

COLLABORATIVE HEALTHCARE



INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

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FROM THE EDITORS

Happy New Year and welcome to JCIPE's fall 2019 /winter 2020 edition of *Collaborative Healthcare!* The past six months have been an especially busy time for us. We offered all our major IPE programs while welcoming several new full-time JCIPE staff members. These include two new program coordinators and two program assistants. The growth in human capital is essential for the continued growth (both in number and size!) of our core and advanced IPE/CP programs. We also welcomed a full-time staff member to oversee development and marketing of the Jefferson Teamwork Observation Guide® (JTOG®) - soon to be available as a brand new app! And beginning January 1, we welcomed a full-time Director of Assessment, Evaluation and Research, Dr. Richard Hass who has been working with us on a part-time basis for the past two years. With this growth, we continue to see nothing but good things in the coming year!

JCIPE was honored with a visit from our long-time friend and IPE/CP colleague, Dr. John Gilbert, in December. A true pioneer of IPE/CP, Dr. Gilbert is Professor Emeritus at the University of British Columbia. He presented a talk entitled "*Professionally Together for Better Health: Leadership for Interprofessional Practice & Care*". The presentation addressed the continuum of interprofessional education (i.e. education, learning, practice and care). It also focused on the continued and growing need to address challenges facing

the *creation* of interprofessional cultural change. It is anticipated that this change will ultimately result in *sustained* interprofessional cultural change impacting healthcare and society as a whole. His presentation was followed by a robust discussion with approximately 25 Jefferson faculty and administrators who were in attendance.

With this, our 19th edition of *Collaborative Healthcare*, we are pleased to highlight a diverse range of exciting work and insight relative to IPE/CP from both within Jefferson and around the country. Several of these were presented and piqued our interest at the summer 2019 NEXUS Summit and/or fall 2019 Collaborating Across Borders conference such that we thought them to be models to share with the newsletter readership. The first is a novel IPE program hailing from the University of North Carolina at Chapel Hill that illustrates the success of collaborating with a community partner, in this case the Ackland Art Museum. Works of art are used as the medium to facilitate students' achievement of and reflection on the IPEC domains of values/ethics, roles/responsibilities, interprofessional communication and teamwork. Another submission hails from the University of Pittsburgh and is co-written by a student-faculty pair. It describes the development of a framework to guide a comprehensive IP curriculum that organizes learning activities and assessments to enable student achievement of all domains in the IPEC Core Competencies. The

work is notable in that it occurs at a large public university and includes six schools of the health sciences. It illustrates a model that may be of great interest to our readers. And, with the increasing emphasis on moving IPE into the clinical learning environment, it seems most appropriate to address this move/transition in this edition of the newsletter. Colleagues from Kansas and Minnesota have delivered workshops to develop interprofessional preceptors, focusing on the difference between precepting uni- vs. interprofessionally. Their submission to the newsletter shares the importance of developing interprofessional preceptors as well as their findings as gathered by those who participated in the workshops. Finally, to assist in keeping us all grounded, we have chosen to publish a reflection paper submitted by a second year pharmacy student at Jefferson regarding her experience with the Health Mentor with whom she worked. It provides a reminder of the lessons that are learned via IPE/CP that cannot ever be taught in a traditional classroom.

Before signing off, we want to thank all of the many stakeholders who actively participate in our programs and contribute to the efforts of moving IPE/CP forward. Your contributions are truly valued! We hope you all find the submissions to this edition of the newsletter to be as rich and thought-provoking as we did! Until our spring /summer publication, we sign off by wishing you and yours a happy, healthy and peaceful New Year!

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Collaboration is a “Work of Art”

Abstract

The 2019 ‘Guidance on Developing Quality Interprofessional Education (IPE) for the Health Professions’ suggests that intentional IPE should be built with outcomes-based goals, deliberate design, and assessment throughout. At the University of North Carolina at Chapel Hill, we created an art-based activity to initiate IPE early in the curriculum, in order to expose students to other professional colleagues, and also to raise awareness of how unintentional biases can be created before class activities begin. For that reason, we designed, implemented, and evaluated an interactive art event during the orientation process for incoming health professional students. In partnership with our colleagues at the Ackland Art Museum, students were given a series of art activities (back-to-back drawing, close looking and collective problem solving, and personal response) to engage them in raising awareness of their roles in healthcare, the value of teamwork and collaboration, and understanding the patient’s story through artistic design. Each activity was carefully planned with health professional experts and the museum directors for academic and university programs, and mapped to IPEC competencies. A formalized debrief was led by expert faculty in partnership with the art team. Descriptive themes (appreciation, value, respect, humility) and conceptual themes (communication, diverse perspectives, teamwork/team-based care, whole-patient care) were identified through qualitative analysis of open-ended questions, of how they ended up on this particular path.

THE NEED

In 2018, the University of North Carolina at Chapel Hill (UNCCH) established the Office of Interprofessional Education and Practice (OIPEP) to advance the University’s mission to create a diverse and caring workforce to improve health outcomes for North Carolina and beyond. For its first major undertaking, OIPEP sought out to design an innovative program for first year health professions students to introduce key concepts in interprofessional education. Evidence has shown it is important to initiate IPE activities early in the curriculum (NAP, 2015); however this can prove challenging when students have minimal clinical experience, or frame of reference. Furthermore, it was important to identify an activity that was neutral and free of any perceived hierarchy, in order to maximize the learning environment. Our team partnered with the Ackland Art Museum, an established institution that serves as both a museum and academic unit for the University, to co-design a multi-faceted program using artwork in the Museum’s collection as a catalyst to teach effective communication, observational skills and the value of diverse perspectives.

Planning for the event began in June 2018 and was piloted in August 2018, at the



Photo of the “Collaboration is a Work of Art” activity courtesy of Dr. Meg Zomorodi, University of North Carolina Chapel Hill

opening of the fall semester. The event was attended by a total of 50 students: 20 from the school of dentistry, 17 from the school of pharmacy, 8 from the school of medicine, 4 from the school of nursing, and 1 from the school of public health.

BACKGROUND

Art has been shown to increase students’ observational skills, and increase their ability to conceptualize and make connections, promote critical thinking, and improve communication, facilitate reflection, and promote empathy and caring behaviors (Pellico et al., 2009, Klugman et al., 2011, and Moorman et al, 2016). These findings aligned nicely with the goals of learning identified in the IPEC Core Competencies (2016).

METHODS

Using the 5-stage approach (ask, imagine, plan, implement, assess) of design thinking, OIPEP and the Ackland designed, implemented, and assessed a novel program that utilizes art as a way to engage students in thinking about the value of teamwork. ‘Collaboration is a Work of Art’ was piloted for 1st year students in the health professional schools who had yet to have a clinical experience.

Design

At the initial meet-and-greet for development, directors for the OIPEP and education specialists at the Ackland, got together to brainstorm ways to blend objectives and offerings. Synergy between the guided debrief, a technique often used in interprofessional simulation to draw out reflective learning, and the close looking methods used by Ackland educators to cultivate active-listening and collective problem-solving, was immediately evident. A protocol was developed based on three

activities with strong synergy and alignment with IPEC competencies (Table 1).

Recruitment

An online registration form was included in the orientation materials distributed by each school and was promoted by the Interprofessional Education Directors. Multiple days were offered to accommodate for student schedules and orientation needs. As this was a pilot, the activity was voluntary.

Implementation

An OIPEP staff member placed students in interprofessional groups to maximize diversity of thought. On arrival, students were welcomed by school directors for OIPEP and the University’s Assistant Provost for Interprofessional Education and Practice. After the welcome, students engaged in three encounters facilitated by the Ackland’s education specialists. This was followed by a group debrief. The group debrief centered around three questions 1) What surprised you about this experience? 2) What is the greatest take-away from this experience, as it relates to teamwork and collaboration? and 3) What unanswered questions do you have following this experience? For each of these questions, follow-up questions were asked based on the group responses, allowing for rich discussion without a structured script.

Assessment

Qualitative data was obtained from an open-ended online survey. Questions were developed to reveal the participants’ motivation for attending the event, what they liked about the activity, what they found surprising, what they will take away from the experience, and what suggestions or thoughts they had about scale and spread.

Table 1. Art-Based Activity and Objectives Aligned with IPEC Domains

Activity	Objective	IPEC Domain
Personal Response Students receive prompts and search the gallery to find art that they feel speaks to the prompt.	Discuss how seeing and thinking differently can relate to an individual's future as a learner and ultimately as a healthcare professional. Students were able to identify shared values and discuss values related to ideal teamwork and collaboration (mutual respect, trust, etc.)	Values/Ethics for Interprofessional Practice
Back-to-Back Drawing Students pair up and sit back to back with their partner. Partner 'a' serves as the describer; partner 'b' will be the drawer (they will ultimately swap)	Experience and describe the ways we speak to others and listen to what others say.	Interprofessional Communication Practices & Interprofessional Teamwork and Team-based Practice
Close Looking and Collective Problem Solving Students sit in front of a work of art. Collectively, they look closely and unpack the work of art.	Experience and discuss ways we validate and/or seek understanding while talking to others.	Interprofessional Communication Practices; Values/Ethics for Interprofessional Practice; & Roles and Responsibilities for Collaborative Practice

RESULTS

Sixteen students responded to the post-event survey. Respondents expressed overwhelming enjoyment of the activity. Motivations for participation revealed that students have a desire for early exposure to IPE and are eager to network across schools.

In both the debrief and the survey responses, students expressed a new awareness for different perspectives and perceptions, and how these differences should be appreciated, especially as members of a team. Comments highlighted many of the concepts identified in the IPEC competencies such as trust, mutual respect, and the value of teamwork:

"I was surprised at how much detail we were able to pick up on as a group. Had I been looking at the picture alone (...) I wouldn't have noticed half the things that were described and identified as a group."

"You may never really see the whole picture until you have tried looking through someone else's eyes."

"I will take away the experience of trusting another individual"

"Viewing artwork together and describing what we saw, how it makes us feel, etc., proved to be a fun and rewarding exercise."

DISCUSSION

The program conveniently coincided with the traveling Smithsonian exhibit "The Outwin: American Portraiture Today". As a genre, portraiture often depicts revealing and messy truths. Through personal response, the exhibit unexpectedly drew out deep appreciation of the social drivers in healthcare. Prompts such as 'find a patient that you cannot relate with' or 'identify a piece of art that you might show to a friend with depression' were especially poignant examples that led to in-depth discussion about health literacy, access to care, and empathy in the debrief. The prompts, along with the qualitative comments, support the use of art-based pedagogies for new health professional students to engage them in early-role identity, as well as teamwork and collaboration skills, without the need for prior clinical experiences. Recognition of these skills has implications for interprofessional practice by the awareness of the importance of how each member of the team has something unique to contribute, and it is through sharing these contributions that we can maximize



Photo of the "Collaboration is a Work of Art" activity courtesy of Dr. Meg Zomorodi, University of North Carolina Chapel Hill

the impact of patient care and advance collaborative practice.

CONCLUSION

It is important that the competencies for interprofessional education and practice are introduced early in health professions curricula; yet this can be challenging with varying level of understanding of teamwork, and variations in clinical experiences. This experience offered an innovative opportunity to expose students to the value of teamwork, while also giving them an opportunity to recognize and value the different perspectives and perceptions of multiple disciplines. This opportunity provided an overview of interprofessional education in a neutral environment, while also exposing them to the importance of interprofessional practice for their individual professions.

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Developing Interprofessional Preceptors to Promote Intentional Interprofessional Education in Practice Settings: Reflections from the Preceptors in the Nexus Workshop



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Collaborative for Improving the Clinical Learning Environment documents on IPE (HPAC, 2019; Weiss, 2019), there is a shift in focus to intentional experiential learning in practice-based settings where students, residents and clinicians can learn together. And with this shift, preceptors

the facilitators after the workshop to discuss their progress on implementing changes at their home institutions.

A survey about the training sessions was completed voluntarily and anonymously by participants after they attended the Preceptors in the Nexus workshop in 2018 and 2019. Data were analyzed using descriptive statistics and open-ended comments were analyzed for themes.

Results

The number of participants in 2018 and 2019 was 24 and 43, respectively. Participants rated, on a four-point Likert Scale of strongly agree to strongly disagree, the utility of each training session. A majority of the survey items were rated strongly agree or agree by participants across both years. Combining data from the two years, assessment of participant perceptions of their interprofessional learning in practice skills from before to after the workshop on a three-point scale of confidence, showed increased confidence (see Table 1). Analysis of open-ended comments showed that the most valuable aspects of the workshop were the hands-on activities, including debriefing, simulation and use of the InSITE tool. For example, one participant noted, "Practicing debriefing and actually articulating was helpful. Best part was role play." The biggest suggestion for improvement was the need for more time for the participants to engage with their teams.

Table 1. Pre- and Post-Conference Confidence in Skills on Interprofessional Learning in Practice, 2018-2019

	Pre-Workshop	Post-Workshop
Confident	3 (5%)	37 (62%)
Somewhat Confident	48 (78%)	23 (38%)
Unfamiliar	10 (16%)	0 (0%)

Discussion

Developing interprofessional preceptors is important and challenging work needed to "move the needle" on creating IPE opportunities in practice and to positively impact how future healthcare is delivered. While there are other national interprofessional team trainings (e.g., T3: Train the Trainer, TeamSTEPPS®), we are unaware of other national workshops focused on training interprofessional preceptors. Additional preceptor training materials for Preceptors in the Nexus are available online for further self-study (NCIPE, 2015). Although the Preceptors in the Nexus workshop fulfills a need to

need professional development to support and facilitate interprofessional, experiential learning in practice.

Methods

The curriculum for Preceptors in the Nexus was developed based on personal experience and was informed by local and national evidence when available (Sick et al., 2019; Shrader, Jernigan, Nazir & Zaudke, 2018; Shrader, Zaudke & Jernigan, 2018; Shrader & Zaudke, 2018). The online toolkit is available for free and the national workshop is held annually at the NCIPE at the University of Minnesota (NCIPE, 2015; NCIPE, 2019).

The interprofessional preceptor professional development curricular content is based on five key concepts:

1. Co-location is NOT enough. You must be intentional and explicit about IPE in practice.
2. The hidden curriculum (i.e., the culture and organizational standards conveyed informally to learners) is a powerful influence on IPE in practice.
3. Engage all learners on the continuum (e.g., foundational, graduate, and workforce) in IPE in practice.
4. Reflection and debriefing about IPE in practice is critical.
5. Interprofessional learners are value-added (i.e., add value to the care of patients) and IPE can help transform practice.

Training sessions included a discussion of the key concepts, a description of the model at KUMC, debriefing skills, simulated interprofessional precepting and the use of a tool to assess a site's readiness for IPE (InSITE) (i.e., a site whose structure and function is optimized to teach students interprofessionally) (Sick et al, 2019). Teaching methods included lectures, skills practice in small groups, video cases, and five-person simulations done in the large workshop room. Some participants elected to participate in follow-up phone calls with

Introduction

Demand is increasing for health profession graduates to enter practice ready to function effectively in interprofessional collaborative teams centered on patient care. The World Health Organization (2010) postulated that interprofessional education yields practitioners ready for interprofessional collaborative practice, which in turn is the path to improving our fragmented health system. In 2014, the University of Kansas Medical Center (KUMC) received funding from the Josiah Macy Jr. Foundation in response to the need to develop interprofessional preceptors (Josiah Macy Jr. Foundation, 2013). We define interprofessional preceptors as a preceptor from any profession that intentionally educates learners from different professions in authentic practice-based environments, combining patient care and clinical teaching with explicit learning about how interprofessional collaboration contributes to high quality, patient-centered, team-based care (Shrader & Zaudke, 2018). KUMC created a partnership with the National Center for Interprofessional Practice and Education (NCIPE) and the University of Minnesota to develop an online toolkit, curricular materials, and a "Preceptors in the Nexus" workshop focused specifically on professional development for interprofessional preceptors. Interprofessional preceptor development is critical as they are the nexus (or bridge) between education and practice.

Background

Until recently, interprofessional education (IPE) efforts have focused primarily on the development of educational interventions delivered in classroom or simulation settings (Abu-Rish et al., 2012; Loversidge & Demb, 2015) rather than in practice settings. Students describe frequent missed opportunities for applying IPE concepts in "real-life" practice settings (Gilligan et al. 2014). Although health profession students may be co-located in the same hospital unit or clinic, few interprofessional interactions actually occur. With the recently released Health Professions Accreditation Collaborative and the National



Photo of "Preceptors in the Nexus" workshop courtesy of Dr. Sarah Shrader, University of Kansas



Photo of "Preceptors in the Nexus" workshop courtesy of Dr. Sarah Shrader, University of Kansas

advance the field of interprofessional practice and education, limitations include the limited enrollment of preceptors and the lack of data demonstrating the impact of this training on interprofessional learners, patients, and the healthcare system.

We have learned many lessons over the years, including:

1. Develop interprofessional preceptors in some capacity to foster learner experience of and appreciation for IPE in practice; this preceptor development is essential.
2. Create multiple methods of delivering the interprofessional preceptor development message including websites, online learning, and in-person training sessions.
3. Use foundational and graduate learners as catalysts for change and a valuable reason to provide professional development to healthcare professionals in the workforce on interprofessional collaboration.
4. Emphasize the value that interprofessional foundational and graduate learners can bring to interprofessional preceptors and their practice settings.
5. Provide simple and effective educational materials (e.g., interprofessional debriefing guide, interprofessional value-added learner tasks) (NCIPE, 2015) that interprofessional preceptors can use to create more intentional IPE in practice settings.

Conclusion

Development of interprofessional preceptors is necessary because of the increased focus of IPE in practice settings. Preceptors are the nexus of IPE and need training to optimize interprofessional clinical learning environments. Institutions wishing to improve their ability to graduate students who are collaborative practice-ready should send a team for Preceptors in the Nexus training to learn skills needed to train other interprofessional preceptors, or use some of the online tools and our lessons learned to build a preceptor professional development

program at their home institution.

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Stranger No More: A Reflective Conversation

By Arden Gewirtz

Presumptions and implicit biases are unfortunately embedded in human nature. Despite trying to mitigate these instincts, there are moments they unwittingly reappear... unwelcome, but undeniable. In my first year as a pharmacy student, I experienced just that... and through it, I became aware of the pinnacle priority in healthcare – truly seeing the person in front of us.

I first met my “Health Mentor” in September 2018, through the Jefferson Health Mentors Program, an interprofessional program that pairs students from various disciplines with patients living with chronic health conditions. Upon first impression, I noticed my “Health Mentor” was a double below-the-knee amputee, had an indwelling urinary catheter, and sat confined to a motorized wheelchair. She also seemed too young for such a host of problems. Immediately, I thought that if she wasn’t a victim of a motor vehicle accident, then she was probably a diabetic who didn’t bother with controlling her diabetes; I likely conceived this backstory within 30 seconds. Less than a minute later, we started the real dialogue.

It turns out a few years after turning 40, she awoke one morning with a pins and needles sensation in her right foot. The feeling continued as she readied herself for work, progressively spreading up her leg, leading her to call her son for transportation to the hospital. Over the next few days, replete with a series of diagnostics, her paresthesia continued to spread, eventually crossing her midline. During this time period, she lost the ability to walk and use the bathroom without assistance. She was diagnosed with a rare neurological disorder in which the entire width of the spinal cord is inflamed; its course is spontaneous, devastating, and often unremitting. The next few years brought a permanent indwelling catheter, two amputation surgeries, home health aides, modifications to a handicap accessible living space, the loss of her two-decade employment, and the workplace friends along with it. This was a moment of great sorrow for me, to hear everything that had happened to this woman; my empathy increased 10-fold as she revealed her diagnosis. Why did I think I knew her story in the first place? Why would I have somehow felt “less” sad if she had “brought on” her own complications/misfortunes? While I was always sympathetic that she had limited mobility and



4th year Jefferson pharmacy student Arden Gewirtz (center) with her classmates.

Photo courtesy of Arden Gewirtz.

bodily impairment, is it acceptable that my compassion increased when I found out she didn’t cause any part of her suffering? Or had she? She was a drug abuser for several years prior to getting diagnosed.

It’s difficult to answer the questions I’ve posed to myself. On the one hand, let’s take for example, a drug user who damages his/her organs, and then wants to get on a transplant list. This is perhaps a more black and white issue. Or is it? What if this person attributes that drug abuse to the mistakes of youth? Certainly, there are countless others with substance use disorders who never face life-threatening complications. Is it fair that if they do face such impediments, and then do the therapeutic work to detox, they should be denied an organ? I bring this up to illustrate that our compassion often seems to have boundaries and boxes, which need either

ethical quandaries or personal conviction to overturn. My ability to subjugate this bias is diminished in situations wherein I think a patient brought about their own demise. But the thing is, no one willingly chooses a lesser life. It is naive to craft a narrative based on what little we can see of our patients at first glance – a physical disability, a questionable affect, a medication list, a prescription. My conversation with my “Health Mentor” opened my eyes to why I should never write the dialogue of my patient. As interprofessional care is increasingly advocated for, I hope along with it comes a return to the humanistic side of medicine, one that evolves through conversations with our patients, like the one I had with my “Health Mentor”. The diegesis of healthcare education should encourage future practitioners to recognize that a patient is always more than the person we see at first sight. I’m grateful the Health Mentors Program taught me that.

We are excited to announce that Thomas Jefferson University will be hosting the upcoming Sex and Gender Health Summit 2020.

We invite all health professionals to submit a poster abstract about sex and gender health education initiatives within your institution. Please visit the following link to submit the details for your abstract: <https://form.jotform.com/92721278377163>. For additional details, questions or concerns, please contact: jeffersoncpd@jefferson.edu.

Using the Interprofessional Education Collaborative (IPEC) Core Competencies to Build a Microcredentialing Framework for Interprofessional Curriculum Development



Haley Fribance



Susan Meyer, PhD

Issue Statement

We are developing a framework to 1) guide the development of a comprehensive interprofessional curriculum and 2) organize learning activities and assessments to enable student achievement of each domain outlined in the IPEC Core Competencies (IPEC, 2016). Within the framework, each of the four IPEC Core Competency domains represents a microcredential that could be earned by a student. An interprofessional curriculum built on a framework of microcredentials will reflect the four characteristics that define quality interprofessional education (IPE)—rationale, outcome-based goals, deliberate design, and assessment and evaluation (Barzansky et al., 2019). The design and implementation of this interprofessional microcredential system will influence the way in which interprofessional collaboration is incorporated into curricula across professions. The curriculum will be designed to extend over the entirety of any given student's program, and will incorporate expected outcomes into existing curricula and co-curricular activities.

This work is being conducted at a public university with six Schools of the Health Sciences (Health and Rehabilitation Sciences, Dental Medicine, Medicine, Nursing, Pharmacy, and Public Health). While we have an over

10-year history of innovative interprofessional learning activities, anchored to the IPEC Core Competencies since their initial release in 2011, we have not yet developed a deliberate interprofessional curriculum to weave learning activities together in a meaningful and comprehensive manner.

Background

A microcredential recognizes achievement of specific competencies; it provides clear, distinct information regarding the skills and abilities of the learner. Microcredentialing systems have proven to be effective in many settings, especially where educational content already exists and where expectations for assessment of competencies are manageable (Hickey & Willis, 2017). They are flexible in how they can be implemented, and position programs to meet profession-specific accreditation expectations for interprofessional education. Microcredentials are attainable, partly due to their flexibility, because individuals can take different paths to achieve the same microcredential. This value and attainability will motivate students to complete this type of program and achieve the stated interprofessional competencies.

The assessment component to the microcredentialing system documents that a specific competency has been met and must measure more than just attendance or participation. There is flexibility in the type of assessment depending on the learning activity. For example, assessments may include a written reflection on what occurred or was discussed, a short quiz on main concepts, or an application activity such as a charting activity, if a patient case is involved. Having an assessment also gives opportunity for students to receive feedback from facilitators.

The envisioned framework reflects all of the characteristics of quality IPE as defined in the Health Professions Accreditors Collaborative (HPAC) *Guidance on Developing Quality Interprofessional Education for the Health Professions* (HPAC, 2019). The outcome-based goals are clearly articulated, achievable, and measurable. The deliberate design allows for curricular and co-curricular activities to be included. The same assessment strategies will be used across all of the health professions involved.

Methodology

A student pharmacist studying instructional design and contemporary approaches to interprofessional education in a Special Topics elective course has produced the initial draft of the framework. The faculty mentor for the project serves interprofessional leadership roles on campus as well as at the national level.

We are designing the framework so that each component microcredential reflects one of the four domains of the IPEC Core Competencies: Values and Ethics, Roles and Responsibilities, Interprofessional Communication, and Teams and Teamwork (IPEC, 2016). As currently drafted, each microcredential comprises five competencies that represent adaptations of the IPEC competencies written as performance-based abilities. Initial feedback on the concept and draft framework was obtained from members of the University's Working Group on Interprofessional Education (WG). The WG is composed of academic leaders from each of the six Schools of the Health Sciences, the School of Social Work, the Health Sciences Library System, the Office of Health Sciences Diversity, and the Office of the Senior Vice Chancellor for Health Sciences.

Continued on page 8

Figure 1. Excerpt from Microcredentialing Framework

Microcredential	Values/Ethics for Interprofessional Practice	Roles/Responsibilities	Interprofessional Communication	Teams and Teamwork
	Work with individuals of other professions to maintain a climate of mutual respect and shared values	Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance health of populations	Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease	Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable
Competency 1 (with corresponding IPEC competencies)	Discuss the cultural diversity and individual differences that characterize patients, populations and the health team—VE3/VE4 • Learning activity 1 • Learning activity 2	Discuss the roles and responsibilities of each member of the healthcare team (including own) —RR1/RR4 • Learning activity 3 • Learning activity 4	Practice giving and receiving timely, sensitive, instructive feedback—CC5 • Learning activity 5 • Learning activity 6 • Learning activity 7	Initiate shared patient-centered and population-focused problem solving—TT3 • Learning activity 8

In addition to the feedback and suggested refinements to the framework, the WG also provided results of an inventory of interprofessional learning activities conducted in 2013 to populate the framework. The inventory will be updated in early 2020 and new learning activities will be developed to address identified gaps in the framework (i.e., stated competencies within a microcredential domain for which few or no learning activities exist). Our goal is to build the menu of learning opportunities over time so that the framework is populated with a sufficient and varied array of opportunities for any given health professions student to earn any or all of the microcredentials regardless of the professional program in which they are enrolled.

Results

This is a work in progress. To date, a framework for four microcredentials has been outlined. Five supporting competency statements, which are adaptations of the competencies within each corresponding domain of the IPEC Core Competencies, have been drafted, and existing interprofessional learning activities across campus have been linked to the appropriate competency. The emerging structure of the framework is shown in Figure 1.

Implications

Valuing interprofessional learning with the awarding of microcredentials is different from traditional courses because microcredentials contain detailed claims about learning and direct supporting evidence for each claim outside of the traditional course structure.

As health professions programs struggle to meet profession-specific expectations and accreditation standards, a microcredentialing framework that integrates interprofessional learning opportunities and achievements across programs may provide an efficient and effective approach to emerging interprofessional expectations. A deliberately designed and focused interprofessional curriculum has the potential to ensure that students enter their professions with the skills necessary to practice effectively as members of interprofessional patient- or community-focused teams.

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Student pharmacist Haley Fribance, University of Pittsburgh '21, presents on the microcredentialing framework

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Meet an IPE Faculty Champion from Thomas Jefferson University Joshua Cannon

Briefly describe your work with/ related to JCIPE:

HMP is embedded into my clinical hematology courses, which all first-year medical laboratory science (MLS) students take. As a course director, I serve as a facilitator for module orientations and participate in faculty meetings. Recently, I collaborated with HMP faculty and staff on a presentation I gave at a national conference for clinical laboratory educators, highlighting

HMP and the importance of IPE in the MLS curriculum. This presentation generated a lot of conversation at our profession's accreditation body for MLS programs in the U.S., and will likely result in the addition of one or more accreditation standards related to IPE in the MLS curriculum.

What excites you about this work?

IPE and CP are extremely important topics for students in the health professions to learn and practice during their training.

Everything we do in the clinical laboratory revolves around providing the best patient-centered care possible. As a medical laboratory scientist and educator, I take pride in knowing my students leave Jefferson prepared to be effective members of an interprofessional team.

Why is IPE/CP important to you?

Medical laboratory scientists work behind the scenes to provide laboratory results to clinical teams so they can diagnose, treat, and manage their patients' conditions and diseases. What we do is so vital to patient care, but because we are rarely seen by patients and have limited direct interaction with clinical teams, the importance of what we do is often overlooked, which leads to a lack of respect and recognition for medical laboratory professionals. HMP is an incredible opportunity for any future healthcare professional to understand the essential role medical laboratory professionals play in patient care and the interprofessional team.

Meet an IPE Student Champion from Thomas Jefferson University

Jennifer Coviello, PT candidate

Briefly describe your work with/ related to JCIPE:

I participated in the Health Mentors Program during the first two years of my schooling. After beginning the work towards completing the advocacy project with my Health Mentor, my group reached out to SEPTA, in order to advocate for older adults and their ability to access priority seating (that has been designated, but not necessarily enforced). As a result of our project, SEPTA reached out and worked with me and classmate Alison Clodfelter towards brainstorming tangible ideas to raise awareness. This success story led to the creation of an abstract summarizing the experience, which was presented at Collaborating Across Borders VII on October 22nd in Indianapolis, Indiana. This project was awarded second place in the student poster competition. I was also able to participate in an interprofessional student collaborative case presentation while at the conference, and my group was awarded first place for our efforts.

What excites you about this work?

I am extremely humbled that SEPTA was so responsive to our letter and ideas to raise awareness. As a future physical therapist, I am focused and passionate about making the lives of older adults and those with disabilities safer, more independent, and as mobile in the community as possible. This advocacy project has similar goals, so I was excited when the opportunity to move it forward presented itself. This would not be possible without a team effort from multiple professions, which is also exciting because that is a skill that is essential in the health professions workforce. I am also grateful that this work was so well-received at an international conference. It was wonderful to



Jefferson students Alison Clodfelter (left) and Jennifer Coviello were awarded 2nd place in the student poster competition at Collaborating Across Borders VII in October in Indianapolis, Indiana.

see so many health professionals having serious conversations on how to make the medical field more patient-centered and collaborative. This conference showed me just how important our Health Mentors Program is to expose students to the future of health care.

What have you learned that was new?

I have learned the skills it takes to advocate for the community, and how that advocacy is important and can change lives. I believe that these skills I learned in communication, collaboration, and pushing your ideas forward in a productive way to accomplish a task enforce the importance of working together in the health professions field, as well as in physical therapy alone.

Why is IPE/CP important to you?

IPE/CP is important to me because it has been a driving force of collaboration here at Jefferson. Without programs like these, students would not interact with one another, due to the rigors of our respective programs. Fostering relationships early between healthcare professionals can ensure that respect and ease of working together in the future will occur. These interactions were invaluable and helped bring some perspective to how my role as a future physical therapist fits into the scheme of the healthcare delivery system.

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

I will continue to respect all other health professions and always look towards a team approach when treating patients. A patient rarely sees just one healthcare provider, thus further emphasizing the importance of working together for optimal patient-centered care. I hope to be a provider that feels confident in expressing my thoughts and opinions while simultaneously seeking collaboration with others as is necessary.

Dr. John Gilbert visits the JCIPE Team

JCIPE was lucky to receive a visit from Dr. John Gilbert, who shared his thoughts on the continuum of collaboration, and how to continuously weave together interprofessional practice with interprofessional care. His talk stimulated robust conversation and new ideas, and we feel privileged to count him among JCIPE's friends!

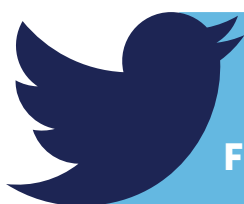




Several JCIPE team members attended, presented at, and enjoyed the company of colleagues at Collaborating Across Borders VII in October in Indianapolis, Indiana. Here's the Jefferson team enjoying a group meal downtown!



The JCIPE team received an honorable mention for Thibault Nexus Award at the Nexus Summit in August 2019 in Minneapolis, Minnesota. The award recognizes "exemplary interprofessional collaboration in the United States". The team had a wonderful time with colleagues at the conference.



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?

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