FROM THE EDITORS

We are thrilled to bring you our spring 2019 edition of Collaborative Healthcare, and hope that you will enjoy reading its contents and reflecting on the innovative initiatives described as much as we have! It has been another busy semester at JCIPE, and we welcome this opportunity to learn from our national colleagues.

This past fall at JCIPE, we graduated our 11th cohort of Health Mentors Program students. Our first ever class of Human Genetics and Genetic Counseling students began participating in the program with this cohort. For the second year, student teams presented impressive advocacy projects that reflected a topic of importance to their Health Mentor. One team was invited to meet with representatives from Southeastern Pennsylvania Transportation Authority (SEPTA) to present their ideas for how to ensure appropriate seating for those with special needs.

In May, we concluded our second year as a national Student Hotspotting hub. The Wrap-Up event ended with a lively poster session for student teams from Geisinger, Harvard, Johns Hopkins and Uniformed Services University of the Health Sciences, and Jefferson. Teams told their patients’ stories and shared their strategies for goal setting and empowerment. Our research teams are now analyzing this year’s student, advisor, patient and health system data. Initial results from last year’s cohort showed positive outcomes for students, patients and Jefferson Health, and we are excited to see what this year’s data will reveal! Data analysis for our Team Care Planning simulated discharge program, Team Simulation and Fearlessness Education (TeamSAFE) introductory and advanced patient safety training programs, and virtual world training programs on homelessness and Alzheimer’s and other dementias is also underway. The summer will focus on program improvements and documenting our findings for publication.

Later this month, JCIPE will host our first ever Thought Leaders Retreat that will bring together national experts to evaluate a pertinent problem from an interprofessional perspective. This year’s inaugural group hails from five professions: medicine, nursing, pharmacy, psychology and social work. The cohort, including individuals representing the ‘lived experience’, academia and clinical practice, will develop the framework for an ideal IPE experience, academia and clinical practice, including individuals representing the ‘lived experience’, academia and clinical practice, will develop the framework for an ideal IPE experience helping to refine and deliver our Team Care Planning program. In addition, we are pleased to feature a letter to the editors from a new participant in our fall Interprofessional Care for the 21st Century biennial conference. May it be a relaxing and joyful one! We look forward to seeing you at the Nexus Summit and CAB VII in the coming months.

This edition of Collaborative Healthcare showcases several novel collaborative problem-solving approaches. The first article, contributed by a team at Concordia University Wisconsin (CUW), details a community-university partnership addressing the needs of seniors ‘aging in place’ and receiving meal deliveries from Fresh Meals on Wheels. The second tells of a unique collaboration between Jefferson graphic design communication and pharmacy students intended to yield mechanisms to provide information and resources to a rural Pennsylvania community about type 2 diabetes prevention and management. A third article describes efforts at Medical University of South Carolina (MUSC) to leverage gamification and technology to teach teamwork skills using an escape room event. The newsletter also features a student reflection, this time from one of our May occupational therapy graduates about her experience helping to refine and deliver our Team Care Planning program. In addition, we are pleased to feature a letter from the editors from a new participant in our fall Interprofessional Care for the 21st Century biennial conference.

We hope this edition of Collaborative Healthcare gives you ideas to consider and discuss over the summer. May it be a relaxing and joyful one! We look forward to seeing you at the Nexus Summit and CAB VII in the coming months.

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Advancing Senior Care and Aging in Place through Collaborative, In-Home Visits: A Novel Community-University Partnership

“Aging in place” (i.e., living independently in one’s home) has become part of the national conversation as the U.S. demographically shifts towards an older population. What is interesting about aging in place is how seniors may end up in this particular situation. For some seniors, it may be their choice to age safely in their home with or without a partner and possibly other family members. For others, in place can occur out of necessity as a result of financial burden, lack of family support, or even isolation due to mental health or cognitive issues like dementia (see Brody, 2018). Here, we describe a novel community-university partnership that aims to provide collaborative care and recommendations by assessing the safety and independence of individuals aging in place regardless of how they ended up on this particular path.

The Need
Before we embarked on our community-university partnership in the spring of 2018, we kept hearing the same refrain from a non-profit organization that knows its senior clientele very well: “We are really worried about some of the people our volunteers see when they deliver meals.” Their worry was for the safety of senior citizens, often living alone, who were receiving daily meals from Fresh Meals on Wheels (FMOW) of Sheboygan County, Wisconsin. FMOW is a farm-to-table healthy meal service that has become a de facto hub and collector of information about the people they serve. Volunteers were routinely reporting to the FMOW staff that some homes were cluttered, dangerous and hard to walk through; that multiple medication bottles were visible and seemed unorganized; and that some seniors appeared sad, lonely, and at times, showed signs of dementia.

FMOW wanted to find a way to better support the needs of the elderly whom it served, and so it reached out to the Dean of Nursing at Concordia University Wisconsin (CUW), who then contacted CUW’s Office of Interprofessional Practice and Education (IPE). Quite quickly, a pilot program was conceived that was built on the overall shared goal of aiding individuals to age in place, while remaining safe and healthy. A collaborative study and protocol was proposed and IRB approval was secured.

The protocol consisted of CUW faculty members and an FMOW case manager making a series of three visits into the homes of seniors. At visit #1, case managers would identify seniors at risk and the team, consisting of a medical anthropologist, pharmacist and nurse, would gain consent and gather background and ethnographic information, conduct a medication history, and administer a Mini-Cog™ screening test as well as a Geriatric Depression Scale Short Form™. At visit #2, either an occupational therapist or physical therapist faculty member would assess home safety and fails risk using the SAFERhome™ tool. The team would then collaborate via a shared drive, carpooling, and/or in-person meetings to determine recommendations for each FMOW client. At visit #3, the collaborative pharmacy-nursing-medical anthropology team would present the recommendations and gathered information to the FMOW clients in their homes. The written set of recommendations concerning medication, mental health status, possible referrals, and home safety improvements was provided to the clients to share with their providers, support staff, and family members.

Engaging with Seniors
Our first cohort of the pilot program, which included three FMOW clients, proved enlightening in myriad ways. We met “Betty” who was cheery and eager to speak with us and divert our attention from severe edema in her legs, which created an inability to properly care for her own household and toileting needs. We met “Mary Jo” who, while also welcoming, was very depressed and had endured multiple falls over the previous six months. She was aware that her polypharmacy, which included opioids and a benzodiazepine, required immediate attention. And we met “Clarence” who wanted to confide in us about his daily routine of using the bus to visit his wife in a nursing home because he missed her and was deeply concerned about her welfare. As the nurse asked questions from the geriatric depression scale, Clarence’s affect began to change. He began to cry, which elicited great empathy from the group. He was then able to open up about his sadness and occasional suicidal thoughts, which were related to his isolation.

All three clients were open and receptive to our collaborative recommendations made on visit #3. In general, these included gaining client buy-in for more help with seemingly mundane things: cleaning, rearranging furniture, removing throw rugs, and making simple adjustments to walkers and canes. We specifically encouraged Mary Jo, for example, to take our letter to her provider in order to discuss tapering her medications, especially the benzodiazepine and opioids (see also Oldani and Suss, n.d.).

We confirmed that she spoke with her provider and began to taper meds at a 3-month follow-up visit. Clarence’s situation required a more immediate intervention before visit #3, and FMOW secured a social work referral for his mental health care, which we discussed during the team visit. Betty continued to socialize with friends and family, especially her grandchildren. However, our team recommended more social engagement for Mary Jo and Clarence through church and community groups, friends, and reconnecting with family members. During exit interviews at visit #3, the clients expressed appreciation for the home visits, commenting that they “meant a lot” to them and “showed we cared”. One client said the visits, “helped me want to change [my situation].”

Collaborating with Students
In the fall of 2018, we expanded the pilot to include students as part of the home visit team. Each faculty member incorporated a student from their program either through a specific course or clinical rotation. Additionally, to ensure interprofessional discussions and more shared decision-making, an IPE case conference was embedded with the visit schedule to ensure deeper collaboration, debriefing, and the application of pertinent literature for making appropriate recommendations. As of May 2019, student-faculty-FMOW teams visited 17 seniors over two semesters.

Students have engaged in self-reflection, debriefing, and presentations of their collective work and have shown growth in important areas. They have reported learning “important soft skills”, “handing off to other specialties”, how to “get important information [from seniors]”, and how to “redirect talkative seniors.” A pharmacy student sat next to a senior on her couch and instructed her on how to use inhalers and followed up through long phone conversations when it was clear a human connection was needed to ensure compliance with our recommendations. Students, in general, benefited from entering a space that connects the textbook with their present and future.

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As this initiative continues to evolve, we plan to address and expand in several areas. We are working with a local Federally Qualified Health Center (FQHC), a primary care medical home, to begin to focus directly on health outcomes (e.g., diabetes, mental health). We have also been working with a local hospital in a different county that wants to incorporate our protocol, which would include a meal delivery service, to study hospital readmission rates after cardiac events (e.g., Berkowitz, et al., 2018). Both of these partnerships would help overcome a limitation with the current project—namely, our lack of access to the electronic medical records (EMR) of seniors. EMR connection would help with all aspects of the in-home visit process, allowing direct connection and collaboration with providers while measuring the impact of collaborative home visits over time.

Assessing Outcomes
We are working to incorporate additional assessment tools into all aspects of our in-home visit schedule. The Jefferson Teamwork Observation Guide® (JTOG®) is one such tool we hope to begin using in the fall of 2019. The JTOG® allows for team members to assess another and gives clients/patients and support staff the opportunity to also assess the healthcare team using a smartphone or tablet.

Scaling up will remain a challenge. However, we are confident that the pieces are now in place to incorporate more faculty and students and/or to train other organizations to create similar collaborative partnerships. These kinds of productive relationships fall in line with the call for more robust community-based programs and initiatives; they are the kind of relationships that focus on improving outcomes through aligning emergent cultures of IPE (at the level of learners) with community organizations and local systems working toward collaborative solutions in the healthcare marketplace (Cox, Cuff, Brandt, Reevers, & Zierler 2016).

REFERENCES:

The Importance of Community Partnerships
Having a community partner on the ground and operating locally has been the key to our program’s success. It was immediately clear to us that FMOW volunteers simply know their clients best and can be the ears and eyes that identify people at risk and in need of in-home visits and sometimes an immediate intervention (e.g., one senior required admission to assisted living, which FMOW helped facilitate during visit #1). FMOW can directly act on our recommendations. For example, when the team discovered that a senior may only be living on “three [FMOW] meals a week...” and not meeting basic nutritional needs, FMOW worked to secure additional meals. FMOW also has a network of community volunteers who can be called on to install grab bars in showers, fix raling outside of homes, paint walls, fix rugs, find rides to church or community events, and help with yard work.
Collaborative Learning of Diabetes with Graphic Design Communication Students and Student Pharmacists

Introduction

In fall 2018 at Thomas Jefferson University, an opportunity for collaboration was identified and coordinated by Beth Shirrell, MFA in Graphic Design and Interactive Design and assistant professor in the Kanbar College of Design, Engineering, and Commerce; and Amy Egras, Pharm.D., BCPS, BC-ADM and associate professor in the Jefferson College of Pharmacy. The collaboration included 27 senior graphic design communication students from the Systems Design Integration course at the Kanbar College of Design, Engineering, and Commerce and 12 third-year student pharmacists from the diabetes elective course entitled Diabetes Immersion at the Jefferson College of Pharmacy. The System Design Integration course is taken the first semester of senior year within the graphic design communication curriculum. The graphic design students are required to work in groups on a design problem for an external client arranged by the faculty. The challenge is open-ended and complex, requiring problem identification through primary and secondary research, collaboration, original content and visual creation, physical prototypes and professional presentations. This year the client was the 1889 Jefferson Center for Population Health, located in Southwestern Pennsylvania. This semester long, team-based project challenged students to develop a design system that would provide information, tools and resources to the rural community about type 2 diabetes prevention and disease management. Since the large-scale, multi-component design project for the fall 2018 System Design Integration course centered on providing diabetes education to the community, it was decided that these senior graphic design communication students could work with the third-year student pharmacists who were enrolled in the diabetes elective course entitled Diabetes Immersion.

Background

The 1889 Jefferson Center for Population Health is an innovative research center, aiming to improve the health and wellness of individuals living in Cambria and Somerset Counties through the implementation of innovative, population-based health interventions. Located in Southwestern Pennsylvania, Cambria and Somerset Counties are areas that face challenges in addressing the social determinants of population health. Vital health factors like tobacco use, diabetes and obesity prevalence are worryingly above the state and national averages (‘Data USA Johnstown, PA,’ 2019). Primarily acting as a facilitator, the Center brings together other community organizations that work towards a healthier region. They focus on lowering tobacco and obesity rates, as well as raising awareness of mental health issues, with diabetes control and prevention being the Center’s top priority.

Description

The first step in the collaboration of the graphic design communication students and student pharmacists was providing some education to the graphic design communication students on type 2 diabetes. Dr. Egras gave a presentation to the students that provided a comprehensive overview of diabetes from diagnosis to management, treatment, and prevention. This helped the students understand the problem better.

The next step was the first of two in-person meetings between the graphic design communication students and student pharmacists. The students came together for a design-thinking workshop. One aspect of design-thinking workshops is to bring two different groups together on common ground and allow for interprofessional interaction and teamwork. For this activity, an empathy map was utilized. Student groups used patient personas to move through a sequence of design-thinking methods to gain a better understanding of the impact type 2 diabetes has on patients’ everyday lives. This helped to build empathy for people with diabetes and better understand behavioral drivers.

At the last in-person meeting, the graphic design communication students presented their project prototype to a small group, which included the Executive Director at the 1889 Jefferson Center for Population Health, as well as faculty, student pharmacists, and their peers. Student pharmacists, along with the other audience members, provided feedback to each group as they worked to finalize their projects.

The graphic design communication students created some unique resources that could be utilized in Cambria and Somerset Counties. Some examples included:

• Trek: Utilizes pre-existing hiking trails to create an awareness campaign that encourages family bonding through physical activity

• On Site: An initiative that works with employers to deliver healthy, delicious, and affordable meals to their employees through the use of a food truck

• Sprout: A diabetes prevention program that encourages elementary age kids to eat healthy and be active through games

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Methods
Quantitative and qualitative data were collected to evaluate students’ attitudes, knowledge, and skills in regards to the interprofessional collaboration. For the quantitative assessment, students filled out the Interprofessional Socialization and Valuing Scale-9A (ISVS-9A) and the Interprofessional Socialization and Valuing Scale-9B (ISVS-9B) pre- and post-surveys. For the qualitative assessment, students filled out pre and post-meeting surveys. Some questions in the pre-meeting survey queried what each group of students knew about the other’s profession. The post-meeting questions inquired as to what each group learned from each other, what they learned from the interprofessional experience, and what thoughts they have for future collaboration. Results are pending; several excerpts from the qualitative assessment are highlighted in the Discussion section.

Discussion
Both groups of students brought different skillsets to the table and both groups embraced this collaborative opportunity. This was observed during the empathy map activity. Design-thinking is a very common learning approach amongst those working in graphic design. However, it was a very different way to learn for the student pharmacists. This allowed a successful partnership to emerge, as the graphic design communication students led the process of the activity and the student pharmacists were the content experts. Anecdotally, students enjoyed working with others studying professions that seemed vastly different from theirs. Furthermore, they realized how their two professions could work together for the good of the population.

Comments from the graphic design communication students included:

• “It was an awesome experience collaborating with non-designers and working with them to mind-map diabetes.”
• “I think both sides learned new things from each other and we learned how to utilize everyone’s skills.”
• “Working with people outside and within your field of study can be challenging, but as long as you keep everyone on the same page and communicate, you will succeed.”

Comments from student pharmacists included:

• “I was absolutely blown away by the graphic design students’ creativity and innovation when it came to design thinking, problem solving and creating their deliverables. I believe having more collaboration with diverse disciplines would be extremely beneficial to our pharmacy profession.”
• “Typically, we think of interprofessional education being with other healthcare providers. This helped add a refreshing view that interprofessional can mean so much more.”

Once the data analysis is conducted, we are hoping to see that the students found value in this collaborative experience. Looking at the qualitative assessment, we hope to gain a better perspective on what the students learned from each other and how this might benefit them in the future. In regards to the quantitative data, we are hoping to see that the students found this collaboration to be a valuable and positive interprofessional experience.

Conclusions/Next Steps
Because the client for the graphic design communication students changes each year, there may not always be the opportunity for this exact collaboration amongst students. However, in the future, faculty are hopeful to find other unique collaboration opportunities to broaden student perspectives.

Amy M. Egras, PharmD, BCPS, BC-ADM
Jefferson College of Pharmacy
Beth Shirrell, MFA
Graphic Design Communication

REFERENCES

Letter to the Editors:

Dear Editors,

I am currently the director of the Pulmonary and Respiratory Departments at Crozer-Chester Medical Center (CCMC). I also serve as Chief of Medicine at Salem Medical Center (SMC).

In 2015, our intensivist team from CCMC was asked to provide coverage to a small community hospital, SMC. The hospital lacked medical students, interns, and residents, therefore rounding was haphazard and not patient-centered. Not knowing back then what interprofessional education (IPE) meant, I set out to create multidisciplinary rounds. First, I asked the administration and the head of departments to help provide a pharmacist, nutritionist, case manager, social worker, and respiratory therapist to be available for daily morning rounds.

The nurse was also asked to be there, with a layout and a checklist, to present on every patient.

In order to convince the administration of the extra Full-Time Equivalents (FTE) required to provide the necessary personnel for rounds, I needed to show them data about the importance of having different disciplines involved in managing patients in real time. This change in our rounds has proven to be very successful in helping us achieve our medical targets to reduce length of stay (LOS) and ventilator days, achieve savings in medication costs, employ early enteral nutrition, and adhere to ICU protocols.

More importantly, I noticed that barriers were broken down between the physician and the medical staff. It created a sense of a team approach to managing patients. It gave everyone a voice to share their concerns and provide input on patient care.

After attending JCIPE’s biennial conference, Interprofessional Care for the 21st Century, I was formally introduced to the concept of IPE. I’m a fan at heart and now I seek to bring more forms of IPE to our main institution at Crozer-Chester Medical Center.

Thank you for the opportunity to learn more about the process of IPE.

Regards,

Hussein Kiliddar, MD
Director, Pulmonary and Respiratory Departments, Crozer-Chester Medical Center
Chief of Medicine, Salem Medical Center
Effectiveness of the Sloppy Mountain Medical Center Computer-Based Escape Room Game for Teaching Interprofessional Teamwork Concepts

Introduction

Use of games or gamification is often cited as an innovative and effective strategy for teaching millennial health professions students who have grown up with gaming technology (Lohrmann, D. K., 2011). Benefits of gamification to medical education include abstraction of complex tasks into digestible skills, progression through challenges, replication of “real life” scenarios, and increased student satisfaction with learning (Yunyongying, 2018). While interprofessional education strategies have included the use of role-play, simulation, interactive icebreakers, and other types of games, very few studies have examined use of computer-based gaming to teach interprofessional teamwork skills, knowledge, and attitudes (Joseph & Diack, 2014). This paper presents the use and evaluation of a computer-based escape room game for teaching teamwork skills to interprofessional health professions students.

Background

Developed by the Medical University of South Carolina (MUSC) in 2018 as a component of the institution’s Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) accreditation Quality Enhancement Plan, the Sloppy Mountain Medical Center computer-based escape room game (hereafter referred to as “Sloppy Mountain”) was designed to challenge interprofessional teams of learners with a set of tasks that demand effective communication, leadership skills, efficient collaboration, creative problem-solving and cooperation. The overall purpose of the game is to develop team-based communication skills and techniques not specific to any one health profession; therefore players in any health professions program or with any background can find value in the game.

Working in interprofessional teams of three or four players, each with his/her own laptop computer, players work together to discharge patients from the team’s medical center. Each player has access to only one of the rooms in the team’s medical center. Most of the information and resources needed to discharge patients from each room are contained in the other team members’ rooms. Students must work together, communicate clearly, collaborate effectively, and plan efficiently to discharge all of the patients quickly under time pressure.

Figure 1 is a screen capture image of a single player’s room. At the outset of the game, each room is messy and disorganized, as evidenced by spills, crumpled papers, and cobwebs. Since each team member has limited access to the information and resources needed to discharge patients, players must collaborate with their team members in other rooms to learn how to interact with the game elements, such as the telephone, lockbox, charts, or medical devices; discover clues hidden in the room; realize that clues and resources need to be shared with all team members; and ultimately figure out the process to discharge patients. The game includes a timer, and the fastest teams to discharge all patients win.

Methods

In January 2019, MUSC implemented Sloppy Mountain with 850 first-year interprofessional students during Interprofessional (IP) Day, a required event with a 14-year history of developing a culture of collaborative teamwork and improving patient care and safety. Participating students were enrolled in graduate programs in Biomedical Research, Dental Medicine, Dietetics and Nutrition, Health Administration, Medicine, Nurse Anesthesia, Nursing, Occupational Therapy, Pharmacy, Physician Assistant Studies, Physical Therapy, and Public Health. The 850 students were divided into 43 groups with 15-25 students in each group and were assigned separate meeting spaces on campus. During a 2.5-hour session, the groups participated in activities focused on teamwork communication, one of which included playing Sloppy Mountain. Fifty-five faculty facilitators were responsible for leading the day’s activities and were provided a facilitators guide and all materials, handouts, and other necessary resources; they also attended a 2-hour orientation prior to IP Day that included time to practice playing Sloppy Mountain.

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The IP Day session began with a welcome video from the President and CEO of the University focused on interprofessional teamwork. After the video, students participated in a short interactive icebreaker designed to get to know each other, and then they worked in teams as part of a 15-minute communication activity. Next, students played Sloppy Mountain in interprofessional groups of three or four for approximately 50 minutes, followed by a 10-minute debrief. During the debrief, facilitators asked students to reflect on the significance of time pressure on teamwork and active listening; the need to seek information from all available sources; strategies for eliciting information when not readily available; the concept of mutual support; and the emergence of leaders during game play.

All student participants were emailed an anonymous web-based survey at the conclusion of the IP Day session. Students were instructed to respond on a five-point Likert scale (1=Strongly Disagree; 5 = Strongly Agree) to questions related to learning objectives and satisfaction with the IP Day activities.

Results
Table 1 presents IP Day evaluation results related to Sloppy Mountain learning objectives. From the 850 students surveyed, 501 responded, resulting in a response rate of 60%. For all items, 90% of respondents or more agreed or strongly agreed that learning objectives were achieved.

Discussion
A large majority of students agreed that Sloppy Mountain was an effective way to progress in their understanding of challenges with team communication, such as clarity of communication, the significance of time pressure on teamwork effectiveness, active listening, information seeking from all available sources, and monitoring teamwork progress. Student narrative comments concurred with objective data, and students indicated that they were highly satisfied with the game itself but recommended changes to the video and icebreaker activities. In particular, students would like to spend more time learning about interprofessional roles and responsibilities as a component of the icebreaker, rather than focusing entirely on getting to know personal information about each other. Since learning more about interprofessional roles and responsibilities is an important part of interprofessional teamwork, a brief activity on this topic will likely be added to future IP Day sessions.

There is a breadth of research pointing to the benefits of using games for learning that adds further dimension to our findings. In particular, educational games have been shown to motivate and encourage perseverance, develop enduring understanding of concepts, and when used with learning groups, offer opportunity for “small-group cognition,” in which the group accomplishes intellectual outcomes as the result of social transactions and co-construction of meaning as they work toward a common goal (Gressick and Langston, 2017). Although the evaluation of IP Day did not specifically include measures to assess learner outcomes in relation to educational gaming, evaluation responses did suggest that the game taught important lessons about teamwork. This may be true because the game required students to apply key teamwork skills (e.g. active listening, information seeking, assertion, and mutual support) as they problem-solved together to work the game interface and successfully discharge their patients.

Conclusion
The Sloppy Mountain Medical Center escape room game can be an effective way to engage interprofessional healthcare students and develop appreciation for complex interprofessional teamwork. Next steps for research on Sloppy Mountain include adding measures related to the benefits of gaming and implementing qualitative methodologies, such as observation, focus groups, or narratives to further examine students’ learning. Other key measures to explore include how learner characteristics (i.e., profession, age, gender, gaming experience, etc.) may influence learning outcomes and successful game play. Additionally, given that this paper reports on only one curricular approach, other curricular or instructional approaches, including session design, facilitation, and debrief, could be examined to determine the effectiveness of the Sloppy Mountain escape room game for teaching interprofessional team communication.

Table 1. Student reported effectiveness of the Sloppy Mountain Medical Center escape room game. *5-point scale: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

<table>
<thead>
<tr>
<th>Playing the Sloppy Mountain Medical Center escape room game helped me:</th>
<th>Agreed/Strongly Agreed*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify challenges and solutions associated with communicating complicated information in a clear and concise manner.</td>
<td>92%</td>
</tr>
<tr>
<td>Appreciate the challenge and importance of seeking information from all available sources.</td>
<td>93%</td>
</tr>
<tr>
<td>Appreciate the challenge and importance of working as a team to solve problems.</td>
<td>93%</td>
</tr>
<tr>
<td>Appreciate the value of listening and responding to the needs of other team members in order to solve problems collectively.</td>
<td>94%</td>
</tr>
<tr>
<td>Appreciate the importance of monitoring team progress as well as providing task-relevant support and assistance to the other team members.</td>
<td>90%</td>
</tr>
</tbody>
</table>

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REFERENCES
As a graduate assistant for the Department of Occupational Therapy, I have had the opportunity to work on a variety of projects over the past three years. When I reflect on my experiences in this position, I have a deep appreciation for the skills I have gained and the relationships I have formed. As part of my position, I have worked with the Jefferson Center for Interprofessional Practice and Education (JCIPE) to enrich and run the Team Care Planning (TCP) program. The TCP program brings together students from different healthcare disciplines to participate in a simulated discharge planning meeting with a patient and caregiver played by standardized patients. Prior to attending the interprofessional simulation, students are instructed to watch a series of short videos in which a nurse, physician, physical therapist, occupational therapist, pharmacist, physician assistant and social worker each meet with a patient who recently had a stroke and is preparing for discharge from acute care to the next appropriate setting. On the day of the simulation, students arrive and have a set amount of time to discuss the case, their profession’s viewpoint and role, and to create a plan for their meeting with the patient. Following the meeting, the students debrief about the experience with a trained leader. As a whole, the TCP program aligns with Jefferson’s mission to educate future professionals in a manner that will prepare them to provide integrated healthcare delivery.

Prior to dissemination this year, it was determined that the existing video clips were outdated and plans were made to create new ones. I was able to participate in the entire TCP process from creating the videos to sitting in on the discharge planning meeting, and debriefing with a group of students. While helping to recreate the videos and plan for the discharge meetings, I began to understand the value of the program for students who participate. As I watched each professional record their video segment with the standardized patient, I gained a new perspective about the role of each discipline and the ways in which they differ and overlap. By the end of filming, I could see that the patient’s care would have been far less comprehensive if even one of those disciplines hadn’t been part of the process.

These realizations were further reinforced on the day of the simulation when I observed a group of students plan and discuss their thoughts with the patient. Although students had some awareness of what their peers do, they gained more clarity about the specific skill sets of other professionals during the meeting. When debriefing, the students shared their newfound perspectives about the strengths and limitations of their own disciplines and how students from other programs were valuable in helping fill in the gaps. Specifically, many students commented on how the meeting would have been more effective if an occupational therapy student was present. As a future occupational therapist, these comments were extremely meaningful. This indicated that the students had an understanding of what an occupational therapist does and how they could have been of value in the meeting. This is not to be overlooked, as the role of an occupational therapist is notoriously misunderstood by the general public. Experiences such as TCP are vital because students can learn about interacting with other professionals in the classroom, but they gain so much more from real time interactions that challenge them to navigate the complexities of team relationships. Jefferson is ahead of the curve with its initiatives to incorporate real time, interprofessional interactions into educational curricula, and I feel extremely lucky to be able to participate in these experiences. I can confidently say that I will be a better occupational therapist because of it.

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**2019 James B. Erdmann, PhD Award Recipients**

Jefferson Center for Interprofessional Practice and Education (JCIPE) congratulates this year’s interprofessional education (IPE) and collaborative practice (CP) award winners and thanks them for all their efforts to support and advance this work on campus and beyond. Their contributions are immeasurable!

**Excellence in Interprofessional Health Education**

Anne Mitchell, PhD, CRNP  
Assistant Professor of Nursing, JCN

**Excellence in Interprofessional Collaborative Practice**

Brittany Gunville, MS, PA-C  
Physician Assistant, Otolaryngology, TJUH

Brooke Worster, MD  
Assistant Professor, Family & Community Medicine, TJU

**Excellence in Interprofessional Education and Collaborative Practice for Administrators/Staff**

Paula Ostroff, RN, CCM  
Embedded Care Coordinator, Care Coordination, TJUH

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**Student Awards for Excellence in Interprofessional Education and Collaborative Practice**

Huda Eldabbas  
Jefferson College of Pharmacy

Joely Mass  
Sidney Kimmel Medical College

Madalyn Peterson  
Occupational Therapy, JCHP

Mirna Rezkalla  
Jefferson College of Pharmacy
Meet an IPE Student Champion from Thomas Jefferson University
Sara Cohen, Occupational Therapy Student, Class of 2020

Briefly describe your work with/related to JCIPE:
Student Hotspotting, originally developed by the Camden Coalition of Healthcare Providers, is an educational curriculum designed to train students in the science and art of complex case management. Jefferson has been participating in this program since 2014, and in 2017 became one of the four ‘Hubs’ across the country tasked with overseeing student teams from several regional universities. The development of these Hubs allowed the program to scale up to train more students and reach more patients in need. I was very fortunate to serve as a Student Hotspotter during this exciting time and see firsthand the immense impact this program can have on the lives of these super-utilizing patients. The Student Hotspotting Program has opened my eyes to the mistreatment of these patients within our flawed healthcare system, and that is something I cannot and will not look past. My patient has since graduated from this program and is continuing to make progress on his own, but the work here is far from over. I have stayed with this program as a research assistant and alumni advisor to the current Student Hotspotters. These patients need someone to fight for them and to give them a voice in a system that has silenced them— we can be that voice.

What excites you about this work?
This program has allowed me to take my knowledge beyond the classroom and onto the front lines of an epidemic that has plagued our healthcare system for too long.

Why is IPE/CP important to you?
From the first time I visited Jefferson, I was impressed by their commitment to interprofessional education. This truly set them apart from similar programs at other institutions and is why I chose to come to Jefferson to continue my education.

We’re here because we want to make a difference—we want to empower our patients, repair what’s broken, and create futures for those who may not have believed it possible. When a patient’s life is in our hands, it is imperative that we do absolutely everything in our power to give them the best chance of survival: medically, socially, and emotionally. This challenge is far beyond the scope of any single profession. Yes, one person may be able to save a physical life, but it takes a village to help that person, and every person we have the privilege of working with, make their life full and rewarding.

What have you learned that was new and how do you think you will apply your IPE/CP learning to your future role?
There is no doubt in my mind that I will leave Jefferson ready to take on all the challenges our patients are faced with—not because I have all the answers, because I don’t, but I know I will be successful because I know that I cannot do it alone. I have been armed with the very best resources in each and every one of my classmates and colleagues here at Jefferson. I know the distinct value of each profession and the importance of working as a team. I know that everyone I work with, no matter their specialty, will bring new knowledge and a new perspective on the challenge at hand. This is how Jefferson students are taught, and this is the foundation on which we will make a lasting impact.
We’re Hiring!

The Jefferson Center for Interprofessional Practice and Education (JCIPE) is now accepting applications for the following positions in Philadelphia, Pennsylvania. Please contact JCIPE@jefferson.edu if you’re interested or want to learn more!

**Director of Assessment, Evaluation and Research**
The JCIPE Director of Assessment, Evaluation and Research will lead assessment, evaluation and research endeavors for the Center. Working in partnership with the JCIPE co-directors, faculty and staff, the incumbent will provide guidance and expertise in the assessment/evaluation of: 1) student/trainee learning; 2) curriculum/program effectiveness; and 3) faculty teaching as well as dissemination of this work. Emphasis will be on studying the curricula’s impact on learner competencies as well as on patient and health system outcomes.

**Project Manager**
The JCIPE Project Manager will serve as the ‘face’ of the Jefferson Teamwork Observation Guide® (JTOG®) mobile app, responsible for developing and implementing its business plan and scaling it to a national level. Working with Center leadership and other partners and stakeholders, the incumbent will manage sales, day-to-day operations, and both internal and external relationships, executing training, implementation and support for the product. The Project Manager will also help with related research and national dissemination of this work.

**Advanced Programs Coordinator**
The JCIPE Advanced Programs Coordinator is responsible for overseeing the day-to-day operations of JCIPE advanced programs. The incumbent will work closely with faculty, staff members, students and clinicians to develop, manage, deliver and evaluate clinical, simulation and research programs. Duties include student and advisor recruitment and tracking; faculty, staff and student participant support; organization of orientations, curricular components, and other program events; development of program materials; interfacing with other campus offices; and helping to develop and deliver program content.

To apply or learn more, please contact us at JCIPE@jefferson.edu.

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