

# COLLABORATIVE HEALTHCARE

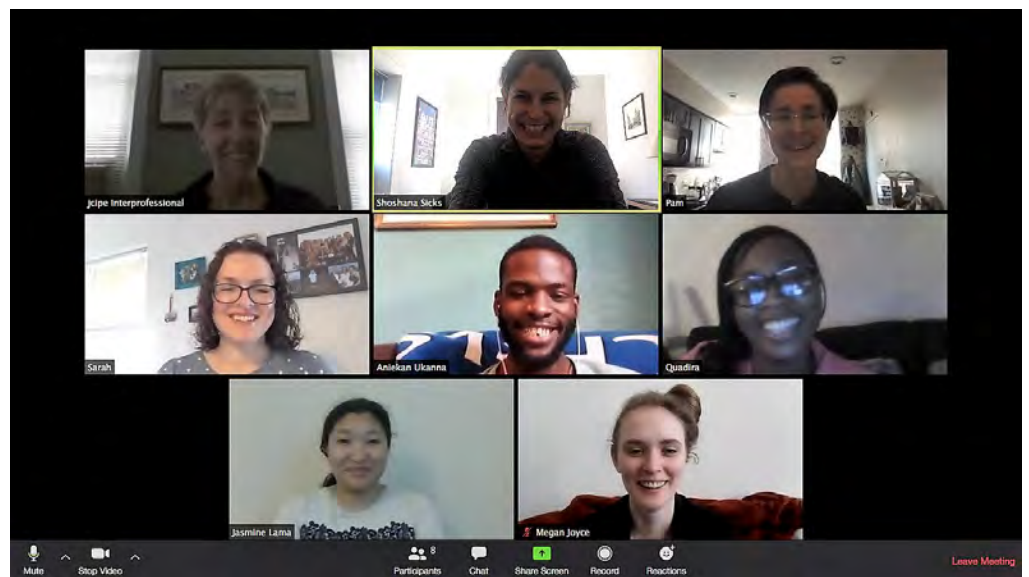
INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

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## FROM THE EDITORS

As we write this Letter from the Editors, we are acutely aware that we are in a very different place than ever before. We know that this semester has been exceptionally challenging with the rapid transition to working, teaching and providing clinical care in different formats and adapted settings to do our part to prevent the spread of a global pandemic, unprecedented in our lifetimes. And we also know that the associated fear and sorrow have been exponentially compounded by the systemic mistreatment of and violence perpetrated against our Black colleagues, students, alumni, patients and friends, accentuated during this time by the disproportionate impact of COVID-19 on communities of color and the killing of George Floyd in the hometown of the National Center for Interprofessional Practice and Education.

To be clear, at JCIPE, we feel passionate about creating a diverse workforce and being mindful of the composition of health care teams, with representation of underrepresented minorities as well as that of diverse health professions. We know now more than ever before that optimal health care delivery involves highly functioning interprofessional teams, and that we need to train our future health professionals in teamwork to enable this. JCIPE is fully committed to fighting racial oppression and aims to do its part by more explicitly



*The JCIPE team checks in from home over Zoom, during an April staff meeting.*

incorporating principles and examples of racial justice, implicit bias, and health disparities across our curricula. Furthermore, we aim to facilitate new interprofessional curricula centering the experiences and voices of the vulnerable among us in both educational and clinical settings for all of our students, trainees, staff, and faculty.

Like many of you, since mid-March, we have been continuously reflecting on the two pandemics afflicting our world right now. In

particular, we are once again struck by the power of teamwork to inspire and enhance our communities and public health, and to fight the many injustices of a deeply ingrained system in which we all play a part. Teamwork is an essential component, too, of processing current events and our long-standing truths. As such, for this edition of *Collaborative Healthcare*, we felt it appropriate to turn to our colleagues and invite them to reflect, some directly on current events and some on other important team moments experienced recently.

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On June 4th, we hosted our last Advanced TeamSAFE session of 2020. Our students entered breakout rooms to engage in a "phone a friend" exercise, to role-play speaking up to voice concerns about medical treatment plans.

You will read about the incredible efforts of a local community organization, Old Pine Community Center, in partnering with Philadelphia's Mural Arts and other agencies to continue to feed the food insecure amidst the coronavirus outbreak in Philadelphia. You will also hear reflections from the two co-founders of COVID Stories, Jefferson's narrative medicine response to the virus and then to recent racial injustice, inspired by Humans of New York. Readers can explore powerful reflections on both from the Jefferson community through a link accessible within this submission. Finally, two other contributors reflect on the power of interprofessional teamwork in research and of continuing interprofessional education, the latter from an international perspective. We hope their thoughts and descriptions will resonate with readers and spark consideration of how interprofessional teams

can lead the research and adult education necessary to fight both global pandemics we are experiencing.

It has been a challenging time that has tested us intellectually, emotionally and physically. We are proud of JCIPE's and the rest of the IPE community's rapid transition to remote working, adapted models of clinical care and online interprofessional education. We are now digging deep into our work to learn and teach about and stand up to racial injustice, and looking ahead to fall, when we expect to offer our programs in hybrid formats. We are also busy preparing for our next conference, which has been postponed to spring 2021. To touch base on any of these issues, please reach out to us at [JCIPE@jefferson.edu](mailto:JCIPE@jefferson.edu). We look forward to continuing to connect with our IPE community to make progress, together.

2 kids, ages 6 and 4, and my husband. Fluctuates between surprisingly well managed sibling affection and creativity to stressful chaos - that my husband, who is also trying to 'work from home', is left to primarily manage. I feel guilty leaving all of that on him, feel guilty at work not knowing how to actually help patients and families best. So many who are sick and hospitalized or not aren't able to have their loved ones with them. I had a hospice conversation with a patient I've had for the past 5 years the other day. Her and I cried over our masks - and I couldn't hug her. It felt like a failure in the humanistic side of how we care for people.

– Palliative Care Physician

My coworkers are the most amazing people in the entire hospital. There are no words to help you understand the camaraderie. One look at a coworker through the hood of a PAPR, through an isolation door, and they understand your worries about your patient, and exactly what you need to help keep them alive. My coworkers are the people who mean the most to me right now.

– Nurse, Medical Intensive Care Unit

The sun warms my back  
Fragrance of flowers aloft

COVID dampens spring  
– Security Guard

## JCIPE UPDATE

Since the transition to remote working and program delivery, JCIPE has:

- Delivered our Student Hotspotting wrap-up event, with nearly 100 attendees across nine institutions, via Blackboard Collaborate.



- Closed out Module 2 of our Health Mentors Program on Blackboard Collaborate, with 138 student teams presenting SMART goals formulated in partnership with their Health Mentors (community member volunteers) to their peers and 19 facilitators from seven professions.
- Participated in the National Center for Interprofessional Practice and Education's Connecting at the Nexus: COVID-19 Edition Webinar Series describing our rapid transition of Module 2 online. Listen to a recording [here](#).
- Piloted online interprofessional simulation with ~75 senior medical and nursing students through our Advanced TeamSAFE

program rooted in TeamSTEPPS® from the Agency for Healthcare Research and Quality.

- Developed and delivered a didactic version of Advanced TeamSAFE for ~120 medical students, featuring a "phone a friend" role play, during which student pairs called one another and acted out a scenario involving speaking up for patient safety.
- Continued to offer our Enhancing Services for Homeless Populations (ESHP) program in the virtual world of SecondLife®, giving nine learners the opportunity to enact the roles of provider, client/patient and observer in three case simulations.

# Jefferson COVID Stories



**Danielle Snyderman MD, CMD**  
Assistant Professor, Department of Family & Community Medicine

In the first few weeks of the COVID pandemic, I often cycled between worry and hope throughout the day. What has always grounded me is the concept that for every bad thing that happens, there are at least two good things that can come out of it, if we look hard enough. As a geriatrician who practices

in post-acute and long-term care, I was inspired by the creativity, flexibility, and teamwork the staff provided. I witnessed leadership on every level. This pandemic highlights the importance and strength of interprofessional teams throughout the Jefferson community. With the understanding that a sense of purpose is the antidote of fear and worry, I aspired to use this time to capture the humanity that surrounds us all.

The concept of Jefferson COVID stories was modeled after the [Humans of New York](#) photojournalism project. I approached Nick Safian, Sidney Kimmel Medical College (SKMC) MS2, and together we started to create writing prompts to engage the entire Jefferson community on a weekly basis. We partnered with the student run [Humans of Jefferson](#) group to also obtain photos of the stories we received, and developed the [Jefferson COVID Stories](#) website. We most recently collaborated with the Humans of the Hospital podcast (created by an SKMC medical student) who helped us to showcase audio clips of expanded responses. I have been struck by the acknowledgment of the importance of interprofessional teamwork that has been written about in each round of prompts. Working on this project has been a form of self-care to witness and share the collective wisdom, vulnerability, and humanity throughout Jefferson.



Fran Schein, a Jefferson patient, is a former art teacher and made this 'Thank You' sign for Jefferson clinicians. She's pictured here with her husband Artie Schein (also a patient at Jefferson) and her daughter Emily Rubin, a dietitian with the Jefferson G.I. division for over 19 years.



Ronald Sherr, a Jefferson patient, cancer survivor and a professional photographer took this picture from his car, as part of a "porch project".

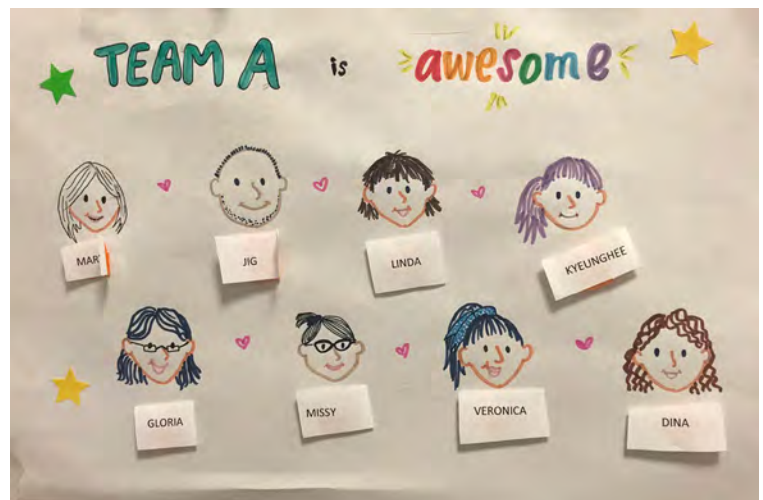


**Nick Safian, MS2**  
Sidney Kimmel Medical College

One of the prompts we asked in our first round of questions was: "Through all the COVID uncertainty, what has made your work meaningful over the past couple of weeks?" My personal answer to this question is wholeheartedly and undoubtedly working on Jefferson COVID Stories. When self-isolation and stay-at-home orders were first announced,

I was ramping up to take the Step 1 exam and then begin rotations... COVID derailed those plans. In the grand scheme of things, having exams and the start of clerkships postponed is not a big deal, but it still felt jarring; these were the two things I had been working towards, studying for, visualizing every day since I started medical school. It felt a bit like the floor being pulled out from under me. Studying felt pointless. How could I focus on memorizing the pathophysiology of Crutzfeld-Jakob disease, or how pufferfish tetrodotoxin works while the entire world was reeling from the impact of COVID? As I proverbially fell through the floor, I reached to try and find something to grasp onto to keep me from falling. Should I volunteer? Should I just do my part by staying home? Should I try and put my head down and study so that I'm properly trained and prepared in the future? Then Dr. Snyderman came to me with the idea of COVID stories. It felt less like I had grabbed onto something to keep me from falling, and more like I had landed on a platform, my feet firmly on the floor. It has been incredibly uplifting, inspiring, and energizing to see the outpouring of expression from the Jefferson community.

We are all grappling with how to make sense of the impact of COVID, with how to process it. It's been awesome to give Jeffersonians a space not only to express what their experience has been like, but also to read about what the experience has been like for other Jeffersonians. This collection of stories represents the communal Jefferson COVID experience; they are personal, unique stories that comprise a rich, eccentric tapestry bound by the thread of our connection, purpose, and humanity. Jefferson COVID Stories buoyed me through this pandemic, giving me a sense of purpose and keeping my spirits high. I hope it has helped do that for the greater Jefferson community as well.



The Jefferson Blood Bank consists of 20 Medical Laboratory Technologists and Receiving Techs. Throughout the spring, they "left inspirational quotes, hilarious memes, food treats, decorated mail boxes, posted pictures of each group member either by photo, avatar or drawings, and also left games for one another."

# Interprofessional Continuous Professional Development in Qatar

Hamad Medical Corporation (HMC) is the main governmental healthcare entity overseeing twelve hospitals which serve different specialties and geographical areas across the state of Qatar. It is ranked the 13th best healthcare system in the world by the 2017 Legatum Prosperity Index, with a large workforce of pharmacists and clinical specialists. In addition to being accredited by The Joint Commission and the American Council of Graduate Medical Education, HMC is also accredited by reputable organizations such as the American Council of Pharmacy Education (ACPE) and the Qatar Council for Healthcare Practitioners (QCHP).

At HMC, the pharmacy executive office oversees its Continuous Pharmacy Professional Development (CPPD) office. The CPPD office leads the professional development for pharmacists across Qatar. This article describes strategies CPPD has taken to enhance professional development, establish an interprofessional learning environment and promote pharmacy excellence.

Previously, Qatar did not require CE points to maintain pharmacy license. Prior to implementation, Continuous Professional Development (CPD) was not well established in Qatar. It was reported that pharmacists require continuous education but are unable to attend CE events. A survey of all pharmacists in Qatar stated that 25% of pharmacists did not attend any live CE activities for two years.<sup>1</sup> Pharmacists also did not engage in any sort of collaborative practice agreements. In early 2016, Qatar Council of Healthcare Practitioners (QCHP) implemented new accreditation standards and the ministry of health passed a law that pharmacists must complete at least 80 CE points every two years to maintain their license.

Hence, the CPPD office was initiated at HMC in 2016, and obtained full accreditation status later that year. The team implemented a standard CPD process to comply with both QCHP and ACPE standards.

The purpose of the CPD Committee of HMC is to provide a coordinated program of evidence-based pharmacy educational activities for pharmacy and healthcare staff to enhance their ability to provide excellent patient care, health maintenance, improved patient outcomes and community health. The office has two strategic goals which are: being a world-class education provider and reporting greater confidence in learners' ability to apply knowledge.

The CPPD is composed of a core corporate team and office representatives or teams in each facility. The office is responsible for reviewing accreditation standards, measuring educational needs assessment for pharmacists and other healthcare



*Stars of Excellence Award Ceremony, 2018. In this picture, left to right: (front row) Kawther Tawengi, BSc (Pharm), PharmD, CPPD Officer Heart Hospital; Sara Mahmoud, PharmD, BCCCP, CPPD Office Coordinator; Dr. Moza Al Hail, Executive Director of Pharmacy Hamad Medical Corporation, Visiting Professor at Robert Gordon University; Rasha Al Anany, BSc (Pharm), PharmD, Head of CPPD Office; Dania Alkhiyami, BSc (Pharm), PharmD, BCPS, CPPD Office Coordinator; (back row) Arwa Abujalala, BSc (Pharm), CPHQ, CPPS, PMP, CPPD Officer Rumaila Hospital; Palli Abdelrouf, BSc (Pharm), MSc(Clinical), PhD, Co-Head of CPPD Office; Wessam Al Kasseem, PharmD, MScPharm, MBA, Assistant Director of Pharmacy Services; Binny Thomas, BPharm, MPharm, PgCert(Res), SIDP, PhD, QIPC Scientific & Research review committee.*

practitioners, and developing general and specialized educational activities, including certificate programs, with a main focus on pharmacists. CPD officers conduct specialized needs assessment for their staff and develop educational activities for their facility. Since 2016, the CPPD office accomplished a lot of great achievements and implemented interprofessional education, which led to the collaborative pharmacy practice national project. Here is what we learned so far about interprofessional education.

## 1. Measure Educational Needs

The CPPD office adopted several methods to measure the educational needs of pharmacists and other healthcare practitioners. The tools utilized were surveys, departmental meetings, medication errors analysis, a record of frequently asked questions (by physicians, pharmacists and nurses) in a corporate drug information center, in-depth interview questions, nominal group technique and expert opinions from pharmacy specialists about what is required to enhance pharmacists' knowledge and skills to provide optimum patient care. Some of these results have been previously published and presented in international conferences.

A good example of tailored CPD is the Qatar International Pharmacy Conference (QIPC) which targets all healthcare practitioners and is composed

of educational workshops for different specialties. The scientific committee of the 5th QIPC committee was composed of: pharmacists and specialists from each HMC hospital, community pharmacy, Qatar University, physicians and nurses. The committee conducted comprehensive needs assessment through: assessment surveys, focus groups in each hospital and in-depth one-on-one interviews with clinical pharmacy specialists. The needs assessment resulted in an interprofessional educational activity which included workshops such as psychiatric emergencies pharmacotherapy, pharmacokinetics of ECMO, and a panel discussion about implementing antimicrobial stewardship. Lectures addressed topics such as: treatment of pain and sedation in pediatrics, stem cell transplant and Qatar genome project. Faculty members of this event included pharmacists and physicians and the event was attended by a variety of healthcare professionals and specialists.

## 2. Hold Specialized Conferences and Symposia

The CPPD office organizes and holds a number of specialized educational activities which are attended by pharmacists, physicians and nurses. Some examples to mention include the Hematology Oncology Pharmacy Education (HOPE) Day which is held annually at the National Center for Cancer and Research Hospital (NCCCR). In 2019, this event hosted several international

and local experts from multiple professions who addressed myeloid malignancy updates.

### 3. Target Collaborative Practice Professionals

Another example of interprofessional CPD designed specifically for those in practice is the anticoagulation management symposium. The target audience in this event was clinical pharmacy specialists and cardiologists. Those pharmacists have run their own clinics and prescribe collaboratively with department of cardiology. The scientific committee and faculty were anticoagulation clinic pharmacy specialists, cardiologists, neurologists and internal medicine physicians. The event covered advanced and emerging topics such as anticoagulation in pregnancy, anti-phospholipid syndrome, neurology and venous thromboembolism.

### 4. Hold Education Days

The CPPD team representative in each hospital carries out their individual education days which can be multidisciplinary and interprofessional. Our best example is the series of diabetes days held at Hamad General Hospital. Faculty at this event included physicians, pharmacists, diabetic educators and nurses. The event is attended by an interprofessional audience who are required to work in interprofessional groups to enhance collaborative practice.

Pharmacists from across HMC serve as faculty and scientific committee members

for accredited activities managed by other departments as well. In several hospitals such as the Women Wellness and Research Center and Mental Health Hospital, pharmacists participate in providing lectures for physicians and nurses. They are also heavily involved in major conferences such as the annual Mental Health Conference and Qatar's Critical Care Conference.

### 5. The Future is All About Simulation

Hamad Medical Corporation launched a simulation center to hold interprofessional simulation courses. The pharmacy department was among the first to approach the center and already implemented several room settings for pharmacy-led simulation courses. In order to address the need to understand simulation, we invited experts who provided workshops on tools to establish successful interprofessional education and simulation courses.

### IMPACT OF CPPD

#### *Better confidence and proficiency*

So far, the CPPD office has provided more than 900 educational activities for over 12,000 attendees with more than 500 QCHP accredited and over 100 ACPE accredited activities. A satisfaction survey showed that most pharmacy professionals agreed that CPPD has positively impacted their knowledge (81%), increased their confidence and performance in daily practice (75%) and encouraged them to pursue further learning opportunities. Eighty percent of pharmacists agreed that CPD has positively impacted their daily performance.

### Learn and Apply

The CPPD office now leads a national project which aims to empower pharmacists towards interprofessional practice and collaborative care. The smart pharmacy project is part of a global initiative implemented in 16 other countries. This initiative targets diabetes management, which is a current national priority. The office provided training to selected pharmacists from different facilities and community pharmacies across the state of Qatar. The team signed collaborative agreements and empowered pharmacists to provide direct patient care. This resulted in advanced counseling, continuity of care, referrals, therapy changes and identification of many drug related problems.

The office was awarded the national Stars Of Excellence Award by the Minister of Health in 2018 for being an exemplary professional development model in the Middle East.

**Sara Fouad Mahmoud, PharmD, BCCCP**  
*Clinical Pharmacist*  
*Pharmacy CPD Office Coordinator*  
*Hamad Medical Corporation*  
*Doha, Qatar*

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## Meet an IPE Faculty Champion from Thomas Jefferson University

Leigh Ann Hewston

### **Briefly describe your work with/related to JCIPE:**

I have had the good fortune of being a part of JCIPE since its inception. I was part of the group of faculty that created the Health

Mentors Program and contributed to the revision of several of the modules. I have been a facilitator for Health Mentors, an IPE program for the nursing FACT program, the Team Care Planning program, the Geriatrics Skills Fair among others. I've been a Hotspotting advisor for the past two years. I've also served on the JCIPE Conference Planning Committee.

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

I particularly enjoy working with other faculty to develop and facilitate interactive IPE curriculum. It is professionally rewarding

but also fun! It's especially exciting when a student returns from clinic and reports back that a particular IPE program assisted them in the care of a patient or their participation on a team. I also get excited participating in national meetings and conferences. The energy of health professionals collaborating in an IPE/CP event nationwide is empowering and intellectually stimulating.

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

I teach and do research in Geriatrics. Older adults are best served by an IPE team where the older adult is an integral part of that team. Improving education in the care of older adults was the initial draw to participate in JCIPE. It's so important to make IPE/CP education explicit and intentional and JCIPE programming does just that!



**Congratulations to JCIPE's own founding co-director, Dr. Christine Arenson, for her appointment as the new co-director of the National Center for Interprofessional Practice and Education!**

# Prescribing for Pain: What Medical Students Learn and Where They Learn It

## Statement Of Issue/Problem Addressed

In 2018, an estimated 2.9 million people in the United States (12 years and older) reported past month misuse of prescription medication.<sup>1</sup> Prescription drug misuse has contributed to an increased need for substance use disorder (SUD) education amongst medical providers.

## Background

The misuse of, and addiction to, opioids is a worsening national crisis that has long term effects on public health as well as social and economic welfare.<sup>2,3</sup> With the growing incidence of prescription medication misuse, physicians have a significant role in preventing and addressing misuse. However, the parameters of how and when medical students are educated are unclear. The purposes of this study are to understand how medical students are educated on prescription pain management and substance use disorders, assess their confidence in treating patients with pain and substance use disorder, and document their ideas on how to improve education for pain management and substance use disorder.

## Methodology

We performed a descriptive study using focus groups with medical students. We recruited one group of 8-10 first- and second-year medical students and one group of 8-10 third- and fourth-year medical students from each of the five partnering medical schools in Philadelphia.<sup>4</sup> Each focus group concluded with a survey about confidence in managing care for patients with SUD. All sessions were audio-recorded, transcribed, with names and other identifiable information removed. Data were analyzed for themes using an inductive content analysis approach.

## Results

The following themes were identified from the focus group transcripts: 1) the role of physicians in opioid crisis, 2) the impact of friends/family suffering from SUD, 3) the impact of the current crisis on future medical practice, 4) lack of practical engagement and organized opportunities to learn from non-physician professionals in the current medical school curriculum, and 5) concerns over lack of knowledge about how to care for patients with a co-existing history of drug use/misuse. The confidence rating for how students felt they would manage patient care issues related to the use of prescription opioids and pain treatment given their knowledge at the time was higher among 3rd and 4th year students (with a median score of 4) compared with first and second year students (with a median score of 1.75) when asked to rank confidence on a scale of 0 (not at all confident) to 10 (very confident).

## Discussion

Medical students reported concerns about their lack of understanding of effective management of patients who misuse prescription drugs (see Figure 1). A significant disconnect exists between the education provided and the information retained by medical students. This may be because most of the students expressed a desire to learn the material in a more practical and engaged manner as opposed to the current sporadic, lecture-based formats. Our recommendations include increasing SUD focused hands-on experiences within medical school curricula to provide real-world examples that better inform future practice.

## Conclusion

The increasing attention to the opioid crisis has elevated the problem of prescription drug misuse across the nation. Mandatory and standardized training for medical students, with a more immersive approach, will increase their exposure to SUD and pain management. It may also allay concerns about students' ability

to more adeptly manage care for patients with SUDs in future practice.

## Implications For Interprofessional Education

Substance use disorder is a complex issue that requires a multifaceted approach. While physician education is one aspect of addressing this chronic disease, nurses, pharmacists, social workers, behavioral health specialists, and other substance use recovery professionals are also a vital part of an integrative and comprehensive treatment model. To this point, many medical students expressed an interest in learning from non-physician professionals about their work in SUD. It would be noteworthy to gauge the implementation and efficacy of non-physician professionals' training models and discover where additional barriers to improved outcomes may exist outside of the patient-physician relationship.

**Figure 1.** A Sample of Student Quotes from Focus Groups

"I mean you also learn from, not personal experiences, but we probably all know someone or at least I know a few people who have been impacted by with epidemic. ... And it's really sad but it's hard not to do research on everything when somebody that you really care about is going through something like this, so yeah that too."

"I worked as a short-term crisis counselor, and one of the ways that we trained for that was by doing role plays. ... that might be a good way to kind of get our feet wet a little bit or see how those things might present before we see it in reality."

"I think I would want very specific— from someone who actually works with patients, to hear what the healthcare system is doing wrong and what we should do differently in a very practical way."

"I think I just want more skills on understanding how to address social complications. ... so how do you address addiction taking that patient's actual situation into account, rather than knowing the best things to do or the highest efficacy medications..."

"I think the coolest experience that I had though, I was shadowing at a PT clinic and some of the patients themselves were former opioid addicts and they talked about how they got into it, what they did and how they got out. So I think that was probably one of the better conversations that I had, to have like a real patient talk about their experience."

"You learn in the hospital that you see the person...how they are, their physical appearance, and then it gives you kind of like flags that oh this person might be substance seeking. But we all know that that's not necessarily true...addiction is something that can affect people on all levels, socioeconomic status."



**Chidinma Tiko-Okoye, MD MPH**  
 Postdoctoral Fellow  
 Main Line Health Center for Population Health, Lankenau Institute for Medical Research, General Surgery Resident, Lankenau Medical Center

**Brian McAnany, MPH**  
 Research Assistant  
 Main Line Health Center for Population Health, Lankenau Institute for Medical Research

**Sharon Larson, PhD**  
 Professor and Executive Director,  
 Main Line Health Center for Population Health, Lankenau Institute for Medical Research, Research Professor, Jefferson College of Population Health

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**Meet an IPE Student Champion from Thomas Jefferson University**  
 Nick Safian, Sidney Kimmel Medical College, M2

**Briefly describe your work with/related to JCIFE:**

Last semester, I participated in the Alzheimer’s Virtual Interprofessional Training (AVIT). AVIT uses a virtual world computer program to simulate a variety of cases and encounters with patients with dementia. Our team consisted of a medical student, pharmacy student, and physical therapy student. Each week we simulated a different case while also taking turns in different roles of the simulation—patient, caregiver, physician, pharmacist, nurse, certified nursing assistant, etc. Each simulation also took place in a different setting of the virtual world, from the patient’s home, to the pharmacist’s office, to a nursing home. The virtual world (which is sort of like the computer game “The Sims”, except for dementia care) allowed us to experience a lot of the complexities that can arise when caring for a patient with dementia. For instance, in one case, the patient is resisting taking a shower at their nursing home, and the CNA has to get the patient to agree to shower. As you can imagine, tensions and difficulties arise just like they would in a real case. AVIT provided us with an opportunity to explore how to approach those types of situations.



in a variety of different roles. As opposed to only playing the physician role, I also got to be the patient, the caregiver, and the nurse. Being able to experience those perspectives—ones that I otherwise would not have been exposed to—was eye-opening. Everyone brings their own expertise, experience, perspective—and even bias—to the situation. Learning that through AVIT and being able to take that with me will be really valuable as I continue my medical training.

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

A lot of the cases we simulated in AVIT were extremely complex and multifaceted. Dealing with these complexities required a true team effort. Each role provided their own perspective and expertise, both of which were crucial for addressing the issues

of the case. The patients we will see in the real world will be just as—if not more—complex, and it will require just as much of a team effort to care for them. IPE puts this understanding at the center of its mission and makes sure that we are not only exposed to the importance of working to care for patients as a team of different types of medical professionals, but also gives us the opportunity to practice what working on a team to care for a patient is really like.

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

Working on a team to care for patients is what my future role is going to be every day. That is what healthcare is. At the very least it will be a two-person team of me and the patient; in reality it will probably be a much bigger team of me, the patient, the nurses, the pharmacists, the physical therapists, the occupational therapists, and so many more. What I learned through AVIT about the importance of using that team to provide the best possible care for the patient will come in handy every day. Everyone on the team holds an important role and is there for a reason. The future of healthcare is teamwork, and my IPE learning has helped to prepare me for that future.

**What excites you about this work?**

It’s awesome that Jefferson is thinking about new ways to approach training for dementia care with AVIT. We learn about these topics in the classroom, but AVIT gave us the opportunity to actually apply what we’ve been learning. It was really cool to get a chance to experience a piece of what it might be like to provide care to a patient with dementia in the real world. Simulating the cases really forces you to take on the role of the provider, or the patient, or the caregiver, etc. and it was a great way to empathize and get a sense of what these situations are like for each of the individuals involved.

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

It was really valuable to be able to participate in the simulations

# The Old Pine Community Center in Philadelphia Responds to COVID-19



**April Thomas Jones, MEd**  
Executive Director

*Alone, we can do so little; together, we can do so much*  
— Helen Keller

I have always believed in the power of community. It is not in all of our differences we “see” one another but it is in our similarities. As we all have been forced to view our lives and our community differently due to the COVID-19 pandemic, and for many the civil unrest that still continues, we begin to see how similar we all are in our human needs, dreams, and desires. Many of us are reflecting on our past views, our current actions and our future change. For me, I reflect on how I can be a change agent for all people, not allowing myself to be comfortable in “rose tinted glasses” but to look head on at some hard truths, such as food insecurity, systemic racism and poverty. Through this lens, I have become steadfast in my conviction of being a change agent and uniting with others who understand and are not afraid to stand up, speak and more importantly be an active member of our community. It is why I was compelled to serve as the CEO and Executive Director of the Old Pine Community Center and why I continue to stand at the helm.



*A sample of healthy food options distributed to those in need by The Old Pine Community Center during the pandemic.*

The Old Pine Community Center is a non-profit organization that has been situated on the corner of 4th and Lombard Streets in Philadelphia, Pa for over 43 years. Our mission is to provide programs and services that enrich the lives of others regardless of race, gender, religion, socio-economic status, nor sexual orientation. For years “The Center” has worked collaboratively with the community, city officials and other participants to create and cultivate programs that meet the needs of an evolving Philadelphia. Today the Center has robust and inclusive programming and services that spread the age spectrum including, but not limited to, two youth programs (after

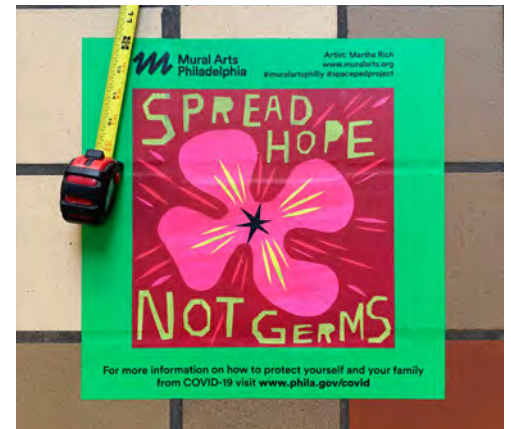
school and summer camp), adult education (GED, Job Readiness), a program for seniors (Saturday for Seniors), community rentals, 12 Step programs, recreation, F.A.C.T. (Food, Aid, Clothing, Training and other services) and Shine programs, open to all people in need, which provide participants nutritious meals, basic necessities and other resources. Additionally, we conduct targeted outreach for vulnerable populations such as Operation Warm Winter (focused on supporting our homeless veterans) and Adopt a School (focused on a commitment of 1-3 years of support to high needs schools). We operate seven days a week from 6:30am-11:30pm and we are committed to our mission and passion of enhancing the lives of those we serve by aiding in their immediate need as well as generational change. At the heart of all of our programs, we have what we refer to as “the human factor” to assure whether young or old, wealthy or impoverished, you feel a sense of hope and belonging when you enter our doors. This is accomplished not only through research, metrics and statistics, but also by listening and interpersonal relationships. The Center has the unique and necessary ability to be malleable to the needs of the community and we have been able to adapt and evolve as needed to be a thriving activist for everyone in our community.

We were most challenged with the recent pandemic, as it hit us all so quickly and without foresight. Like many, we thought we would have to close our doors. For very obvious safety reasons, Pennsylvania issued a stay at home order, yet as a place that is built on bringing people together, we were uncertain about what the next day would bring. The outlook was bleak, but calls for help continued to pour in. We were at a crossroads; we wanted to be as safe as possible, but we heard our staff fears relative to safety and job security, as well as the cries of those that were most vulnerable. This is where we sat down, listened to those in need and reimagined The Center as a food distribution site. Unsure about how to navigate this new territory, we began to reengineer our FACT program to support the increasing need of the community and expand its services to include needed items that, due to the continuation of the pandemic and severe job loss, had left so many individuals and families in need. We decided we would weather the storm, as it is our mission and goal to be a beacon of hope for all in the community, even during a time in which it seemed impossible. We closely followed CDC recommendations and as of March 2020, The Center looked a lot different! From March-June we saw dramatic increases in our distribution: over 30,000 lbs. of food, a 139% increase for our “to-go” meals, a 174% increase for family support and care packages, and an



*An Old Pine Community Center staff member distributes food to the community.*

overall increase of 92% of people served under this program. To support the fast growing need and demand we diligently worked with current partners such as Philabundance who aided us in the fight against hunger by helping to make nutritious food accessible to all; and created new partnerships like Mural Arts Philadelphia,



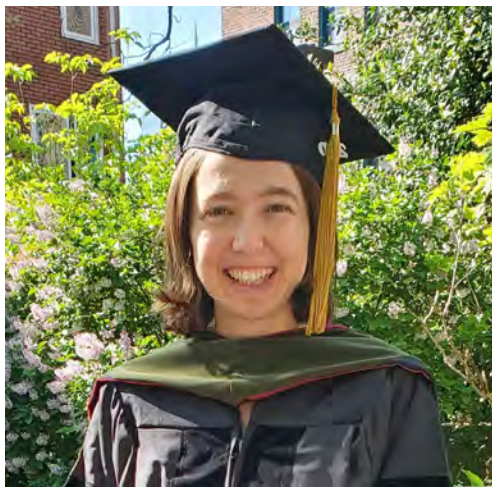
*Sample of installed vinyl tiles by Mural Arts Philadelphia*

who supported and encouraged social distancing during food distribution by installing vinyl tiles designed by local artists, known as “Space Pads.” Other new partnerships emerged building our community, such as with Puentes de Salud who serves the Lantix immigrant population through advocacy, education and healthcare. Together we were able to support approximately 70 families each week with fresh and shelf stable food, hygiene products and much needed cleaning supplies, all in an effort to provide the healthiest and safest options possible for every person. We continue to push forward through this public health crisis and its impact, but we have created our new norm that still aligns with our mission from over 40 years ago. As the world continues to “open up,” we will be there on the front lines, working to enhance and help our neighbors and friends and together we will continue to Build Better Communities.

It is Maya Angelou that said, “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”



# Reflection: Enhancing Research and Training Through Interprofessional Collaboration and Mentorship



By Kayla Askey<sup>1</sup>, PharmD Candidate 2020  
Department of Pharmacy Practice & Administration,  
Philadelphia College of Pharmacy, University  
of the Sciences, Philadelphia, PA

Throughout pharmacy school, I had the opportunity to take part in a variety of different interprofessional education events. Although all were valuable and worthwhile, it wasn't until I began collaborating with other professional disciplines through research that I witnessed the real power of interprofessional collaboration and the positive impact it could have on both research design and patient care.

I participated in an independent research project during the final two years of my doctor of pharmacy (PharmD) training. Knowing I wanted to participate in research, I signed up for a Research Design elective class. I was paired with a faculty mentor, Daniel Ventricelli<sup>2</sup>, PharmD, MPH, and was tasked with designing a research question. When deciding on a project topic, I considered different areas of substance use disorder (SUD) research, including harm reduction and SUD treatment, which I eventually narrowed down to buprenorphine medications for opioid use disorder (OUD). The goal of our research was to conduct a survey to better understand pharmacist dispensing behavior regarding buprenorphine-containing medications. We decided to utilize the Theory of Planned

Behavior as a theoretical framework for designing a survey to better understand the behavior of pharmacists in this context, and the project moved along smoothly until we reached the survey development phase. While Dr. Ventricelli and I were confident about the content of the survey, as well as the topics we wanted to explore with our questions, we struggled with exactly how to ask the right questions in a way that would allow us to appropriately evaluate pharmacists' behavioral intentions. Furthermore, we realized we were creating something that could have far-reaching implications and wanted to make sure it was done to the highest level of rigor. It was at this point that we decided to reach out to and partner with Alysson Light, PhD<sup>3</sup>, a behavioral scientist with extensive experience in theoretical modeling, survey design and statistical analysis. Dr. Light's collaboration was vital to ensuring the study was carried out with the utmost confidence; however, incorporating another discipline elevated the analysis and interpretation to a level I didn't expect.

While independently working with the data and running some statistics myself, I periodically met with Dr. Light to discuss the preliminary results. We spent several hours discussing how to interpret the data, and while Dr. Ventricelli and I brought a pharmacy-focused perspective to the results, she brought social and behavioral science concepts I had not fully considered. Working with Dr. Light and incorporating her social and behavioral science expertise exposed me to new theories and ideas that helped me interpret the data from a completely new perspective. One such concept that we discussed was the potential effects of social pressure on pharmacists and how that could impact their intentions to dispense buprenorphine. Our interprofessional collaboration pushed me to think outside of the box, and as a team, we analyzed the results from a more holistic perspective, combining our backgrounds from both pharmacy and the social sciences.

Throughout my PharmD training, I have been provided interprofessional learning

opportunities with other healthcare students: occupational therapy, physical therapy, nursing, and medical students. These opportunities provided insight into working with these professionals within the workplace; however, I never realized the impact that social and behavioral sciences could have on patient care. Working with Dr. Light through my research project drastically changed my ideas about the project and the meaning behind our results. Recognizing the importance of the social and behavioral sciences, we should incorporate these skills into pharmacy education and research, and even more importantly, ensure that students in pharmacy and social science training programs are provided more opportunities to work together.

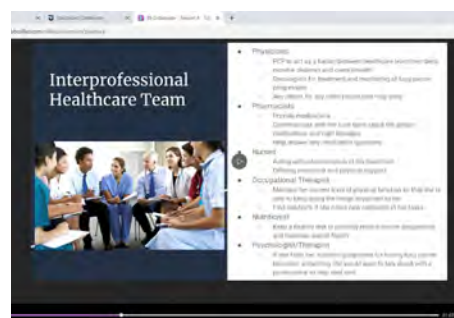
Interprofessional collaboration as a student has helped me become a stronger and more well-rounded healthcare professional. These past experiences, and in particular my research project involving Drs. Light and Ventricelli, taught me how to think outside my usual pharmacy box. I have no doubt my research project was made better from the interprofessional collaboration, and experiences offered to students, and institutions should encourage collaboration across an even greater number of practice areas and disciplines. Additionally, interprofessional collaboration should not be limited to educational events, but strategically incorporated into student research experiences when possible. Something amazing happens when you bring together individuals with different knowledge, experiences and practice disciplines. Research conducted in this open atmosphere has the potential to reach previously untapped heights.

## References

1. This article was written in May 2020, when Kayla was a student completing her PharmD
2. Daniel Ventricelli, PharmD, MPH is an Assistant Professor Clinical Pharmacy at University of the Sciences in Philadelphia, PA
3. Alysson Light, PhD, is an Assistant Professor of Psychology at University of the Sciences in Philadelphia, PA



JCIPE team members meet with Jennifer Wilson and Pamela Walter (top row), Writing Coaches from Jefferson's Academic Commons, and Larissa Gordon of Scott Library during the team's remote Writing Retreat in May.



A student team in the IPE Small Group (April 13, 2020), presents their Module 2 PowerPoint Presentation. Here, students describe the role of different professions in helping their Health Mentor achieve their SMART goal.

# Health Mentors Reflection

By Julie DiStasi

My experience with the Health Mentors Program, and specifically Mr. Lanza, has been truly enjoyable. Getting to know Mr. Lanza has definitely been the highlight and I always look forward to our get togethers. His drive and want to give back is truly inspirational and getting to participate in a program that allows students to meet and learn from individuals such as Mr. Lanza is priceless. It is easy to get caught up in the difficulties of school but he is a constant reminder of why we do what we do. I have gotten so much out of meeting Mr. Lanza; I look forward to our next get together and I am equally excited to take what he has taught me into my career!



Health Mentors Cohort 13, Team # 44: Earl Bampo (Medical Student), Mr. Lanza (Health Mentor), Lauren Banner (Medical Student), Julie DiStasi (Physical Therapy Student)

## 2020 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!

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*This award honors a faculty member of Jefferson Colleges of Health Professions, Nursing, Pharmacy, Population Health, Rehabilitation Sciences or Sidney Kimmel Medical College who demonstrates excellence in interprofessional health education and whose efforts have resulted in sustained impact on interprofessional collaboration of healthcare practitioners to improve the education of Jefferson health professions students.*

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Associate Professor  
Jefferson College of Pharmacy

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#### **The Staff of the Jefferson Acute Rehabilitation Unit**

Thomas Jefferson University Hospital

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*This award is given to Thomas Jefferson University students who demonstrate excellence in the support of interprofessional education and collaborative practice, and whose efforts have positively impacted the institution and its IPE programs and research.*

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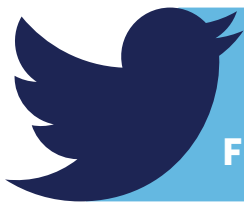
#### **Allison Tuso**



Cohort 13 students gathered for Health Mentors Program Module 2 Orientation in January 2020. In this module, students are introduced to the relationship and community levels of the social-ecological model. Teams huddle and begin planning steps to complete the assignments, including a home visit.



On March 6th in our Team Care Planning program, our student teams talked takeaways of trust in other providers, the power of the team, and the importance of remembering the patient's humanity. Students are pictured conversing here with one of our many talented standardized patients!



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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