

COLLABORATIVE HEALTHCARE



INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

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FROM THE EDITORS

Welcome to our fall 2018 edition of *Collaborative Healthcare*! This past fall was an especially busy time of year for us at JCIPE. We offered all of our major programs in addition to hosting our biennial national conference and engaging in an exciting strategic planning process.

In September, as the 12th cohort of Jefferson Health Mentors Program (JHMP) students began our newly revised curriculum that focuses on social determinants of health, our second expanded cohort of student hotspotters partnered with Jefferson and regional patients burdened with the most complex medical and social needs to collaboratively address the patients' health goals. Our two virtual world programs, Enhancing Services to Homeless Populations (ESHP) and Alzheimer's Virtual Interprofessional Training (AVIT), are steadily growing and ESHP now includes an optional onsite experiential component. We plan to expand both programs in the coming year. At the same time as we are working to train highly effective teams to improve the health of patients and populations, we are partnering with our surrounding community to improve the lives of patients locally. This is a recurring theme in our work, and in this edition of the newsletter.

Patient and community engagement was also threaded throughout October's *Interprofessional Care for the 21st Century*

conference. The meeting, JCIPE's sixth, saw record attendance, with more than 200 participants from across the country, along with several international attendees, coming together to share insights and ideas, projects and research in the field. We were "wowed" by an opening Keynote by Dr. George Thibault, former President of The Josiah Macy Jr. Foundation, and by a tremendous panel of plenary speakers, including Dr. Mark Goldszmidt, Centre for Education Research & Innovation, Schulich School of Medicine & Dentistry, University of Western Ontario; Dr. Patty Coker-Bolt, Division of Occupational Therapy, Medical University of South Carolina; and Dr. Peter H. Vlasses, Accreditation Council for Pharmacy Education. Dr. Thibault reflected on his 10-year presidency at The Josiah Macy Jr. Foundation and the advancements in IPE during that time. He received a Lifetime Achievement Award for his vision and leadership in the field. Our keynote panelists discussed moving away from focusing solely on the individual learner and practitioner and towards investing more in the development of effective teams. This includes attention to the sociomaterial elements of the practice environment, an argument by Dr. Goldszmidt, which was featured in last spring's newsletter.

Additionally, for the first time ever, the conference began with four pre-conference workshops, bringing participants together for interactive learning from national experts

about such diverse topics as transformational leadership, narrative medicine, TeamSTEPS® training and student hotspotting. Two of the articles in this edition of the newsletter stem from works presented at the conference. The first, written by a team at Jefferson, describes an initiative to train interprofessional teams to appropriately manage pain in the face of the opioid epidemic. The second, contributed by our neighbors at La Salle University, describes an interprofessional poverty simulation. Both deal with pressing local and national issues that require collaborative care and also relate to our growing cadre of programs working with underserved populations. Our students learn how to connect with community members using an interprofessional approach during our flagship JHMP, also featured in this edition of the newsletter via reflection essays by an occupational therapy and physician assistant student. We are excited to showcase all of this work in the fall edition of *Collaborative Healthcare*!

Before signing off, we want to thank all of the many stakeholders who actively participated in our programs, conference or strategic planning efforts; we value your contributions and hope you found these activities as rich and thought-provoking as we did! Until our spring publication, we sign off by wishing you and yours a joyful holiday season and a productive and peaceful New Year!

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INTERPROFESSIONAL CARE FOR THE 21ST CENTURY

6th Edition

JCIPE would like to thank all of our keynote speakers, presenters, participants, session moderators, abstract reviewers, and conference committee members for making this October 2018 conference a success. We are so grateful for your participation! Thank you again and we look forward to seeing you all at our 7th Biennial Conference in 2020!



THANK YOU!

Initiating Collaborative Care in Pain Management Curricula

According to the National Institute on Drug Abuse, more than 115 people die every day from an opioid-related cause (NIDA, 2018). Overdose deaths have surpassed the number of deaths from motor vehicle crashes and gun violence in the United States with 2016 being the worst year of the epidemic. Of the more than 63,000 deaths in 2016, the Centers for Disease Control and Prevention estimate that more than 60% of fatal overdoses involved a licit or illicit opioid (CDC, 2018). In Pennsylvania in 2016, 13 people died every day from drug-related causes (Hedegaard, Warner, & Miniño, 2017). The immediate response to the problem was to stop the massive amount of opioid prescribing. Since older adults bear a great burden of chronic pain, they also represent a large group of opioid users. Managing pain in this population is challenging considering the opioid crisis. Adequately preparing health care professionals to deal with the complexities of pain management

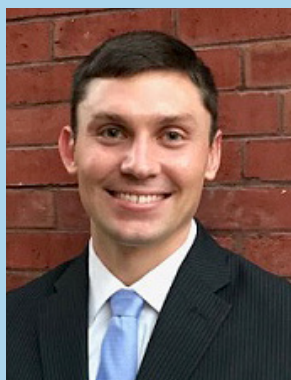
amid the opioid epidemic is a critical part of clinical curricula.

Managing chronic pain is challenging in older adults given the prevalence of multiple comorbid painful conditions, polypharmacy, age-related changes, and socioeconomic circumstances. Moreover, chronic pain is linked to decreased mobility and functional decline, depression, and a host of other physical problems including sleep disturbances, ambulatory dysfunction, malnutrition, impaired immune function, and increased mortality (Bruckenthal, Reid, & Risner, 2009). Chronic musculoskeletal pain in seniors is an independent risk factor for falls (Levielle et al., 2009). Tragically, failure to manage pain effectively in older adults increases their risk of falls. One reason pain causes a fall is that pain interferes with functional ability and the ability to perform activities of daily living. A greater risk of falls in older adults is linked with higher

morbidity and mortality (Levielle et al., 2009). Falls rank among the top 10 causes of death in older adults (Gruneir, Silver, & Rochon, 2011). These important factors are fundamental considerations in optimizing pain management in older adults.

Interprofessional educational (IPE) pain curricula provides a collaborative basis for professions to learn the same language as well as the core concepts of pain and the complexities of managing it. IPE provides the foundation for developing competencies to effectively impact pain and improve patient outcomes. Introducing an IPE collaborative care approach to pain management addresses the need to infuse meaningful education on pain management throughout the curricula as well as provide a strategy for student/participant engagement.

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Meet an IPE Student Champion from Thomas Jefferson University Zachary Semenez, MD Student, Class of 2019

Briefly describe your work with/related to JCIPE

I helped this past spring, through the Jefferson Geriatrics Department, with a program called Alzheimer's Virtual Interprofessional Training (AVIT). We used a virtual world called "Second Life" to simulate an interprofessional approach to a clinical encounter for a patient with dementia. We simulated the roles of a patient, caregiver, pharmacist, and physician with my fellow students from the medicine, pharmacy and physical therapy programs.

While not part of JCIPE, I also was a member of the first executive board of the Future Health Professionals Program, a diversity initiative and pipeline program geared toward educating high school students about all of the healthcare professions.

What excites you about this work?

It is exciting to be a part of IPE as I can foresee it being a strong component of medical education in the future. My hope is that IPE is the wave of the future and will be a part of health professional schools across the country.

What have you learned that was new?

As a medical student, I think we often get the idea in our heads that we have to be the most knowledgeable individuals in all aspects of medicine. However, from working with pharmacy, nursing, and PT students, I have found that they truly are experts in their fields and we should rely on each other's expertise in order to best serve our patients.

Why is IPE/CP important to you?

IPE/CP are important to me because my career will depend on collaboration with other professionals. Every healthcare professional is required to work with individuals in different fields in order to do their job properly. If students are not exposed to other professionals until they are already working in the hospital, the learning curve will be much steeper. In fact, without IPE we can never expect to attain the cooperative level necessary to best serve our patient populations. I think we still have many improvements to make in how nurses, doctors, medical assistants, physical therapists, pharmacists, and other staff/faculty work together in the hospital and clinical setting. In order to make this change, we need to start with interprofessional education as early as possible to make collaborative practice the norm.

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

I hope that I will be able to better understand the roles that my fellow healthcare professionals fill. When I order a PT/OT consult for a patient, I want to work with the therapists to understand the needs of the patient. If I submit an order through the EMR, I want to know what the nursing staff will see on their end and what that intervention looks like when applied to the patient. I can be more efficient and prevent medical errors if I rely on pharmacists' knowledge of drug interactions. There are so many more examples of how my career depends on my fellow medical professionals. The earlier we start seeing ourselves as teammates rather than a hierarchy, the better we will work as a team, and the better healthcare will be for everyone involved.

Research Question/Objectives/Purpose

This article describes a pilot study at Thomas Jefferson University that endeavored to address the following questions: Is an IPE simulation session an effective method to improve knowledge and attitudes among prescribers regarding pain?

The National Institute of Health (NIH) Pain Consortium's Edna Case was used to develop a simulated student encounter that is relevant to the common issues an older adult with chronic pain faces. It was important to include dimensions of depression, immobility, caregiver expectations/ burden, and risk of falls and injury associated with chronic pain in the simulation experience. A complex case scenario including all these items was designed. Edna is an older adult who recently experienced loss of her spouse and moved in with her daughter. She is experiencing some depression in addition to living in a new environment with chronic pain. The simulation elaborated on the social aspects of Edna's case by incorporating her daughter being burdened by having her mom living with her, as well as desiring a "quick fix" for Edna's pain and declining mobility.

Methods

The prospective cohort study used a pre- and post-test design. Four (4) interprofessional teams comprised of four (4) students from one of several clinical programs participated. The teams included representation from nursing, physician assistant, and pharmacy programs. Family medicine residents and students were invited but were unable to attend. The Knowledge and Attitudes Survey Regarding Pain (KASRP)

instrument was used. The KASRP is a 37-item questionnaire. It contains 21 true or false questions and 16 multiple-choice questions. Its purpose is to measure the attitudes and knowledge of caregivers about pain. It is particularly useful as a pre- and post-test measure and can be used to rate learning outcomes following educational programs on pain (Ferrell & McCaffery, 2012). Each participant completed the KASRP prior to the simulation experience. Interprofessional teams participated in the simulation and then were debriefed by faculty. Faculty was representative of the professional disciplines that made up the teams. The faculty randomly viewed the simulation sessions and participated in debriefings. Each participant and faculty member completed an exit survey to contribute insight into the experience of the simulation and share thoughts on the IPE collaborative care approach. In addition, participants were asked to email or turn in a hard copy of the KASRP post-test to faculty.

Results & Outcomes

There were 16 total participants in the pilot study. Thirteen (13) participants completed the pre-test KASRP prior to the simulation and nine (9) completed the post-test. Four (4) faculty members provided feedback. There was an 8.1% increase in post-test scores on the KASRP. Participant feedback was positive with all participants and faculty indicating the desire for more IPE simulation using NIH complex cases. Faculty feedback was also encouraging, indicating that the simulation method provided an effective means to introduce collaborative care in pain management curricula. Comments ranged from "definitely need more" to "need more cases weekly." The opportunity to

work with an interprofessional team during history taking and developing a collaborative plan for Edna were the two areas most commented on by participants.

Conclusions

Preliminary data suggests that the IPE simulation is an effective strategy for pain management education. Lessons learned include avoiding allowing participants to leave without completing the post-test and better planning to include medical students, occupational therapy, physical therapy, and family counseling students in the simulation. Developing more IPE simulation is underway in the current clinical curricula for advanced practice nurses. New NIH Pain Consortium cases that lend themselves to IPE are available and provide a wide range of learning opportunities. In response to the results and feedback from learners and faculty in this pilot study, work has begun to develop a tool for use in the ambulatory and primary care settings with regard to knowledge and attitudes around chronic pain and its management. This new tool, based on KASRP, will be used to assess prescriber knowledge and attitudes towards chronic pain in light of the opioid crisis, to address informed consent when opioids are used, and to encourage IPE. The new tool will be piloted during the next Collaborative Pain Management Simulation planned for spring or summer 2019.

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An Interprofessional Approach to Understanding the Impact of Poverty as a Social Determinant of Health

Interprofessional education (IPE) involves students from two or more professions who learn about, from and with each other to collaborate and improve health outcomes (WHO, 2010). The intent of IPE is to prepare students for Interprofessional Collaborative Practice, which involves multiple health care providers working with the most important members of the team: patients, families, and communities to deliver highest quality of care (WHO, 2010). Preparing members of the interprofessional team to better understand the realities confronting those they care for may translate to improved care.

Philadelphia is the nation's poorest largest city with 26% of the population living at or below the poverty level (Pew Charitable Trust Foundation, 2017; US Census Bureau, 2016). Healthy People 2020 noted that social determinants of health contribute to the health disparities that exist in our communities. Low income is one factor resulting in health disparities. To provide students an opportunity to experience the realities of poverty, the Interprofessional Education Committee of La Salle University School of Nursing and Health Sciences sponsored the "Poverty Simulation." The Missouri Association for Community Action Poverty Simulation Program provided students with a realistic experience of the challenges confronting persons in poverty with the purpose of sensitizing participants to the day-to-day realities of life. The program was divided into three phases: planning, implementation and evaluation.

Planning

Developing and implementing the program was a year in the making. The planning phase addressed developing trusting relationships with local community members. The La Salle Neighborhood Nursing Center and Community Health Fair provided a link to the community. Community members, who were recruited to participate in the simulation, provided the realities of poverty and were essential to the success of the program. To facilitate the development of a trusting relationship with the community, several meetings were held to discuss the purpose of the simulation, and address any concerns.

Community members were paired with faculty and assigned community resource roles, such as banker, teacher, pawn broker. Training that included a review of assigned roles and responsibilities and simulation logistics was provided to all. A mock Poverty

Simulation served as a practice run prior to implementing the program with students.

Implementation

Seventy-five students, 10 community members, 22 faculty and five staff participated in the three-hour Poverty Simulation. Students were introduced to the simulation and then completed the pre-survey. Students were assigned to a family dealing with the realities of poverty and provided a packet with family members' responsibilities and resources for a month. Some examples of family profiles include a head of household who is incarcerated; a 21-year old son who is taking care of his siblings while trying to attend college; and a single elderly adult who is living in a homeless shelter. Faculty and community volunteers role-played community resources. One 15-minute period during the simulation represented one week, and four 15-minute blocks represented one month of living in poverty. During the four 15-minute blocks, student teams were tasked with needing to go to work, paying their bills, keeping their family safe, and meeting the challenges of everyday living with limited resources. Debriefing followed the "one month in poverty."

Evaluation

Since the purpose of the simulation was to sensitize participants to the day-to-day realities of poverty, attitudes towards poverty were measured pre- and post- Poverty Simulation. With IRB approval, the Short Form of the Attitude Towards Poverty Scale (Yun & Weaver, 2010), a 21-item, five-point Likert scale survey that measures diverse attitudes toward poverty and poor people with a reported Cronbach alpha reliability of .87 was used. Two additional quantitative items were included on the post-survey: "The poverty simulation was seen as a valuable experience," and "My attitude towards poverty has changed as a result of the simulation." In addition, two open-ended questions were included on the post-survey, enabling students the ability to share their feelings about or comments on the simulation: "Please share any comments about the simulation" and "Please share any feelings about the simulation." Demographic data were also collected to describe the participants.

Demographics

There were 75 student participants; 35 nursing students, 39 nutrition students and 1 undeclared. The majority, 65, were female, and 10 were male. All were undergraduate students with the majority being third year students.



Students were also asked to self-identify their socioeconomic status as high, medium or low. Four students rated their socioeconomic status as "high," 39 reported their status as "medium," 30 rated their status as "low," and two did not rate their socioeconomic status.

Debriefing

Debriefing immediately followed the simulation. Debriefing questions included:

- "What happened to your family during the month in poverty?"
- "What feelings did you experience during the month in poverty?"
- "Did your attitudes change during the simulation?"
- "What insights or conclusions have you come to?"

After the debriefing, students were asked to complete the post-survey and evaluate the program.

Debriefing provided valuable sharing between the students and the community volunteers. Most of the students found the simulation to be very stressful. One commented that they started optimistically but were unable to thrive; while another said they needed to resort to crime to survive. Some did not think about feeding their family until week three, and no one sought healthcare during the month.

Survey Results

The Short Form of the Attitude Towards Poverty Scale was used to note changes in attitude pre- and post-Poverty Simulation. Additional analysis was also performed to note differences between nursing and nutrition students' attitudes, and students' income levels. Data were analyzed using SPSS 24. A t-test revealed no statistically significant difference in pre- and post-test mean scores (pre-test: n=69, mean =61.55, SD =4.87; post-test: n=67, mean =61.89, SD = 5.06) (t-Test =-.405, df = 134 p = .686). Furthermore, no statistically significant

CONTINUED ON PAGE 6

difference was seen between nursing and nutrition students on their pre- and post-test scores (pre-test: t-test 1.126, df = 65, p = .264; post-test: t-Test = 1.758, df = 65, p = .084). An ANOVA yielded no statistically significant difference noted between nursing and nutrition students, and self-identified socioeconomic status (F= .041, df = 2, 63, p = .96).

Discussion

Since many of the students self-identified as having "medium" to "low" socioeconomic status, the realities of poverty may be very real for them, and may account for the findings. As one student stated, the "system is very difficult, poverty is so much more complex than this," and the simulation "Did its best, but life realities [sic] harder than this."

Although there was no statistically significant difference on the pre- and post-surveys, students, faculty and staff comments demonstrated that the experience was very valuable. More than half of the students identified the simulation as a "real eye-opener,"

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adding the simulation was "realistic, valuable, changed my viewpoint dramatically and should be required by all." The simulation also had a surprising serendipitous effect. It allowed the community to have a voice, dispelled misconceptions, and strengthened the relationship between the university and the community. The community volunteers were not only teaching the students a valuable lesson but also developing relationships.

In addition to drawing out community members' and students' perceptions on life in poverty, the simulation and debriefing sessions helped the students realize the challenges of poverty, appreciate the contributions of community participants and reflect on the use of available resources to families. For example, the families did not seek available healthcare services during the simulation, illustrating the overpowering need to survive. This perhaps prompted students to rethink how to best meet the healthcare needs of those living in poverty, as well as demonstrated the important role of the patient/community on interprofessional healthcare teams. Better

understanding the realities facing those they care for will help these future practitioners to engage in patient-centered care that leads to improved outcomes.

Conclusion

The purpose of the Poverty Simulation was to sensitize participants to the realities of poverty and its impact on the communities we serve. We think the Poverty Simulation did this and so much more. As members of an interprofessional healthcare team, understanding the realities and impact of poverty may translate to improving care to those communities served.

Check out this video to learn more about the Poverty Simulation conducted by the Interprofessional Education Committee of La Salle University School of Nursing and Health Sciences: https://youtu.be/6Hb_XX2JUyA

**Patricia Dillon, PhD, RN
and the SONHS IPE Team**



Meet an IPE Faculty Champion from Thomas Jefferson University Janet Jackson-Coty, PT, DPT, PCS

Briefly describe your work with/related to JCIPE:

I am the Physical Therapy program's liaison to JCIPE and I am a member of the IPE curriculum committee. My work in these roles has given me the opportunity to participate in the ongoing development of the IPE curriculum and the Health Mentors Program. I facilitate the HMP student orientations and small group sessions.

What excites you about this work?

The JCIPE programs provide students with the opportunity to learn how important interprofessional collaboration is to quality patient care and to practice the skills necessary to be part of a high functioning Interprofessional team. It is through HMP, and other JCIPE programs, that the students learn to understand and value person-centered care, identify the attributes of successful teams and value the contributions of all of the members of the interprofessional healthcare team. The work that I do with JCIPE teaches students

from all disciplines how to function as members of interprofessional healthcare teams. This important contribution to the development of physical therapist students and students from other healthcare professions is what excites me about the work that I do with JCIPE.

Why is IPE/CP important to you?

My clinical experience as a physical therapist working on interprofessional healthcare teams has shown me that interprofessional collaboration improves patient outcomes. I have learned that including the contributions of members of multiple healthcare professionals is not only important for the quality of patient outcomes but also to the quality of the healthcare professionals' experiences. IPE/CP is important to me because it develops skills that our students will need to participate as members of interprofessional healthcare teams, which will result in positive outcomes for their patients, the members of their teams, and themselves.

Health Mentors Program Reflection Essays



Cecilia Pivarunas
Occupational Therapy Student

From the first health mentor team meeting, team 99 generated a supportive working environment, fostering a culture of teamwork using collaboration and accountability. One medicine student on the team offered

encouragement to team members and invited participation by asking team members to share their input and suggestions. Another medicine student created and implemented an organizational outline with team goals, objectives, and outcomes, and the physical therapy student and I generated materials for the project according to the organizational outline. Establishing group roles in the first two mentor meetings promoted productivity, quality team meetings and collaborations.

Assigning roles and responsibilities for team 99 facilitated the decision-making process, effective communication between the client and the team leader, group participation, and task completion. I had a positive experience working with team 99, and I enjoyed collaborating with my teammates. Since no team member dominated the others, each person offered unique qualities and perspectives that fostered group cohesion. We quickly became aware of each other's needs, which prevented group conflict and supported deeper relationships. We supported each other through midterms and sent encouraging texts to mitigate stress. I am fortunate to have gained friendships from my experience, and I look forward to collaborating with my teammates in the future.

The Health Mentors Program is a unique team building experience that supports my ability to work with a multidisciplinary team. I was afforded opportunities to speak about my profession and advocate for the use of an occupational therapist in all health care

settings. When the roles of team 99 were clearly defined among team members, we were able to plan and deliver optimal patient care. Additionally, it was enjoyable to work in an environment where I felt I could participate while also counting on my group members to do the same. This has changed my perspective of working with a care team, which I used to perceive as a hierarchical framework. Not only did I see the satisfaction of my teammates improve, but also that of the client. Our client reported, "I like having everyone in one place where I feel that my needs are met, and I am not just handed another medication." The Health Mentors Program taught me that a flat hierarchal team structure supports teams in a harmonious way. I also learned that when roles are clearly defined in a healthcare group, care outcomes improve, enhancing the experiences of both care professionals and patients. I look forward to working with multi-disciplinary care teams in the future, and I will leverage my experiences to better assist the future healthcare experience.



Karmanpreet Singh
Physician Assistant Student

One of the most memorable experiences during the Health Mentors Program was our first group visit to our health mentor's residence. We had previously met our health mentor on campus early in the spring semester and learned a great deal about her. The

visit to her residence was memorable due to the fact that she was very inviting and gracious to our entire group. She gave us a tour of her room, informed us about her everyday life, and the struggles and obstacles that she has to deal with due to her comorbidities. I believe that seeing her living environment in person was much more impactful than hearing about it during our initial meeting because we were able to physically see what potential improvements or changes could be made to make her life easier as well as safer.

Our visit to our health mentor's residence was a truly eye-opening experience for many reasons. The most memorable aspect of the visit for me personally was when she showed us a picture of our entire group that she had placed on her wall. She stated that she often talked with her friends about how proud she was of us and grateful for us visiting her residence. She stated that we were like her grandchildren and that it was very nice of us to ask her about her struggles and problems and potentially help her resolve them. This made me feel very inspired and grateful for the opportunity to make a difference in her life.

I believe that the Health Mentors Program is a very valuable tool for teaching students about the health mentors' lives. Often, when we see a patient, it is for a very short period of time and usually revolves around the pertinent complaint for the visit. We do not delve deeper in the patient's background, their living conditions, their struggles, their hopes and dreams. The Health Mentors Program provided me with a new

perspective about learning about a patient. As a future healthcare professional, I will take what I have learned over the course of the past two years and be more cognizant about a patient's struggles. The group members that I have had the opportunity to work with were extremely kind and all brought their unique perspectives and insights from their respective fields of study, which can be a learning experience for all involved. I have learned a lot from working with them and have also learned that communication is key in today's rapidly changing healthcare field. Effective communication and a multidisciplinary team-based approach are the biggest insights that I received over the past two years. Communicating with fellow healthcare team members is vital to providing efficient and effective care for the patient. I am truly grateful for the opportunity to participate in the Health Mentors Program, to work with my team members, and for the insights that I have received and will take with me into the future.



*Social Justice and Professionalism:
Exploring the Challenges and
Opportunities*

The 2019 APHC Annual Meeting will explore social justice education and practice in the health professions across the U.S. and internationally. While there are many definitions of social justice, it is emphasized as a key value in the 2002 Charter on Medical Professionalism, the 2017 Code of Ethics for Social Work, and included within the 2015 Code of Ethics for Nursing. What does our experience with healthcare in the 21st century tell us about successes, failures, and opportunities in embracing social justice as a professional value? What is our path? moving forward?



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Camille Burnett, RN, PhD

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Ayelet Kuper, MD, DPhil

Associate Director, Wilson Centre;
Associate Professor, Department of
Medicine, University of Toronto

Registration Opens in January

www.academy-professionalism.org

APHC 2019 7th Annual Meeting

May 15-17, 2019

The Jung Hotel

1500 Canal Street

New Orleans, Louisiana

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Student Hotspotting Kickoff



Thank you!

As we prepare to reconstitute our editorial board for 2019, JCIPE would like to thank all our editorial board members for their service and contributions to *Collaborative Healthcare*.

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