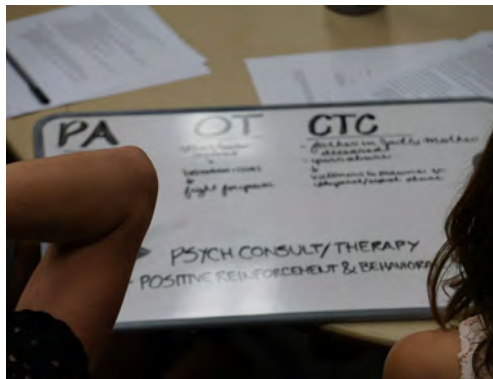
## Instrumentation

Data from the module were analyzed using a mixed methods design (e.g., Caracelli & Greene, 1993). Quantitative instrumentation included the Interdisciplinary Education Perception Scale (IEPS) (McFadyen, Maclaren & Webster, 2007), perceptions of actual cooperation and competency and autonomy sub-scales, which were the two sub-scales that showed good internal consistency (McFadyen et al., 2007). Additionally, the study included the Readiness for Interprofessional Learning Scale (RIPLS) (McFadyen et al., 2005). The Health Science Graduate Student Trauma Knowledge Scale was the third quantitative measure used in this study. This scale is a modified version of the Health Care Provider Self-Assessment (Kassam-Adams et al., 2015), which was originally developed for nurses in hospital-based settings. The authors replaced language specific to professional nurses with language specific to graduate health students, while attempting to keep the context of each item consistent with the original version. Figure 1 illustrates the instruments used and the data collection timeline for the module.

For qualitative analysis, 10 written questions were administered on the day of the training module to gain a deeper understanding of the students' experiences and impact of the training. See Appendix A for the full set of qualitative questions.

## Results

Data from the RIPLS showed that all students across disciplines demonstrated high positive attitudes toward interprofessional learning. Results showed that the training experience significantly increased students' perceptions of actual cooperation (IEPS) across disciplines and these gains were maintained over time ( $p < .05$ ), regardless of the level of readiness (RIPLS). However, scores on the competency and autonomy sub-scale (IEPS) remained stable over time across disciplines. CTC



students scored significantly lower on both IEPS sub-scales than PA and OT students ( $p < .001$ ). Additionally, all students made significant gains in trauma knowledge and confidence following the IPE training ( $p < .001$ ), and gains were maintained over time (there were no significant differences by discipline when assessed again in fall 2017). OT students demonstrated significantly less trauma knowledge when compared to CTC and PA students ( $p < .001$ ), but demonstrated the most growth in trauma knowledge and confidence post-module.

The faculty team has not yet completed the qualitative data analysis, but has engaged the support of an independent investigator to minimize biases.

## Discussion

As we expected, student attitudes across programs were positive toward the concept of interprofessional learning. In addition to data from the RIPLS, informal student feedback suggested that the interprofessional module was well received. Students recognized the value of collaborating and are now seeking opportunities to practice collaboration skills and competencies in their training. The qualitative data analysis will look to confirm the informal student feedback.

Student scores on the IEPS perceptions of actual cooperation sub-scale significantly increased after completing the IPE module for students across disciplines. This provides evidence that the experiential on-campus trauma case-based session increased the perceived level of collaborative care the students' discipline engages in professionally. It is important to note that students who participated in this module had not yet engaged in clinical placements in their graduate training, hence these findings are limited to perceived levels and do not provide evidence into if their profession actually engages or is willing to engage in interprofessional practice. The competency and autonomy IEPS sub-scale scores



remained stable across time. This sub-scale investigates students' perceptions of their own discipline's competencies and capacity to engage with others, versus how they actually cooperate with other disciplines. We expected that students' confidence in their own profession's competence and autonomy would increase through discussions with students from other disciplines about what their respective professions could bring to the treatment of a trauma-exposed child. However, this IPE module explicitly aimed to increase students' awareness of the importance of engaging with other disciplines, more so than convincing others of their own profession's value in trauma treatment.

As expected, each discipline made significant increases in trauma knowledge. Trauma knowledge was delivered through the online and on-campus modules. Not surprisingly, the CTC students, who engage in trauma education in each course of their degree program, had the highest level of trauma knowledge, followed by the PA program. The OT students showed the most growth in trauma knowledge from pre to post module. These findings have been shared with program directors to inform any needed curricular revisions.

## Pedagogical Challenges

Faculty faced distinct challenges and learned important lessons that may be of value to the larger academic community when planning interprofessional training. One distinct challenge is the mere fact that the programs included in this training are delivered in very different formats. Consequently, finding a suitable time for students to convene was and will continue to be difficult. Further, this training included an online module that students completed prior to meeting on campus, designed to front-load students' learning. Students involved in the educational modules are accustomed to varying levels of

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online learning contingent on their program. Both of these challenges require forethought on the part of involved faculty to adjust course requirements to account for the online and on-campus trainings.

### Future Directions

The CTC, OT, and PA programs have continued to engage interprofessional educational modules on a yearly basis. The team is considering ways to offer multiple shorter interprofessional trainings for students as they progress through their training programs in order to scaffold interprofessional competencies and knowledge across the graduate curricula. These and future trainings are aimed at providing the groundwork for students to be able to thrive and lead in their professional practice, which demands collaboration and interprofessional teamwork.

In addition, Drs. Felter and DiDonato modified and delivered the module during the inaugural Greater Philadelphia Trauma Training Conference in July of 2017, where over 200 professionals, paraprofessionals, and students across five disciplines (medicine, clinical mental health, juvenile justice, K-12 educators, and early child [0-5] professionals) engaged in a 3-hour IPP session. This module is currently being refined with the purpose of researching the efficacy of a trauma-informed interprofessional training module across graduate health programs and child-serving systems.

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### APPENDIX A: QUALITATIVE SURVEY

1. Have you previously worked on an inter-professional team or observed an inter-professional team working to benefit a client? If yes, please give a brief description of this experience and identify the professionals that were present on the team.
2. Has this inter-professional module changed how you will think about or address the remaining time in your graduate studies here at Philadelphia University (Jefferson University)? Explain.
3. What aspects of this inter-professional training module were most useful for your clinical practice? Consider any new skills, attitudes, techniques, etc.
4. Has this inter-professional module changed how you (as a graduate student) think of trauma and the impact on trauma on our patients, families, ourselves, and other professionals?
5. Who would you choose to be on your clinical team when working with the client in the case provided? What is your role on the team? What is the role of the other professionals?
6. Has this inter-professional module changed how you would think about or structure your therapeutic interventions directly with the client in the case provided? Explain.
7. Has this inter-professional module changed how you would think about or structure your clinical engagement with the family of the client in the case provided? Explain.
8. Has this inter-professional module changed how you would think about how you would think about collaborating with other professionals from disciplines outside of your own? Explain.
9. What is the most important thing you've learned about the role of the other professional? What's the most important thing you've learned about your own professional role?
10. What is the most important thing you will bring to your graduate level clinical placement from what you learned or experienced during this inter-professional module?

## Listen in Silence: Narrative Medicine with Interprofessional Teams

My interest in health humanities began in medical school when I took an elective on literature and medicine with Robert Coles. Reading works by Raymond Carver and William Carlos Williams, we explored the patient's experience of illness and probed the ethical and emotional challenges of giving care. It seemed as if a curtain had been pulled to reveal marvelous hidden rooms, places where new understandings of health and illness could be had. I recognized that some things that were true about illness

could not be understood using a scientific lens. The singular, lived experience of those who are sick or giving care are best grasped through stories, and best told through forms such as art, literature, or song. During residency in internal medicine, I began writing about my clinical experiences with Rita Charon in the Program in Narrative Medicine at Columbia University. I found the experience revelatory. Writing became a path to better understand my patients as well as my own experience as a physician.

Narrative medicine is a branch of health humanities that uses methods of practice that are informed by the fields of literary theory, narrative studies, psychoanalysis, and the philosophical tradition of phenomenology. The activities of narrative medicine include analyzing creative works, writing reflectively, and sharing one's writing with colleagues. The goal of these activities is to develop a practice of deep

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attention, skills of observant description, and strengthened relationships with colleagues. Each of these capacities can be leveraged to better care for the sick.

Over the past 17 years, narrative medicine has increasingly impacted health sciences education at Columbia. We require all first-year medical students to take a narrative medicine selective, with offerings ranging from writing fiction to observing art at the Metropolitan Museum to drawing graphic art. We teach narrative medicine-based interprofessional education seminars involving students from every health science school at Columbia. The seminar topics, like caring for those at the end of life, cut across professional boundaries.

Despite extensive programs in undergraduate health sciences education, we have less experience implementing narrative medicine in clinical settings. This is true for the health humanities in general: it often stops when clinical life begins. Clinical settings are busy, complex environments with barely sufficient time for clinical duties, let alone humanities-based interprofessional education. Given the potential benefits of reflective practice, relationship building and self-care that are possible through the health humanities, we were eager to implement narrative medicine with interprofessional health care teams.

From 2016, we implemented IRB approved year-long narrative medicine programs in three Columbia primary care clinics. Before starting, we were eager to learn about the concerns of the leaders and staff. Clinic leaders were interested in improving communication, enhancing relationships, and providing opportunities for reflection and self-care. One administrator, an artist herself, wanted to promote creativity amongst the staff. These conversations influenced our program objectives, structure and evaluation.

The clinic leadership extended monthly patient-centered medical home meetings by a half hour for the narrative medicine sessions and made participation a clinic requirement.

I led the sessions. I am an internist with graduate training in narrative medicine. A research assistant was present at each session to take observation notes as an element of our mixed-methods evaluation. The sessions included from 8-15 staff, representing all professions at the clinic.

Over the year, we used several types of creative texts, including poetry, visual art, spoken word, graphic novels, and music. For the session using music, I brought a Bluetooth speaker, connected it to my laptop, and cranked up Marc Anthony's "Vivir mi Vida", a song sung entirely in Spanish. Many of the staff in the clinic spoke Spanish as their first language. I passed out lyrics to the song with Spanish and English side by side. The song begins with the chorus singing (English translation):

*I will laugh, I will dance  
Live my life la la la la  
I will laugh, I will enjoy  
Live my life la la la la*

When the song started, many in the room smiled with recognition. They nodded their heads to the music and swayed in their seats. "Vivir mi Vida" is a celebratory, but also soulful and bittersweet song. Anthony sings about the inevitable trials of life but implores us, defiantly, to celebrate this life despite these struggles. Some read the lyrics during the song and others just took in the music. After the song, we talked about the experience of listening. Some talked about the joy that music brings and wanted more music in their clinic. Others laughed and said they really wanted to get up and dance during the song. Several noted that they had heard this song before but didn't know what the song was about until our session. I asked them if there was a part of the song that they were drawn to or moved by.

Several brought up this stanza (translated to English):

*I will live the moment  
To understand the destiny  
I will listen in silence  
To find the way*

A nutritionist thought that this stanza was "like an invitation" to be present. We talked about the notion of listening in silence – to our patients, to one another, and even to ourselves. A nurse mentioned how distractions, like technology and social media, can affect listening at work and at home. There was a desire expressed to allow more silence to hear one another's stories. To connect the song to their own lives, I asked them to write for five minutes to the prompt, "Write about a moment of silence". After writing they paired with someone from a different profession and shared their writing with one another. They sat closely,

and mirroring the song, listened in silence to one another. We then regrouped and a few volunteered to read what they had written.

A medical assistant read about being moved by a time when she tucked her child in at night. "I could tell he was distressed and he said, 'Don't say anything, just be here with me.'" The group just sat with this poignant image for a while. A pediatrician added, "We always feel like we need to fix everything, but the evidence shows that the kids just want to be heard."

Over the course of the year, we found that the program was feasible, but required administrative buy-in. In interviews the staff used words like "meaningful", "relaxing", and "restorative" to describe the program. They appreciated the break from usual routine. Even after years of working together, they were pleased to get to know each other like "just human beings" instead of being framed by professional roles. Others mentioned that they were most impressed by the interprofessional communication that occurred, especially across traditional clinical hierarchies.

In a final section of the song, Anthony exclaims "Mi gente!" meaning "my people". It is a call to his fans, his support, and his musical and cultural roots. In our narrative medicine session, "Mi gente!" seemed to be a call for us to connect with our people, our community -- with the ones with whom we endure hardship and with whom we celebrate: our colleagues and our patients. In its highest realization, we hope narrative medicine to be, like art and literature, a democratizing space, a place where profession and rank do not matter, and where we might gather as equals to just listen in silence.

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### **Deepthiman Gowda, MD, MPH**

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# The 360 Degree Approach: Patient Forward App Development in the Healthcare Space

The reputation of a company, product, or service is no longer constructed by itself or the media, but by the recipients of those products and services through honest feedback in a digital, collaborative environment. The most successful services encourage and respond to honest feedback from their users. The best restaurants pay attention to services that aggregate feedback, such as Yelp, maybe by increasing the supply of favorite menu items or rewarding employees that are called out for good service. The best products read their product reviews on Amazon; they compensate for dissatisfaction and they commit to consistency in their most in-demand products.

The Jefferson Teamwork Observation Guide (JTOG™) is a responsive, modern mobile application designed to bring this honesty to healthcare. The app helps to evaluate teamwork at a healthcare system from all possible angles, giving a true 360 degree view of the experience of all participants in a medical setting. A patient's experience in a health system is hardly ever the result of a single employee of that health system, but rather a team of people dedicated to that patient's care, who all have a role in taking care of that patient's particular needs. The best teams, just like the best restaurants, respond to open, honest feedback from the members on that team. In health systems, this includes the patient, the team member who should have the loudest voice.

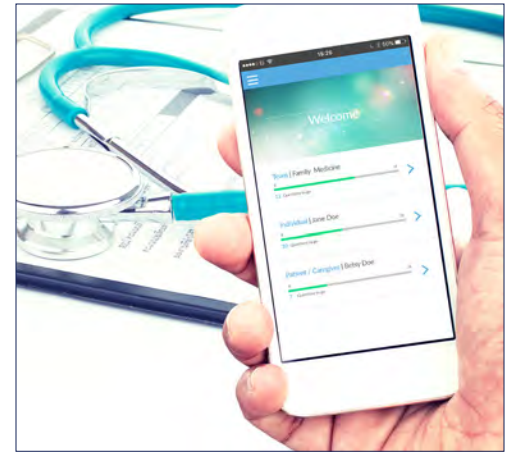
The JTOG™ mobile application, available on iOS and Android, offers users a way to evaluate



teams as a whole, the individuals on those teams, and themselves through a collection of surveys. Patients are also able to evaluate the team that cared for them through an anonymous survey. Patients who are unable to complete the survey themselves can have a support person/family member complete the survey on their behalf. To encourage honesty, any user can submit surveys anonymously. However, educators have the option to submit evaluations of students which display their name, so that students can feel free to discuss their feedback with their teachers/mentors.

JCIPE partnered with Jefferson's DICE (Digital Innovation and Consumer Experience) Group to develop the JTOG™. The DICE Group houses application developers and designers who build solutions and tools to improve student and patient experience at Jefferson and for other healthcare organizations. JCIPE and the DICE Group worked together for three months to develop and deliver the app. Using an "agile" process of software development, the DICE team continually

met with the JCIPE clients, week by week, to ensure that the product's trajectory matched the client's trajectory. Things change constantly in every industry and every business, and simply having a long up-front meeting where the client tells you what the app should do often doesn't cut it anymore. The agile



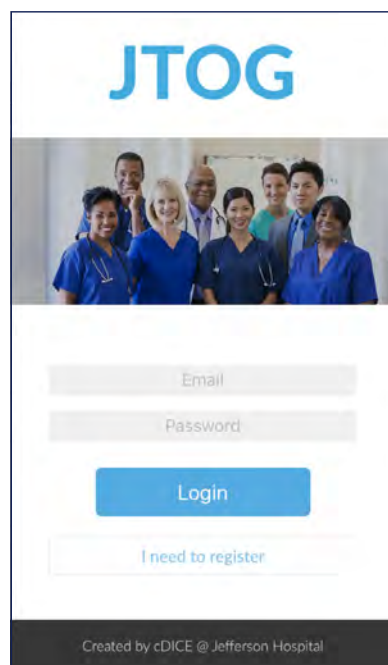
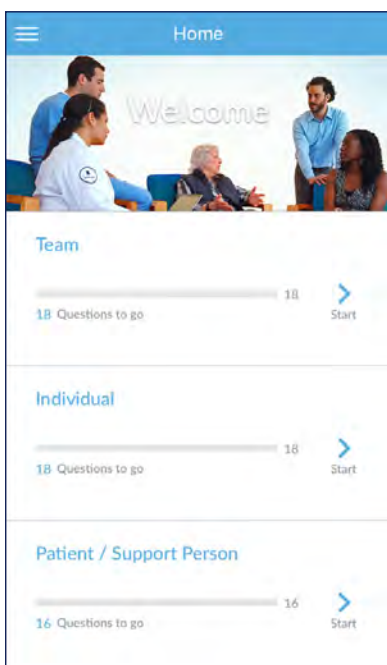
process does require a larger time investment from the client, but in many cases it results in a higher quality product than other processes.

The DICE team presented weekly demos to JCIPE, demonstrating the latest prototypes and gathering feedback from the clients. The team at JCIPE was insightful, with recommendations that truly improved the quality of the app, but was also willing to compromise and work through issues that surfaced during the design and development of the app.

Through the process, the DICE team was committed to delivering a platform that would evolve with the needs of JCIPE. By following an agile process, we were able to learn more about what is most important to the JCIPE team and shift our design accordingly. As a result of what we learned, the DICE team also built a web-based administration console that allows JCIPE employees to manage and add organizations to register and take surveys through the JTOG™ app. The team also made use of a database that other groups at Jefferson are able to use in order to build on top of the JTOG™ platform. The Center for Teaching and Learning (CTL) at Jefferson is already building a data portal and set of reports for the JCIPE team, leveraging the survey data sets that users submit through the app.

At the end of the day, the project was a success because both parties, client and developer, were committed to delivering a quality product that solves a problem in healthcare. We at the DICE team believe that the JTOG™ app is a success story when it comes to collaboration between healthcare professionals and engineers.

**Rob Mruzek**  
**Tori Styner**



# Letter to the Editors:

Dear Editors,

I am a Pharmacist and a 2014 graduate of the Jefferson College of Pharmacy. Currently, I work in a retail pharmacy that is located inside an infectious disease clinic. Most of my patients are HIV positive and receive comprehensive care in the clinic. Every day I interact with CMA's, nurses, social workers, laboratory professionals, an addiction counselor, psychiatrists and prescribers. Together, we function as a healthcare team to provide integrated and seamless care for our patients.

When patients visit the clinic, they see their provider, have labs drawn, see a social worker, and pick up their prescriptions. By building relationships across disciplines, our clinic team is able to quickly resolve issues when they do arise. Usually, issues are resolved without the patient even realizing there was an issue. We do not blame other members of the team when something does go wrong, since we are one healthcare team and that is how our patients view us.

My time at Jefferson taught me that all the members of the healthcare team need to work together and learn from each other in

order to provide the best care possible for our patients. During their time at Jefferson, students are exposed to interprofessional education in ways that are unique and hands-on. While other schools have lectures and discussion on interprofessional education, Jefferson allows students to discover how to function on a healthcare team with the Health Mentors Program.

Without realizing it, this experience not only teaches students about the other members of the healthcare team but also how to educate peers about what our profession does, what we bring to the table, and how we evaluate a patient. This has benefited me as we look to expand the clinical services that our pharmacy offers. I understand that as we meet with the team to develop these plans, we need to start by educating the other members of the team on all the services that pharmacists can provide. This process also involves listening to our peers to understand their needs, learning the needs of our patients, and figuring out how as a team we can all work at the top of our licenses to meet those needs.

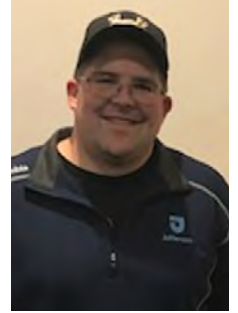
By learning from our peers, we are able to ask those questions we might not ask

while on clinical rotations and better understand how all the members of the team fit together.

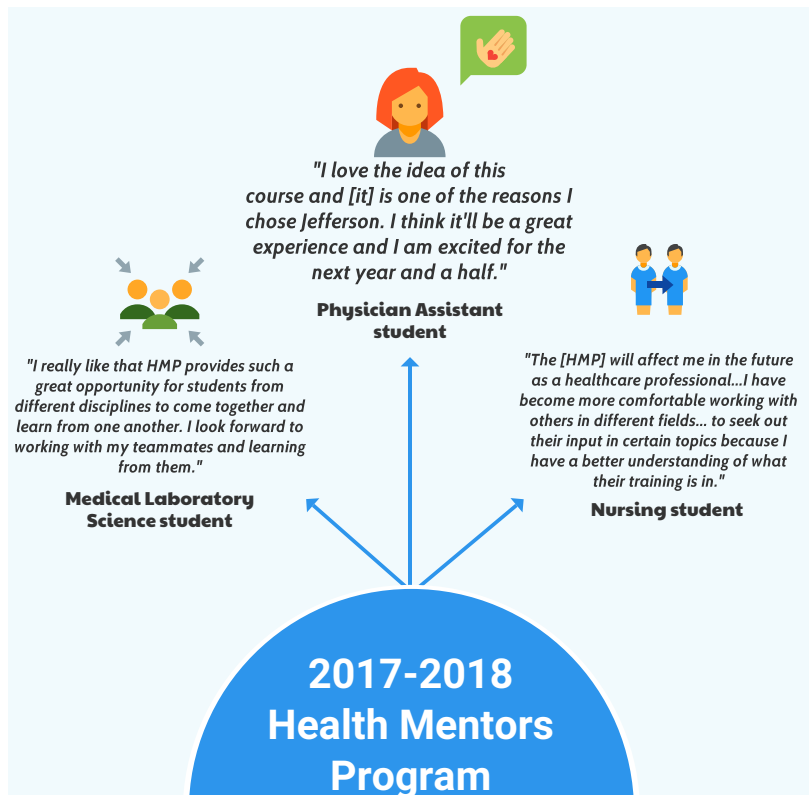
On rotations, students start to realize the benefits of interprofessional education. As you round with a team, it is natural to understand what "part" of the patient's care each discipline focuses on. Our education also makes it easier to understand which member of the team to direct a question to, since you understand how they evaluate and view a patient. While the Health Mentors Program and interprofessional education might not be a student's favorite or most exciting activity during his/her time at Jefferson, it is definitely one of the activities that has the biggest impact on our professional lives for years to come.

Regards,

Ian A. Cook, PharmD  
Jefferson College of Pharmacy, 2014



## Health Mentors Program Feedback



## Happy Holidays from the JCIPE Team





## Meet an IPE Champion from Thomas Jefferson University

### Michaela Scotten

#### **Describe your work with JCIPE:**

As part of the two-year curriculum for my Master's degree in Occupational Therapy, I engaged in the Health Mentors Program. Additionally, I had the honor of volunteering with No One Dies Alone through the student IPE interest group throughout my last year. My main involvement with JCIPE was through Student Hotspotting, beginning July, 2016 (offered through Camden Coalition of Healthcare Providers, Primary Care Progress, and Association of American Medical Colleges). I had the opportunity to work with an interdisciplinary team of eight students and four faculty members to identify "super-utilizing" patients with complex psychosocial and healthcare needs. As a team, we listened to the stories of four Philadelphians who have recurring medical visits due to disease and disability. Through much collaboration with health insurance providers, community partners, and Jefferson clinicians, we sought to understand and eliminate barriers to quality care to improve outcomes following our patients' interactions with a continuum of providers, from emergency to primary medicine. This experience allowed me to grow immensely in clinical reasoning skills, communication, and navigation of the health system.

#### **What excites you about this work?**

My favorite aspect of Hotspotting is efficient teamwork. With a diverse team of students and faculty dedicated to generating solutions to our patients' barriers, we identified resources and coordinated client visits much more effectively than if we were alone in our endeavors. Working alone in healthcare can be isolating and cause undue burnout. Working with a team provides opportunities for brainstorming, laughter, and a fundamental focus on targeting needs from many angles, rather than from the perspective of a single specialty.

An especially exciting aspect of Hotspotting is the experiential component of keeping a client at the center of medical decisions, learning about other disciplines' approaches, and having countless opportunities for networking with students and professionals across the country involved in similar projects. Classroom lectures can give students a taste for these components of healthcare, but nothing beats putting concepts into action in your own neighborhood!

#### **What have you learned that was new?**

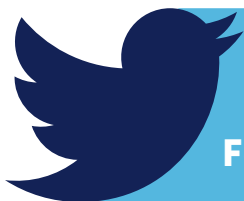
As a member of Hotspotting, I've learned that navigating the healthcare system is incredibly challenging. Pointing fingers at a case manager, doctor or scheduler is not a solution for long-term change. From timely medical transportation services to surgeons who make daily decisions regarding the appropriateness of life-changing surgeries, it takes a team to make a difference. Effective communication across all disciplines is incredibly important for efficiency of treatment and rapport-building with patients. "Cookie cutter" solutions may work in the moment, but true solutions within complex patient care coordination often result from the willingness to ask difficult questions that may not yet be solved.

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

Just like there are many dimensions of wellness (physical, emotional, spiritual, social, environmental, etc.), it's crucial that providers address each area together for holistic health. It is impossible for healthcare providers to be knowledgeable and proficient in every aspect of an individual's care, but it is imperative that healthcare is delivered from a client-centered team's perspective to ensure safety, timeliness of treatment, health promotion, and health prevention.

#### **How do you think you will apply your IPE/CP learning to your future?**

As a new occupational therapist, I am actively seeking a position within an organization which promotes and even celebrates interdisciplinary collaboration. Though working on a team may involve extra emails and lunch meetings, the perspective gained regarding a patient's well-being and progress is invaluable. I hope to improve my capacity as a team player, advocate for more efficient and accessible arenas for collaborative practice, and one day work as a consultant to empower more efficient interpersonal interactions, use of space, and more within the workplace. I also plan to stay connected with IPE and CP veterans who have a wealth of wisdom in implementing team-based care. Thanks for everything, JCIPE!



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**





## Meet an IPE Champion at Thomas Jefferson University

Rohit Moghe

### Describe your work with JCIPE:

I work in various capacities at the hospital that are interprofessional in nature. I bring these experiences to JCIPE as a facilitator for the student groups in the Health Mentors Program (HMP) as well as serving on the JCIPE HMP curricular committee. Both levels of involvement within JCIPE have been rewarding experiences.

### What excites you about this work?


What excites me about this work is that students are starting to understand and value each other's roles and think more about collaboration when they become independent practitioners. For example, other healthcare professionals will know how to utilize a pharmacist beyond just the traditional distribution role, but in all areas of direct patient care, patient safety and quality, as well as in scholarly activities. Furthermore, students will gain from their health mentor about health, wellness, and their experiences with our healthcare system. Their experiences with the health mentor will allow them to witness

ones who are resilient vs. fragile, how they cultivated and overcame adversities, and communities they live in that enable or restrict furthering their life experiences. Students will also learn the importance of advocacy for our patients on all levels to enable access, safety, and quality of various services that exist on local, regional, and national levels.

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

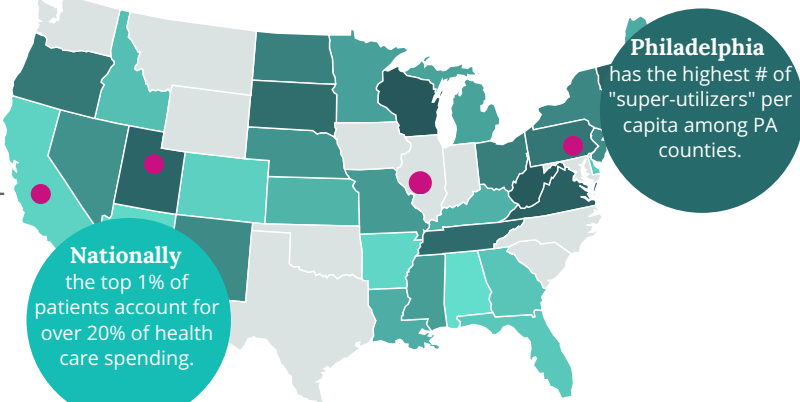
The two proverbs come to mind: "It takes a village to raise a child!" and "If you want to go fast, go alone; if you want to go far, go together." Healthcare is no longer a silo and no longer can it be sustained by one size fits all, nor can it be successful in its current burdensome trajectory. Teamwork is essential; however, everyone's voice and skills need to be used optimally for the benefit of the patient, including the patient's skills and motivations.

# Interprofessional Student Hotspotting Learning Collaborative



**@JeffCIPE**  
**#studenthotspotting**

**Jefferson selected as one of four national Student Hotspotting Hubs of 2017-2018!**




**Nationally** the top 1% of patients account for over 20% of health care spending.

**Philadelphia** has the highest # of "super-utilizers" per capita among PA counties.


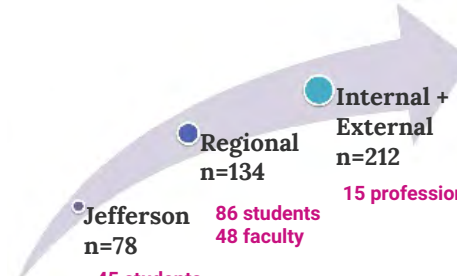


**TESTIMONIALS**

"I will carry [the Hotspotting program's] team oriented, whatever it takes approach with me in my career as a physician. I will also feel more confident effectively utilizing my health professional colleagues, nursing, PT, OT, Pharmacy and others, in coordinating patient care."



**MD STUDENT**

**Scaling Up Student Hotspotting at Jefferson**

2014-2017	2017-2018
<p><b>6</b> </p> <p><b>Interprofessional students</b></p>	
<p><b>4</b> </p> <p><b>Interprofessional faculty advisors</b></p>	
<p><b>1</b> </p> <p><b>Internal hotspotting team</b></p>	
	<p><b>Internal + External n=212</b> <b>15 professions</b></p> <p><b>Regional n=134</b></p> <p><b>Jefferson n=78</b> <b>45 students</b> <b>33 faculty</b></p>

Occupational Therapy  
Nursing Pharmacy

Social Work  
Physician Assistant

Health Psychology  
Law

Geography  
Public Health

Medicine  
Population Health

Physical Therapy  
Health Policy

Couple & Family Therapy  
Care Coordination

# JCIPE 10th Anniversary, June 20, 2017



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**Jefferson Center for Interprofessional Practice and Education**

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