



## Meet an IPE Faculty Champion from Thomas Jefferson University

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

As a faculty member in the Department of Physical Therapy, I am responsible for the following courses in the Doctor of Physical Therapy (DPT) Program: PT 538 Psychosocial Aspects of PT/PTs as Teachers and Learners and PT 632 Healthcare Delivery Systems.

For PT 538 Psychosocial Aspects of PT/PTs as Teachers and Learners, I have been fortunate to work with an interprofessional team of faculty from pharmacy, occupational therapy, physical therapy, nursing, and couple & family therapy. This team has determined core content that relates to all our professions and has created online course modules and symposiums to cover this content for the students in these programs. Some of the content includes patient safety and error reduction, end of life care, and substance use disorders. In 2018, the team was able to present their work through JCIPE's Interprofessional Care for the 21st Century conference.

For PT 632 Healthcare Delivery Systems, I have found that I am able to expand on some of JCIPE's Health Mentors Program curriculum in this course when I cover topics, such as the social-ecological model, health advocacy, and public policy for the third-year DPT students. I have found that serving as a faculty facilitator for module 3 in the Health Mentors Program was a great opportunity to gain an understanding of how the above topics have been introduced to Jefferson students in the first two years of their professional programs.

In addition to some of my above teaching responsibilities, I have been involved with JCIPE in my current administrative role as the Director of Global Initiatives for Jefferson College of Rehabilitation Sciences and as a former Co-Chair of Thomas Jefferson University's Global Health Initiatives Council (GHIC) from 2014-2020. I have consulted with members of the JCIPE leadership team regarding how to implement interprofessional opportunities related to local and global education activities and programming for Jefferson students, faculty, and staff.

Most recently, I am part of an interprofessional team, facilitated by JCIPE, whose focus is to provide education, experiential learning opportunities, clinical practice, and community outreach initiatives at the Hansjörg Wyss Wellness Center located in South Philadelphia. The team consists of representatives with expertise in medicine, public health, physical therapy, occupational therapy, nursing, and community and trauma counseling.

### What excites you about this work?

I think what excites me about this work is that it allows me the opportunity to meet and establish relationships with my colleagues across other professions regarding interprofessional education (IPE) and collaborative practice (CP). In addition, I value the process of working on interprofessional teams to create and develop didactic and experiential learning opportunities for Jefferson students. In our planning meetings, I find that I am always learning from my colleagues about innovative ways to deliver course content, new references and resources for topics that relate to all our professions, and strategies to implement in clinical and community-based practice to address health disparities. Finally, I think that it is exciting when you see students applying IPE concepts to case studies, class discussions, and/or experiential learning opportunities (e.g. interprofessional pro bono clinics).

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

I think that IPE and CP are important to me because there are several factors that influence an individual's health. I don't think one profession or professions practicing independently can manage an individual's health or even a community's health. I think that IPE, especially JCIPE's IPE programs, teach Jefferson students the importance of bringing professions together in teams to address the health needs of individuals and communities both local and global, especially vulnerable populations. Without IPE and CP, students and current professionals would not be equipped to deliver the most optimal care possible. They would also not be able to contribute to the development of equitable policies and programs that can reduce health disparities and improve health outcomes both locally and globally.