

# COLLABORATIVE HEALTHCARE



INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

Spring/Summer 2022 | Vol. 12 No. 3

## FROM THE EDITORS

We're so excited to share this Spring/Summer edition of our newsletter! As the academic year comes to a close, we look back on another year filled with ups and downs, incredible accomplishments and ongoing challenges. Life during the COVID-19 pandemic has changed. Relative widespread vaccination and declining mortality and hospitalization rates have allowed a slow return to prior routines and activities for many. Yet infection rates are still on the rise as we continue to mourn the lives lost to COVID in the U.S. and globally, and grapple with its prolonged impact. For many of us, COVID has highlighted the value of our work and the need to pull together and rely on each other to overcome adversity. It has also shed light on the fragility of life along with the importance of maintaining boundaries and work-life balance, and the need to invest time and attention to our mental and emotional health, both at and outside of work. The devotion of time and attention to our mental and emotional health, however, is not only vital at an individual level but imperative on larger scales; teams, organizations, institutions, and society must consider approaches to support well-being in a systematic way. The collaboration of different health professions will be essential to build a culture of wellness for health providers and support the fourth aspect of the "Quadruple Aim"- to enhance provider job satisfaction.

This edition's articles underscore the *longitudinal* development of competencies in interprofessional collaboration as well as the relationship of *identity* to interprofessional collaboration. Rather than being a "one and done" experience, or a "see one, do one, teach one" procedure, interprofessional education (IPE) is an iterative process that requires scaffolding education and reinforcement through experiential learning. Further, developing skills and behaviors for team-based care relies upon developing a "team-member identity" in addition to our uni-professional identities, referred to by some as a "dual identity" (HPAC, 2019). The process of developing a team-member identity involves expanding our uni-professional identities to include the expectation of belonging to or participating on an interprofessional team. Our interprofessional or team identity develops over time in parallel with the competencies in our individual professions as well as in interprofessional collaborative practice.

A key part of professional identity formation is socialization. Socialization is the process of interacting with others, identifying "who you are" and learning acceptable ways to behave. Khalili et al. (2013) describe how our socialization into different professions starts early in childhood, well before matriculation in licensing programs, as we develop notions about specific professions that shape career selection. Khalili and colleagues (2013) explain

how our early notions of different professions often contain myths and misconceptions. As a result, a major, if not the first, step of interprofessional education must involve interprofessional socialization, the bringing together of learners from different health professions to learn about, from, and with each other in order to dismantle them.

In light of these concepts, we are thrilled to share important contributions to this edition's newsletter. The team members from Regis University share their work on introducing IPE at the undergraduate level, intentionally embarking on developing interprofessional identity before entering into uni-professional programs. Additionally, a group from the University of Wisconsin highlights its team's utilization of micro-credentialing which serves to recognize achievement of milestones in collaborative practice. Their work frames the longitudinal development of competencies in interprofessional collaborative practice and captures this process through progressive badges that emphasize the growth of teamwork skills in professional development. Indiana University colleagues describe the evaluation of their longitudinal IPE curriculum which also features a progressive framework in competency development. Successful features of their longitudinal IPE curriculum involve flexibility, sustainability, and transparency.

The notions of team or interprofessional identity and the importance of

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interprofessional socialization are also clearly illustrated in our student reflections. Brian Donnelly of the FACT-2 (second degree) Nursing Program describes his participation in the Interprofessional Palliative Care Program and the impact of “...collectively working towards solving or unpacking a problem” with an interprofessional team. He expresses how one of the major benefits of this program involved “...working alongside students from various fields who share a mutual passion for the subject matter.” Meredith Gray, an Occupational Therapy student, tells about her participation in

interprofessional simulation programs as essential preparation for future practice as “...we will need to have interprofessional interactions on a daily basis.” She voices the importance of IPE in giving students the opportunity to learn about the roles of other health professionals and “...develop language to communicate our own professional ideas and goals to others.”

We hope you enjoy this collection of thoughtful pieces. We are grateful to our contributors to the newsletter and to our JCIPE team for their amazing work and

dedication. We hope the summer brings you all an opportunity to refresh and rejuvenate!

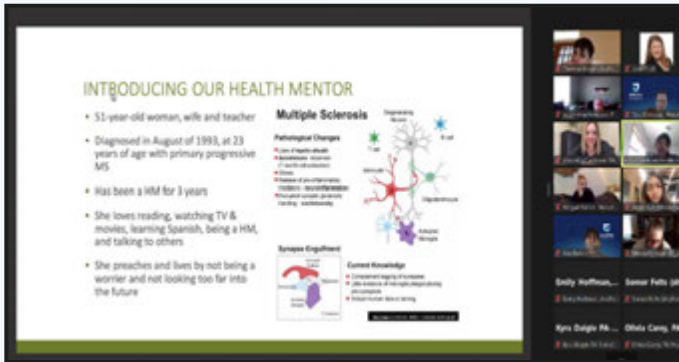
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## JCIPE Updates

**Health Mentors Program (HMP):** The Health Mentors Programs welcomed Cohort 15 student teams back for the completion of Module 2 (M2) this past semester. Students from 12 professions (athletic training, couple and family therapy, human genetics and genetic counseling, medical laboratory sciences, medicine, nursing, nutrition & dietetic practice, occupational therapy, pharmacy, physical therapy, physician assistant, speech-language pathology) comprising 140 teams conducted virtual home visits, which gave Health Mentors the opportunity to share strengths and barriers about their community. New this year, teams highlighted the 4Ms for their Health Mentor during their final M2 small group presentations:



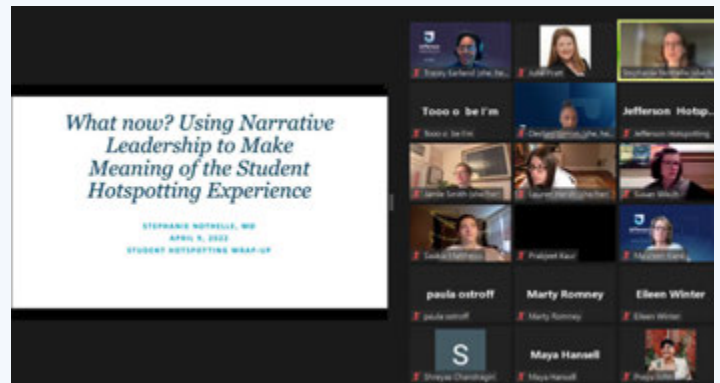
Students in the Health Mentors Program deliver a Module 2 wellness presentation, discussing what is important to their Health Mentor, the supports and barriers they face, and their own takeaways working with an interprofessional team.

Mobility (and the environment), Medications, Mentation (and social connections/emotional wellbeing), and What Matters. Planning for 2022-2023 is underway, where we will deliver in-person and hybrid sessions.

**The Jefferson Student Interprofessional Complex Care Collaborative:**

The student Hotspotting Program has officially been renamed as the Jefferson Student Interprofessional Complex Care Collaborative (J-SICCC). Our J-SICCC team hosted the annual Wrap-up event in early April with a total of 104+ participants. During the last year, 79 internal Jefferson students and 43 faculty advisors participated from 11 professional programs including community and trauma counseling, couple and family therapy, health sciences, medical imaging and radiation sciences, medicine, nursing,

occupational therapy, pharmacy, physical therapy, physician assistant, and public health. Our external teams, Harvard University, Siena College and Johns Hopkins University, engaged 31 students and nine faculty advisors this year. Recruitment for the next cohort is currently underway, with Kick-off slated for mid-September.

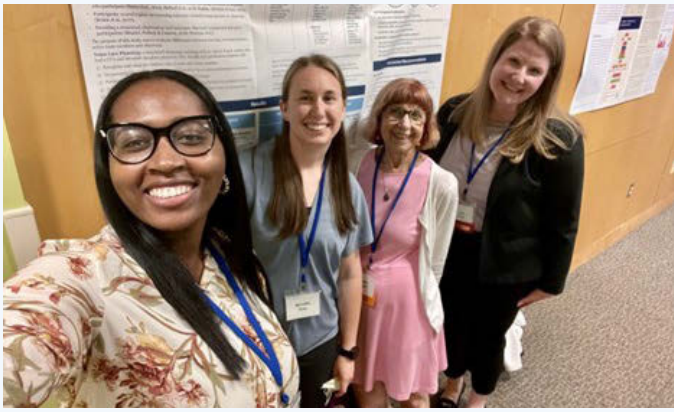


Dr. Stephanie Nothelle presents at our 2022 Jefferson Student Interprofessional Complex Care Collaborative (formerly Student Hotspotting) Wrap Up event.

**TeamSAFE:** Introductory TeamSAFE was held in January, with 457 students participating from six professional programs (medical imaging & radiation sciences, nursing (undergraduate), nutrition & dietetic practice, pharmacy, physician assistant, public health). Nutrition & dietetic practice joined for the first time. Advanced TeamSAFE was offered in March during Sidney Kimmel Medical College’s Gateway to Internship course. 744 students participated from four professional programs (medicine, nursing (undergraduate), pediatric nurse practitioner, pharmacy). This is the largest cohort of students who have participated in Advanced TeamSAFE. Both Introductory and Advanced TeamSAFE were held virtually; however, in-person planning is underway for fall 2022 and spring 2023.

**Team Care Planning:** In March, 104 students from five professional programs (couple and family therapy, medicine, nursing (undergraduate), occupational therapy, pharmacy) simulated a clinical discharge case with standardized patients. This case was simulated in-person for the first time since the start of the COVID pandemic.

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*Our Team Care Planning team showcasing their work at the Academy for Professionalism in Health Care Conference in early June.*

Excitingly, a **Black maternal health case** was piloted with four students (physician assistant, public health) and two standardized patients in April on Thomas Jefferson University's East Falls Campus. This case will be offered in both fall and spring semesters moving forward after a successful pilot.



*Students and standardized patients pilot our Black maternal health case in Team Care Planning on the East Falls campus. Four students participated in our first session, during which they conducted a powerful family planning meeting.*

Team Care Planning presented two posters at the Academy for Professionalism in Health Care conference held at Drexel University in June.

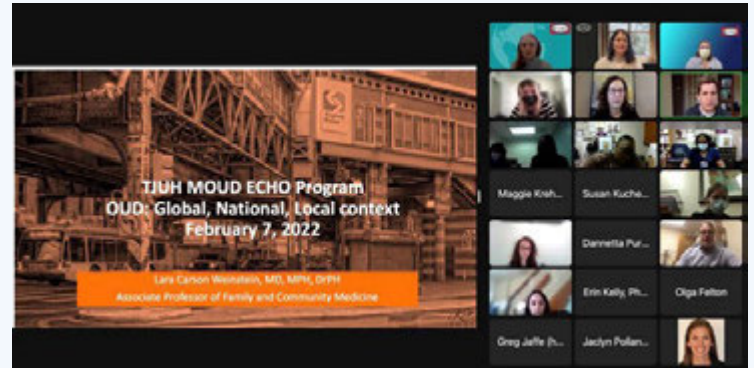
**Alzheimer's Virtual Interprofessional Training (AVIT):** Early in March, 32 students from seven programs (adult-gerontology nurse practitioner, lighting design PhD, medicine, medicine/PhD, nursing (undergraduate), occupational therapy, pharmacy) participated in AVIT simulations. These students were scheduled in 4-hour, half-day sessions for the first time. This scheduling allowed for greater flexibility for student participation.

**Enhancing Services for Homeless Populations (ESHP):** Two cohorts of students, comprised of eight students from occupational therapy, pharmacy and public health, are participating in Enhancing Services for Homeless Populations this June. These two cohorts are piloting the inclusion of harm reduction content in pre-program readings and case simulations. We also expanded student teams to include four, rather than three, members. Evaluation of these changes will be studied after the program has concluded.

**Interprofessional Palliative Care Program:** During spring semester 2022, JCIPE facilitated an interprofessional palliative care program

for Jefferson students. Our cohort included 34 students from nine healthcare disciplines and seven faculty facilitators, who advised as palliative care experts. Over the course of three months, students completed a series of modules as a team, co-presented case studies, shadowed palliative care rounds at various Jefferson Health locations, and presented a final group research poster.

### Extension for Community Healthcare Outcomes (ECHO):



*JCIPE pilots our very first Project ECHO on Medications for Opioid Use Disorder in partnership with colleagues from Project HOME and Pathways to Housing PA.*

In winter/spring 2022, our JCIPE "Project ECHO" (Extension for Community Healthcare Outcomes) hub launched two series: Medications for Opioid Use Disorder (MOUD) and Integrated Behavioral Health (IBH). ECHO is an innovative educational model from the University of New Mexico, which builds primary care workforce capacity and learning communities via a Zoom series. During ECHO sessions, an interprofessional expert panel guides interactive case-based learning, with a collaborative, "all teach, all learn" approach. Between the two programs (MOUD and IBH), we offered 16 sessions to over 80 clinicians from six different health professions.

**Racial and Social Justice Taskforce (RSJT):** RSJT completed five monthly sessions in spring 2022. This semester the taskforce focused on implementing and refining the Curriculum Self-Study Worksheet. The self-study worksheet was developed with the intention to guide thinking and facilitate idea generation around issues of racial and social justice within and across JCIPE's programs. It prompts faculty and staff to pause and reflect on the opportunities, gaps and strengths of each curriculum and act accordingly. The worksheet contains four main categories: diverse representation, health disparities, assumptions and stereotypes, and learning environment. Every alternate month, one of JCIPE's programs completes the self-study worksheet and shares their findings and feedback with the taskforce. So far, two programs have completed the worksheet and we anticipate that our remaining ones will do so by July 2022. The taskforce also conducted a workshop on the self-study worksheet during Faculty Day.

**Jefferson Teamwork Observation Guide (JTOG):** JTOG is now available to external clients! JCIPE signed a third-party contract with Abzooba, which will host, market and implement the App with our external clients. Abzooba is one of the top artificial intelligence (AI) and cognitive science organizations that specializes in advanced analytics, big data and cloud solutions. Beta testing for the App is currently underway.

This past spring we also completed upgrades on the JTOG web-based dashboard. Training was provided to program coordinators on how to use the web-based dashboard and all programs successfully and independently implemented the upgraded JTOG.

# Micro-Credentials In IPE: The IPE Path of Distinction and Badger Programs in University of Wisconsin-Madison



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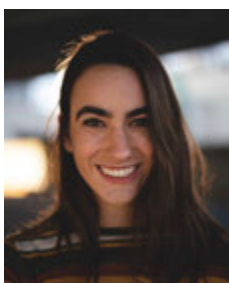
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## Background

According to the World Health Organization (2010), all cross-professional students should graduate collaborative-practice ready. To address this need, calls for the integration of interprofessional practice and education (IPE) have become increasingly more common and important.

In 2020, in concert with its [5-year strategic plan](#), the University of Wisconsin-Madison Center for Interprofessional Practice and Education (UW CIPE) worked collaboratively with over ten program/school partners to establish a Two-Tier IPE Integration System. Tier 1 of the IPE Integration System aims to provide all UW-Madison cross-professional students with foundational IPE opportunities, and Tier 2 aims to provide additional longitudinal IPE opportunities for students with special interest in advancing their knowledge, skills, and expertise in one or all of the following areas: interprofessional fundamentals, simulation, practice, leadership, and research (Gartland et al., 2021). Students who participate and successfully complete Tier 2 IPE programs will receive IPE micro-credentials. With the consideration that UW CIPE is not an academic program and cannot offer educational certificate and degree programs, micro-credentials in the format of IPE Badges and IPE Path of Distinction have been identified as the best approach to recognize and award students'

accomplishments. These micro-credentials provide a means for students/graduates to present and showcase their IPE milestones to potential employers.

Although micro-credentials in cross-professional education are gaining popularity, they are still new to IPE. To ensure micro-credentials retain their value, UW CIPE has followed the following recommendations in issuing IPE micro-credentials (Pepler-Beechey & Weingarten, 2021):

- Regulated and issued by the UW-Madison
- Provide focused IPE trainings with measurable outcomes
- Demonstrate the achievement of specific knowledge, skills, and competencies in becoming interprofessional practitioners
- Documented on transcripts and widely recognized.

The UW CIPE micro-credentials include the UW CIPE Badger and the UW IPE Path of Distinction programs.

## UW CIPE Badger Program

The [UW CIPE Badger Program](#) is a branch of the [UW-Madison Badger program](#) in which we provide focused IPE academic training, called *IPE Badges*, with fewer academic requirements than a typical degree and/or certificate program. IPE Badges are formal,

virtual, micro-credentials issued to learners (students, faculty, staff, or practitioners) who participate in and successfully complete designated IPE offerings and activities at UW-Madison and its partners.

Each IPE Badge consists of a specified set of academic training and/or experiences that focuses on different aspects of IPE in healthcare to advance the IPE Quadruple Aim (better care, better health, better value, and better work experience). Successful completion of an IPE Badge signifies the achievement of competence in the specified domain and is recognized by awarding a digital badge from UW CIPE. The IPE Badges can be showcased via personal profile, social media (LinkedIn, Facebook, etc.), and/or shared with potential employers as a way to help the learners articulate the skills they have gained from completing the Badge criteria. Completion of IPE Badges approved by the UW CIPE Badger program will be counted towards the UW IPE Path of Distinction. Since 2019, UW CIPE has awarded close to 800 students IPE Badges, with the most Badges issued in the following: IPE Fundamental Badge, IPE Leadership Badge, and IPE AHEC Scholar Badge. Other Badges include IPE Didactic Badge, IPE Simulation Badge, IPE Specialty Badge, IPE Clinical/Community Badge, Global Health Badge, One Health Badge, and the IPE Scholarship Badge. The interest in IPE Badges is growing in which we expect to issue over 400 additional IPE Badges this academic year.

## UW IPE Path of Distinction (PoD) Program

The [UW IPE PoD](#), one of the first of its kind, is built upon the UW CIPE Badger Program in which we recognize and award students with special interest in IPE with distinction at graduation. The UW IPE PoD is a two-year, longitudinal IPE program that provides UW-Madison cross-professional students with opportunities to gain and advance their knowledge and skills in interprofessional competencies (IPEC, 2016), and to become interprofessional practitioners (Khalili, 2021) as future healthcare team members and leaders. Students undertake IPE learning, IPE research, IPE leadership, and IPE reflection opportunities that supplement their program-specific education. To receive the UW IPE PoD award, students need to complete and satisfy the program requirements before graduation (Table 1).

Currently, Genetic Counseling, Medicine, Occupational Therapy, Pharmacy, Physical Therapy, Physician Assistant, Public Health, Social Work, and Veterinary Medicine students at UW-Madison are eligible to apply. Since the different professional and graduate programs

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**Table 1: UW IPE PoD Requirements**

<b>IPE Learning:</b>	Students must complete an IPE Fundamental Badge, IPE Designated Course, IPE Simulation, and IPE Practice Badge.
<b>IPE Leadership:</b>	Students must complete an IPE Leadership Badge through fulfilling two or more IPE leadership opportunities.
<b>IPE Project:</b>	Students must complete an IPE Scholarship Badge by developing, implementing, evaluating, and disseminating an IPE-related project to advance the Quadruple Aim (better health, better care, better value, and better provider work experience).
<b>Final IPE Reflection and Knowledge Sharing:</b>	Students must either submit a reflection or present/share (individually or as teams) their learning from their IPE PoD journey with students in their (and other) programs to complete the PoD requirements.

range in length between two and four years, the UW IPE PoD is designed to be completed in two years. Students at any year in their program may apply so long as they are able to satisfy all requirements by April 1 of the year in which they graduate. Given that the UW IPE PoD Program is built upon the UW CIPE Badger Program, if a student is unable to complete the PoD Program requirements, they still receive recognition of completed IPE Badges.

Applicants are required to complete an online application found on the [UW CIPE website](#). The application includes a 500-word personal statement that showcases candidates' interest and experience with IPE as well as their perception of how the UW IPE PoD will impact their professional growth in addition to submitting their resume or CV.

To foster a sense of cooperation and belonging, student participants commence the UW IPE PoD program ideally as a cohort in the fall. The UW IPE PoD was launched in fall 2021, and the 2021-2023 cohort includes ten students from five cross-professional programs, including Medicine, Occupational Therapy, Pharmacy, Physical Therapy, and Public Health.

### Implications

The wealth of support for IPE efforts helps to ensure that IPE will be integrated into curricula across a wide variety of health professional education. The UW CIPE Badger and the IPE PoD Programs provide a framework for other institutions looking to provide robust and unique IPE opportunities for their students.

To ensure the IPE micro-credentials meet the UW CIPE strategic directions towards achieving the Quadruple Aim, IPE competencies and socialization, each IPE micro-credential is evaluated using different and tailored methods including, knowledge quizzes, student team reflections/debriefs, facilitator feedback, capstone projects, and pre-post surveys. In addition and as part of UW IPE Systematic Assessment, all the health science students at UW-Madison are required to participate in an annual pre- and post-IPE evaluation (in early fall and late spring respectively using three IPE surveys (Dual Identity Scale, Interprofessional Socialization and Valuing Scale, and IPEC Competencies, plus two open-text questions)

to assess the impacts of all IPE offerings at UW-Madison (including the micro-credentials) on students' achievement and success in meeting the IPE socialization, competencies, and accreditation requirements.

Students' responses to the UW IPE PoD have been overwhelmingly positive. A medical student comments,

“ I had been interested in IPE since beginning medical school, but I never knew how to engage with it or what I could do. The PoD gives students a centralized place to not only see what IPE offerings our institution has, but also empowers students to create new experiences and engage with other professional students in new and rewarding ways.”

Another author, a physical therapy student, echoes this same sentiment:

“ The best clinicians I have worked with all emphasized the importance of interprofessional collaboration to me. The impact of these skills is two-fold; not only do members of different professions work more effectively and efficiently, but it's clear patients benefit too. UW-Madison's IPE PoD Program allows us incredible opportunities to advance our interprofessional skills before we even graduate; therefore, graduating students who strive to implement the Quadruple Aim in practice. For example, one of the opportunities the PoD Program offers is the Interprofessional Dementia Caregiving Telehealth Community Placement. As a physical therapy student, I work with medical, pharmacy, and social work students to research and provide resources for a caregiver of a person living with dementia. My team has adapted a progressive approach, and we are compiling resources for the caregiver's current needs, as well as materials and education that will prove to be useful as the disease progresses. Overall, UW-Madison's PoD allows me to learn about interprofessional work and its impact on the healthcare community and gives me the space, guidance, and opportunities to practice with peers of different healthcare backgrounds to be the best clinician I can be.”

Faculty and staff working with the cohort of ten students enrolled in the UW CIPE PoD have also

found the experience to be equally rewarding. It has provided an opportunity to employ active participation in interprofessional education of cross-professional students and practice the very skills they are promoting and teaching. Relationships between and among staff, faculty, and students continue to be built and all have worked collaboratively to enhance the program. Several faculty members have informally shared the increased intentionality when planning and discussing IPE activities in their own programs. Integration of IPE in their classroom may not be measurable, yet the positive impact of IPE through UW CIPE continues to affect teachers and learners in many ways.

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## Meet an IPE Faculty Champion from Thomas Jefferson University

Jeannette Kates, PhD, CRNP, AGPCNP-BC, GNP-BC

Associate Professor and Director, Adult-Gerontology Primary Care Nurse Practitioner Program in the College of Nursing

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

I have the privilege of working with JCIPE in several ways. I am currently faculty co-lead for Alzheimer's Virtual Interprofessional Training (AVIT) and faculty lead for the new Interprofessional Palliative Care Program. Additionally, I have had the opportunity to participate in other JCIPE programs by facilitating for Introductory TeamSAFE and the Health Mentors Program.

### What excites you about this work?

I am excited to have the opportunity to work with interprofessional colleagues to develop creative learning experiences for interprofessional learners. For AVIT, we continually refine the simulations and the virtual world to enhance the learner experience. Additionally, we have been able to adapt AVIT for the professional setting through our partnership with The Hill at Whitmarsh, a continuing care retirement community.

The Interprofessional Palliative Care Program was initially developed and piloted by Jefferson interprofessional colleagues and myself and we are thrilled that it found a home in JCIPE! Through this semester-long program, faculty facilitators are guiding interprofessional learners through case-based and experiential learning in palliative care. We were pleased to see that students were very interested in this content as our applications for this program far exceeded the number of spots that we had available.

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

As a nurse practitioner in palliative care, I recognized the significance of all team members, having humility, communicating effectively, and working together to achieve patient goals. These are skills that future healthcare providers need to learn and practice as students, and that current healthcare providers need to continue to practice and hone. As a student, I did not have formal opportunities for IPE; so, I want to provide these opportunities for my students and other students at Jefferson so that they have a safe place to develop these vital skills.



## Meet an IPE Student Champion from Thomas Jefferson University

Meredith Gray, OTS, Master of Science in Occupational Therapy

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

I had the opportunity to work with two JCIPE programs as a Graduate Assistant – Team Care Planning (TCP) and Enhancing Services for Homeless Populations (ESHP). Team Care Planning involves interprofessional groups of students participating in a simulated discharge planning meeting with a standardized patient. For TCP, I analyzed data from simulation sessions to identify common themes that students discuss when reflecting on their simulation experience. I also worked with the Team Care Planning team to put together materials to market TCP to other universities. Enhancing Services for Homeless Populations is a virtual simulation program utilizing the program Second Life to help students learn to work on a team and provide high quality care for individuals experiencing homelessness. For ESHP, I worked to integrate harm reduction content into the program. I have updated the pre-work materials for the program to include this new concept.

### What excites you about this work?

Team Care Planning and Enhancing Services for Homeless Populations are both exciting to me because they are simulation-based programs that give students an opportunity to practice and learn in a low-stakes environment that allows for mistakes and reflection. I think when students can practice in an environment that allows us to try new things and apply our knowledge, we can learn a lot about how to be better providers in the future. It is also fun to participate and observe these programs as a student myself!

### What have you learned that was new?

At first, everything was new to me because I had never participated

in any interprofessional programs as an undergraduate! I have really come to appreciate the importance of interprofessional education though, and I have learned that for our health care system to work effectively for patients, providers need to be able to communicate their ideas to other providers who haven't had the same professional education. Recently, I had the opportunity to participate in a standardized patient training for Team Care Planning. Even though this wasn't a full simulation, I had to learn to communicate occupational therapy concepts in ways that I never did before and this was an invaluable experience during my graduate education.

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

I think it is so important to be able to participate in high-quality interprofessional programs as students because as professionals in the health care system, we will need to have interprofessional interactions on a daily basis. Interprofessional education gives students an opportunity to learn about the roles of other health care professions and develop language to communicate our own professional ideas and goals to others.

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

As a future occupational therapist, I think I will use the interprofessional skills and knowledge I have learned daily to provide my clients and patients with cohesive, high-quality care. I had the opportunity this semester to participate in JCIPE's Interprofessional Palliative Care Program, and I can see myself working as an occupational therapist on a palliative care team to help individuals reach their goals and have a quality of life despite chronic or life-limiting illnesses. I am excited to use my interprofessional education in my future career as an occupational therapist!

# Raising the Bar: Evolution of a Statewide Interprofessional Education Program Following a 5-Year Outcomes Evaluation



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## Introduction

The Indiana University Interprofessional Practice and Education Center (IU IPE Center) is charged with designing and implementing interprofessional learning opportunities through education and practice. As a means of providing interprofessional learning experiences, the IU IPE Center created Team Education Advancing Collaboration in Health (TEACH), a foundational, interprofessional curriculum, engaging approximately 20 health professions programs, 10 partnering institutions, and 8000 learners in interprofessional practice and education opportunities across the state of Indiana during an academic year.

After five years of TEACH implementation, an external review was conducted to determine outcomes, existing challenges, and

opportunities for growth. The purpose of the current work is to discuss evaluation results and present strategies and implications for interprofessional education (IPE) as the IU IPE Center continues future work.

## Background

Indiana University is a complex campus system across the state of Indiana. IU-Bloomington hosts the main campus with nearly 50,000 students, while Indiana University-Purdue University Indianapolis (IUPUI) has approximately 30,000. Additionally, there are seven regional medical school campuses located throughout the state in Gary, Evansville, Fort Wayne, Muncie, South Bend, Terre Haute, and West Lafayette.

In 2010, IU's President established University Clinical Affairs (UCA), a group composed of Deans from Dentistry, Public Health (IU-

Bloomington), Richard M. Fairbanks Public Health (IUPUI), Health and Human Sciences, Medicine, Nursing (IUPUI, IU-Bloomington, IU-Fort Wayne), Optometry, and Social Work. As the coordinating body for all health professions schools at IU, the UCA works across all campuses to identify and facilitate opportunities for collaboration and coordination among the educational, research, clinical, and administrative areas. Four years later, the UCA established the IU IPE Center. The Center is responsible for transforming curricula by integrating the Interprofessional Education Collaborative (IPEC) core competencies that prepare learners to engage in effective, team-based health care to improve the health of individuals and populations (IPEC, 2016), as well as designing and implementing TEACH.

*Continued on page 8*

**Table 1: Objectives by TEACH Learning Anchor**

<p><b>Learning Anchor 1 (Exposure I)</b></p>	<ul style="list-style-type: none"> <li>• Describe the process of team development and the characteristics and practices of effective teams.</li> <li>• Describe the role of interprofessional team-based care in helping people to navigate the complexity of the health care system.</li> <li>• Explain roles and responsibilities of team members.</li> <li>• Describe the value of interprofessional team practice.</li> <li>• Recognize the value of actively seeking the contributions of other professions and perspectives.</li> </ul>
<p><b>Learning Anchor 2 (Exposure II)</b></p>	<ul style="list-style-type: none"> <li>• Use specific communication tools and methods within a team setting.</li> <li>• Describe the roles within the team and how they relate to the team as a whole.</li> <li>• Assess roles within the team and ways to improve contributions to the team.</li> <li>• Identify ways to improve team effectiveness and performance.</li> </ul>
<p><b>Learning Anchor 3 (Immersion I)</b></p>	<ul style="list-style-type: none"> <li>• Recognize similarities and differences in the "Code of Ethics" for two or more different professions.</li> <li>• Consider how similarities and differences across professions influence caregivers' decisions and understanding of health and healthcare priorities.</li> <li>• Describe health and health care as inclusive of people, populations, and communities.</li> <li>• Explain how everyone in the healthcare team shares accountability to improve prevention and healthcare outcomes.</li> <li>• Demonstrate effective methods of communicating with team members to clarify each individual's role and responsibilities.</li> <li>• Discuss the importance of teamwork in person-centered and community-focused care.</li> <li>• Demonstrate active listening, while encouraging ideas and opinions of others.</li> <li>• Identify ways to improve team performance.</li> </ul>
<p><b>Learning Anchor 4 (Immersion II)</b></p>	<ul style="list-style-type: none"> <li>• Use effective communication tools and techniques to facilitate improved team function.</li> <li>• Engage other professionals appropriate to the specific practice situation to participate in shared patient-, client-, community-, and population-focused problem solving.</li> <li>• Communicate information with patients, families, community members, and health team members in a manner that is understandable, avoiding discipline-specific terminology when possible.</li> <li>• Reflect on how learning is applicable to future practice.</li> </ul>

TEACH was created with three phases – Exposure, Immersion, and Entry-to-Practice. Each phase includes two Learning Anchors, or live learning events, with IPEC competencies/ sub-competencies (IPEC, 2016) and learning objectives mapped to each. See Table 1 (on previous page) for objectives of the first four Learning Anchors. The Learning Anchors were developed, vetted, and piloted as the initial part of TEACH, with two Entry-to-Practice Learning Anchors in development.

Each Learning Anchor experience includes the following components: individual preparation/ online pre-work, the live interprofessional learning event, assessment/evaluation, and uniprofessional debriefing (program/course specific). Exposure level Learning Anchors (1 and 2) provide opportunities for students to gain knowledge of the fundamental components of IPE and the benefits and outcomes of collaborating in teams. Learners observe a scenario and share perspectives from their role, then work in teams to identify a prioritized, collaborative approach while balancing potentially competing values and priorities represented across the team. Immersion level Learning Anchors (3 and 4) provide opportunities for learners to apply and integrate principles of person-centered care to create a comprehensive care plan for a patient portrayed by a standardized patient who has complicated and complex health issues. Learners work as a team with a patient/client to understand and resolve barriers to communication and utilize effective team collaboration.

Participating programs mapped the Learning Anchors to specific courses in their respective curricula. Between 2015 and 2020, the Learning Anchors were large-scale, in-person experiences for thousands of students statewide. Due to the pandemic, the Learning Anchors were modified for the online format and successfully converted to synchronous experiences via Zoom.

**Methodology**

By the 2019-2020 academic year, the Center had functioned for five years, allowing the

accumulation of outcomes data. At the conclusion of each Learning Anchor, data are collected from students to measure achievement of student learning outcomes. Additionally, students and faculty provide data focused on continuous quality improvement. Utilizing the Modified Kirkpatrick’s Model of Educational Outcomes for IPE (Freeth et al., 2002), the IU IPE Center evaluated outcomes related to reaction, acquisition of knowledge and skills, and behavioral changes. See Table 2 for an outline of evaluation levels and measures.

After a 5-year cycle of the TEACH curriculum, the Center underwent an external review to determine if the student and faculty outcomes were being met. In July 2020, the UCA appointed a Health Sciences Evaluation Team (HSET) comprised of nine (9) members representing each of the IU Health Sciences Schools to conduct an evaluation external to the Center, but internal to the University. Each UCA Dean appointed faculty and students from their schools to participate in the review process, all participants external to the IU IPE Center. The HSET completed the external evaluation during fall 2020 and shared the final report with the IU IPE Center team in November of 2020. The evaluation was mostly comprised of interviews and focus groups with members of the evaluation team, as well as representatives from the health professions’ programs that participate in the TEACH curriculum. As a component of the Center’s internal evaluation process, an annual report was generated for all participating programs. The reports were used to provide additional data to the HSET, although peripheral to the external process. After receipt of the report, the IU IPE Center team created strategies and projections to redesign the TEACH curriculum. The HSET tasks and conclusions/ recommendations are outlined in Table 3.

**Results**

The evaluation process and final HSET report was shared broadly with both the IU IPE Center team and stakeholders. Input from everyone involved was highly encouraged with time dedicated to receiving

feedback from all stakeholders. During regularly scheduled meetings, stakeholders were provided opportunities to discuss thoughts, reactions, and suggestions related to the HSET report’s conclusions and recommendations. The IU IPE Center team also met via bi-weekly mini-retreat sessions to digest the report and engage in robust discussions about next steps. Each recommendation of the HSET report was evaluated while ideas to address recommendations were collected. After a complete review, themes and specific strategies for the recommendations emerged.

**Such strategies included:**

**1. Changes to the TEACH curriculum structure.**

- Prior Exposure phase included two separate events that have been combined into a single learning event. The overarching phases of the curriculum remain unchanged as Exposure, Immersion, and Entry-to-Practice.
- The Exposure phase was moved online to facilitate the connection of health professions learners across the state and serve as a common foundation for all programs.
- A new Immersion-level menu was created to increase flexibility and fidelity, providing programs with more options for when and how their learners could participate. This allowed the IU IPE Center and partners to take advantage of many existing IPE experiences already occurring within programs.

**2. New committees were formed to increase ownership and engagement in the TEACH curriculum.**

- The Curriculum Committee was formed to review the content of all TEACH events and approve new Immersion menu options.
- The Assessment and Evaluation Committee was charged with approving evaluation

Continued on page 9

**Table 2: Evaluation Levels and Methodology**

Freeth/Kirkpatrick Model (2002) Level	Data Collection Method
1. Student Reaction	<ul style="list-style-type: none"> <li>• Student self-report survey (Continuous Quality Improvement).</li> </ul>
2. Acquisition of Knowledge/Skills	<ul style="list-style-type: none"> <li>• Student Self and Team Assessment</li> <li>• ICCAS</li> </ul>
3. Behavior Change	<ul style="list-style-type: none"> <li>• ICCAS</li> <li>• Facilitator Behavioral Checklist</li> <li>• Standardized Patient Assessment of Team</li> </ul>



Table 3: HSET Tasks and Conclusions/Recommendations

Tasks	Conclusions/Recommendations
<ul style="list-style-type: none"> <li>• Complete a formative evaluation with recommendations to the UCA cabinet on evaluating the IPE Center goal accomplishments, including implementation of the first year of the TEACH Curriculum.</li> <li>• Review the existing data summaries provided by the IU IPE Center for each health professions school.</li> <li>• Solicit and incorporate feedback from current partners and stakeholders.</li> <li>• Develop and implement the formative evaluation approach, including structured tools to collect data and feedback.</li> <li>• Provide a summary report with recommendations for the program.</li> <li>• Identify and summarize the IPE best practices from the other Big 10 Universities.</li> </ul>	<ul style="list-style-type: none"> <li>• Renew the focus of the IU IPE Center on the delivery of a high-quality interprofessional curriculum, with particular attention to addressing the accreditation and learning needs of each health professions school.</li> <li>• Engage faculty in the development and administration of the IPE curriculum, making every effort to minimize burdens while participating in IPE experiences.</li> <li>• Involve students in IPE planning, communication, and decision-making.</li> <li>• Emphasize IPE real-world experiences with patients and communities.</li> <li>• Maximize the flexibility of the IPE curriculum by offering a menu of IPE options from which each health professions school can choose.</li> <li>• Minimize implementation and operational complexity of the IPE curriculum.</li> <li>• Evaluate the costs of IPE and determine mechanisms to increase the value of the students' experiences and reduce costs, where possible.</li> </ul>

processes and instruments, as well as designing assessment strategies to meet various programs' accreditation and programmatic standards.

- A Student Advisory Committee was formed to integrate students' feedback regarding the TEACH curriculum.

As the IU IPE Center moves beyond the 5-year HSET evaluation, several priorities exist to achieve the charge, mission, and vision. The first being flexibility. Programs need the ability to select and participate in IPE events in a fashion that is conducive to their own coursework, schedules, and program outcomes. The programs can utilize additional activities or menu options that capitalize on unique strengths, available partnerships, and preferences of each individual campus and program.

Second, sustainability is vital to continuing quality IPE events in a complex university system. As the approach to and delivery of IPE continues to grow and change, learning experiences must be designed with sustainability in mind. Not only does the environment and learning context change, but numbers of participating learners and professions continue to increase. Learning opportunities should be relevant to all professions and the context of their practice, as well as accommodate large numbers of participants. The design and implementation must be done from both a curricular and logistic perspective, creating opportunities that continue to be valuable and viable across programs, situational variables, and academic years.

Finally, transparency continues to be essential to fostering trustworthy and valuable partnerships as the IU IPE Center continues to lead IPE and IPECP initiatives across the state. With a need for faculty to be engaged and possess ownership of the curriculum, transparency provides opportunities to include faculty and stakeholders at all levels of

processes, implementation, and continuous quality improvement. Interprofessional learning opportunities should be an integrated piece of existing curricula, requiring program faculty to participate in development, implementation, evaluation, and improvement process.

### Conclusion

As IPE continues to evolve, particularly post-pandemic, many aspects must be considered to create sustainability. It is imperative that programs utilize evidence-based approaches and review data to make curricula and programming changes. The data should include feedback from partners, stakeholders, faculty and students, as well as student learning data, to ensure objectives are being met. External reviews can also prove helpful in determining broader outcomes and strategic plans.

Interprofessional education cannot be a one size fits all approach, especially in light of the COVID-19 pandemic. With the pandemic, many advances were observed in respect to IPE (e.g., telehealth, increased cooperation and collaboration across professions, and flexibility of programming) (Langlois et al., 2020). With continuous assessment and evaluation cycles, programs can continue to capitalize on best practices, lessons learned, learner data, and stakeholder feedback to ensure the continual advancement of IPE as the context of health care and education continues to change.

Evidence suggests that fostering trust and building relationships among interprofessional teams is critical, particularly in an educational environment (Nortvedt et al., 2019). Likewise, creating a culture of trust and transparency can lead to sustainability of IPE programs. Faculty and student buy-in and ownership must be present in order to produce meaningful learning experiences. Although IPE Centers provide a core home for interprofessional education and practice, a Center must function in partnership

with stakeholders, rather than appearing like siloed entities outside of their respective academic departments. There must be a continuous feedback loop from partners and stakeholders, and a continuous assessment cycle where data is collected and analyzed, results are shared, and changes are made before a new cycle begins.

Participating in an evaluation process with individuals outside of the IU IPE Center, but within the University, allowed for open and honest feedback based on the experiences of stakeholders, both students and faculty. This process allowed the IU IPE Center to be transparent in sharing how feedback was utilized to make changes and improve the experiences for students and faculty in the TEACH curriculum.

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# Curricular Revision and Assessment of Undergraduate Interprofessional Education



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Modern healthcare professionals must meet the demands of acquiring information at an escalating pace (Densen, 2011). This information overload adds complexity to the healthcare field requiring future providers to maximize efficiencies by practicing with a diverse array of healthcare providers (Koulopoulos, 2020). College students who desire a career in the health professions, begin their discovery of professional scope through their undergraduate programs. Currently, there lacks uniformity in undergraduate curricula in knowledge, skills and behaviors necessary for collaborative practice in future healthcare systems (Aldriwesh et al., 2022).

During a curricular review of the Bachelor of Health and Exercise Science undergraduate program at Regis University, our development team sought a fundamental change in curricular design for students pursuing a health or professional graduate education to address the shift in healthcare practice. This development team thoughtfully considered the foundational knowledge, skills, and behaviors required by our learners to successfully matriculate to the next level of their careers. This article aims to share one university's blueprint and story of implementation.

Originally, our curriculum did not include any aspects of interprofessional education and lacked a longitudinal view of these learners' progression toward confidence working in teams. Students had not been introduced to future professional roles and did not work in teams within nor between undergraduate and professional programs. Finally, the Commission of Accreditation for the Exercise Sciences anticipated updating their standards to require internships, elevating our need to emphasize application of people skills and not only exercise science knowledge (Standards and Guidelines for Accreditation of Education Programs in Exercise Sciences, 2022).

Searching for theoretical-based studies from which to start, few articles could be found (Aldriwesh et al., 2022; Brashers et al., 2016). Nationally established frameworks provided guideposts, yet many had limitations. The National Academy of Sciences suggested "all undergraduates have access to education in public health" (Hernandez et al., 2003). However, that decree omitted the reality that the road to health professional careers is often circuitous, as not all pre-medical/health students come from a public health degree program. The World Health Organization (WHO) compiled a critical report titled *Framework for Action on Interprofessional Education & Collaborative Practice* providing value, language and inspiration around the work (World Health Organization, 2010). Yet the undergraduate aspects of the report occurred primarily in countries other than the United States (Almás & Barr, 2008; Areskog, 1994; O'Halloran et al., 2006). A consensus document from Health Professions Accreditors Collaborative produced an equally important document to guide this work, yet spoke primarily to the graduate or professional years of education (Health Professions Accreditors Collaborative, 2019).

In an article on the subject of interprofessional education at the undergraduate level, researchers suggested students start their interprofessional preparation early, subsequently longitudinally building skills (Breitbach et al., 2020). Inspired with this value of learning at the undergraduate or foundational level together with an awareness of core competencies established for interprofessional education, a thoughtful intention toward established competencies in concert with collaboration between students became the spirit of the curricular revision (Interprofessional Education Collaborative Expert Panel, 2011).

One national model that visually included undergraduate/foundational learning and reiterated the long-term build included the Interprofessional Learning Continuum (IPLC) model developed by the Institute of Medicine (Cox, 2015). The continuum can be [found here](#) on page 29.

Applying the strategy "begin with the end in mind" we created a series of questions outlined in steps below, to help prioritize what to integrate into the undergraduate curriculum and how to best prepare our learners for the graduate/professional year (PY) phase of their Doctor of Physical Therapy (DPT) education and entry into interprofessional practice (IPP) (Covey, 1991).

**Step 1:** What knowledge, skills, and abilities do the newly licensed DPTs entering practice need to be prepared to successfully engage in interprofessional (IP), team-based care?

**Step 2:** What foundational learning experiences are needed for the undergraduate students in pre-health and pre-medicine programs in effective leadership, teamwork and inclusivity to be prepared to engage in IP learning and practice during their program's graduate/PY phase?

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Figure 1: Modified Kirkpatrick Model with suggested learner stages (Hammick et al., 2007)

Level of Learning	Description	Learner Timeline
Level 1: Reaction	Learners' views on the learning experience and its interprofessional nature.	Foundational Year
Level 2a: Modification of perceptions & attitudes	Changes in reciprocal attitudes or perceptions between participant groups. Changes in perception or attitudes toward the value and use of the team approaches to caring for specific client groups.	Foundational Year
Level 2b: Acquisition of knowledge & skills	Including knowledge and skills linked to interprofessional collaboration.	Foundational Year Graduate/PY 1
Level 3: Behavioral change	Identifies individuals' transfer of interprofessional learning to their practice setting and their changed professional practice.	Graduate/PY 1-2
Level 4a: Change in organizational practice	Wider changes in the organization and delivery of care.	Graduate/PY 2-4
Level 4b: Benefits to patients/clients	Improvements in health or well-being of patients/clients.	Post Licensure, Residency, Fellowship and Practitioner

**Step 3:** How do we evaluate progress and outcomes at each level and link those to learning experiences at the next level of practice?

From here, our development team also considered evaluating our outcomes beyond changing attitudes or positive reactions to the IPE undergraduate experiences using the Modified Kirkpatrick Framework (Hammick et al., 2007). Measuring core competencies of an undergraduate learner as a freshman (foundational Year 1), and then again as they matriculate to PY level learning would help determine progressions in the Interprofessional Learning Continuum during their undergraduate academic career. Core competency attainment data could inform educators at the graduate level of their students' readiness to step into clinical training on teams with other professions. From this work, information could further refine Kirkpatrick's classification of IP outcomes by pairing it with a suggested timeframe, as seen in Figure 1.

With more clarity on knowledge and skills appropriate for learner level, the strategy of delivery remained unclear. A growing body of evidence supported activity design to include aspects of group learning, reporting on the benefits of both team-based learning (TBL) and problem-based learning (PBL) (Burgess & McGregor, 2021; van Diggele et al., 2020). Attentive of our graduates' future charge of effective teamwork skills, our design scaffolded acquisition of knowledge, skills and healthy affective behaviors in a variety of team interactions. Prioritizing teamwork required exchanging and condensing content for these valuable assignments to take place. Finally, application of teamwork skills became the focus of the curriculum during senior intern sites in the community.

As a result of integrating all of these pieces of information, our *Undergraduate IPE Curriculum Blueprint* emerged as a mental model for the team to consider the integration and outcomes of our IPE initiatives. See Table 1.

To gauge the learning during the course of the IPE curriculum, the Interprofessional Collaborative Competencies Attainment Scale (ICCAS) became the summative assessment for the beginning of the freshman year and end of the senior year (Archibald et al., 2014). Open access to this tool can be [found here](#).

Our intended study design possessed a longitudinal approach measuring change of ICCAS scores from freshman to senior year, and therefore the final results are not complete. The analysis of this data together

**Table 1: Undergraduate IPE Curriculum Blueprint**

Developmental Content of IPE and Applied Teamwork	
FRESHMAN	SENIOR
<b>Outcome Assessment:</b> ICCAS (Archibald et al., 2014)	<b>Assignment 1:</b> Observe and assess a current team in your internship, through the Jefferson Teamwork Observation Guide (Lyons et al., 2016).
<b>Lecture 1:</b> Define IPE terms, explanation and historical perspective of each aim in the Quadruple Aim (Rathert et al., 2018).	<b>Virtual session 1:</b> Discuss attributes of a team discussed in lectures and observed during the activity of assessing a team.
<b>Lecture 2:</b> Investigate leadership, personality assessments (True Colors Assessment), and inform on healthy resolutions of conflict (Cooper, 2009; Saltman et al., 2006).	<b>Assignment 2:</b> A case study of a patient/client who experienced health and wellness care as they traveled in and out of the medical system. Students assigned to take on the professional role currently observed in their internships. Placed in a situational team with their peers, the students would record a team meeting on the case.
<b>Lecture 3:</b> Discuss diversity, equity and inclusion, including watching a video on privilege, What is Privilege (BuzzFeedYellow, 2015), discuss cultural sensitivity scales (Intercultural Development Inventory) report on inequities in healthcare and identify the gender continuum leading to co-creating language to address injustices during future internships (Hammer & Bennett, 2012).	<b>Virtual session 2:</b> The case's answer key was reviewed, answering questions about various health and wellness members' level of education, scope of practice and potential challenges in representing the role.
<b>Assignment 1:</b> Interview a graduate student or professional in an area of health or wellness continuum, per student interest, engaging with the power of socialization (Khalili et al., 2013).	<b>Formative Assessment:</b> To assess student leadership, each member would self-assess their collaborative skills using the Self-assessed Collaboration Skills Instrument (Hinyard et al., 2019).
	<b>Summative Assessment:</b> ICCAS (Archibald et al., 2014).

with focus groups of students experiencing this curriculum from freshman to graduating senior, will help inform our development team of the effectiveness of this curricular change. While the sample size from the assessment of this curricular revision is small, we hope to share the longitudinal study results when our current freshmen graduate.

Our understanding of the undergraduate learner is slowly developing and the data toward measuring the change in knowledge, skills and behaviors needed for the foundational interprofessional education curriculum is maturing. This developmental schema is only one path that one undergraduate and one graduate educator created. Future studies should continue to assist in curricular standardization for incoming graduate/PY students as well as a development of a deeper awareness of various future healthcare and wellness career paths.

Graduate level programs have course requirements in the sciences; in recognition of the team-based work of health and wellness careers, should competency in

areas of teamwork (Fitzpatrick's 1-2b levels) be required as well? Until there is more uniformity, other challenges will arise for undergraduate educators with students interested in a future in health and wellness. For undergraduate educators who teach in programs where the level of education for licensed healthcare practice is at the undergraduate level, like in nursing, how can this content be added to an already full curriculum? Without beginning to build teamwork skills in the foundational years, skills and behaviors needed for collaborative practice become "on the job" training. Healthcare educators are being called upon to standardize measures upstream to the various undergraduate degree programs toward this future work of a complex but collaborative practice.

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## Reflections on JCIPE's Interprofessional Palliative Care Program



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JCIPE's *Interprofessional Palliative Care Program* is a semester-long learning collaborative in which small interprofessional student teams learn about the team-based provision of palliative care for persons with

serious illness and at the end of life. Using the National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care as a framework, teams work collaboratively through case-based discussions and presentations. Additionally, participants have an opportunity to observe Jefferson's Palliative Care Team's interdisciplinary rounds and to shadow a Jefferson palliative care provider.

The Interprofessional Palliative Care Program through JCIPE was incredibly informative and it helped affirm why palliative care is so integral to patient-centered care. As a new FACT-2 (second degree) nursing student, I had a slight interest in end-of-life care, but I wasn't ready to fully commit to volunteering with a hospice (or something along those lines) and found that the Interprofessional Palliative Care Program was a great middle ground.

Putting this into words feels completely reductive, but the true benefits of this program were two-fold: working alongside students from various fields who share a mutual passion for the subject matter and hands-on clinical shadowing. This isn't a commercial for JCIPE, but I will say that interprofessional coursework was a massive relief in comparison to my usual nursing schedule; there was no sense of competition or comparison, which

was immensely valuable to have within the semester. While this was a "class," it always felt closer to a professional workshop. The tedium of Zoom was not a factor, because every session felt like we were collectively working towards solving or unpacking a problem. Overall, the schedule and assignments were very manageable, while also being well-structured.

Additionally, while the individual and interprofessional group work was analogous to what you'd find in a didactic lecture setting, the clinical rounds with the Palliative Care Team at Jefferson Center City was an experience that was unique and fantastic. My clinical shadowing day started with a virtual team session where the broader Jefferson Palliative Care Team walked through various cases that were being managed. I found the style of this meeting not only productive, but also just

genuinely positive, especially given the context of these cases. The team did a fantastic job of sharing knowledge but also critiquing potential adjustments that could be made within a process. I found that the critiquing was framed more as “coachable observation” and came across as very genuine without giving off any air of criticism; it was a very positive meeting to observe which helped set the stage for one-on-one shadowing later that day.

I was paired with Molly, a Nurse Practitioner from the team. She took me around to meet/observe a variety of her patients. Molly had the skills of an empath; I found that she was able to zero in on each patient’s needs while still making them feel like they weren’t receiving “medical speak.” Below is a list of patients we encountered as well as some notes that I was able to take to highlight the variety of patients I met during this JCIPE experience.

- A patient who was being discharged later that day. He had bilateral lymphomas and was post-

op tumor removal surgery. He was heading home with a script for 100mg oxycodone. Molly talked with him like she was a member of his family while making sure he knew how the med was going to work.

- A patient with a partial bowel obstruction who had been having issues with keeping a nasogastric (NG) tube in and had been placed in restraints. Part of our visit was Molly working to address the patient’s frustration with the restraints the prior night while also talking to the daughter and husband of the patient about her general care. Overall, the frustration appeared to be assuaged through active listening and genuine care for the situation.

- The last patient was a woman who, due to her esophageal cancer, was facing geriatric failure to thrive. She was having a percutaneous endoscopic gastrostomy (PEG) tube placed which she wasn’t pleased about but seemed to feel more empowered after

Molly framed it as a supplemental option that allowed her to keep her weight up.

Overall, the rounds were the most enlightening part of the Interprofessional Palliative Care Program. The clinical portion of the program did a great job of connecting all of the case studies and theoretical examples that we’d participated in prior. My recommendation is that if you have an interest in palliative care (or frankly any subject while at Jefferson), consider a JCIPE program. It’s a great way to counterbalance your schedule with a course that fits your clinical passion, all the while exposing you to the working/collaboration styles of other fields.

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#### References

National Consensus Project for Quality Palliative Care (2018). *Clinical Practice Guidelines for Quality Palliative Care*, 4th edition. Richmond, VA: National Coalition for Hospice and Palliative Care. <https://www.nationalcoalitionhpc.org/ncp>.

## 2022 JAMES B. ERDMANN 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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#### Joshua M. Riley

Sidney Kimmel Medical College



A few of JCIPE's own accepting the **Creativity in Practice & Education Award** at the National Academies of Practice (NAP) Annual Induction Banquet. The Creativity in Practice & Education Award was established to recognize and encourage interprofessional programs, projects, and models which focus on the improvement of health care.



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