

COLLABORATIVE HEALTHCARE

INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

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FROM THE EDITORS

Happy Spring! You will notice that the Jefferson Center for Interprofessional Education (JCIPE) newsletter has undergone a name and layout change. This represents the many new directions our Center is taking in both interprofessional education (IPE) and collaborative practice (CP) training. Indeed, JCIPE has had another busy spring. We started the new year by piloting the patient version of the Jefferson Teamwork Observation Guide (JTOG) in the inpatient setting, expanding an outpatient pilot that started last fall. Thanks to many research assistants, we have been able to gather some rich and informative data and this summer we hope to have the JTOG converted into a mobile application. We also successfully piloted our interprofessional TeamSTEPS® training program with 240 medical students, demonstrating the feasibility of integrating a large-scale, simulation-based curriculum across multiple professions, which we will do next year.

On October 28 and 29, JCIPE will host our biannual interprofessional conference. We have again lined up great keynote speakers and by the looks of the submitted abstracts, it's going to be another exciting conference filled with many presentations on innovative interprofessional endeavors. We look forward to continued national dialogue

about IPE and CP programs, practice, research and dissemination. One publication we are particularly excited to share is the *Guide to Effective Interprofessional Education and Collaborative Practice Toolkit*, available on the National League for Nursing website at www.nln.org.

In this edition of the newsletter, we have quite a compliment of articles highlighting broad integration of IPE and CP. The first of two from the community college perspective describes an interprofessional collaborative practice (IPCP) model being employed at Lewis & Clark Community College in Godfrey, Illinois. The second illustrates Baltimore County Community College's adaptation of the Jefferson Health Mentors Program in which student teams are assigned to a health mentor living in low income housing in Baltimore City, MD. Also in this edition, we explore the impact of technology on IPE. Faculty members at the University of New England describe the development of an online modular toolkit that offers flexible and accessible content as a resource for faculty implementing IPE. An article discussing archiving the JCIPE newsletter in the Jefferson Digital Commons shows how the partnership has enabled the Center to continue promoting its mission to and share ideas and resources



with an international community. Finally, we are so pleased to include a reflection piece from a Jefferson College of Nursing alumnus, who describes the intersect between her Jefferson interprofessional learning experiences and her current position as a nurse at Vanderbilt University Medical Center in Nashville, Tennessee.

Wishing you a summer season full of laughter and fun!

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A Community College's Foray into Interprofessional Education

As initiatives and innovations in interprofessional education (IPE) continue to flourish in university settings, there is limited evidence this is occurring in two-year allied health and nursing programs found in community colleges. Recent literature indicates that graduates of associate degree allied health and nursing programs account for 49% of the total healthcare workforce (Brookings Institute, 2014). Graduates of these programs will work among those coming from university programs where IPE has been well established, therefore, it is imperative that this content be addressed at the community college. To meet this need, the Community College of Baltimore County's (CCBC) School of Health Professions (SHP) made IPE a major initiative. Thanks to the support of both Dr. Elizabeth Speakman and Dr. Lauren Collins from the Jefferson Center for Interprofessional Education (JCIPE) and grant funding from the Maryland Higher Education Commission, CCBC recently embarked on a comprehensive program to educate faculty about IPE and pilot student projects with the goal of infusing IPE throughout SHP's 13 healthcare programs.

There are multiple challenges to establishing a robust IPE program at the community college level. First, the IPE curriculum and projects must be appropriate for community college students who commute to campus, have varied educational backgrounds and often are the first members of their families to attend college. Second, well established IPE activities implemented at universities need to be adapted for the associate degree level in order for students who have only two years together to become educated and socialized into their respective professions and the healthcare system. Third, community colleges usually obtain external support from a smaller pool of donors than is available for four-year and graduate professional healthcare programs. In fact, many national IPE funding opportunities are not open to associate degree programs. Finally, with the mission of community college education focused on teaching and workforce development, research opportunities, though important, are secondary.

Despite these barriers, the need for IPE in community college settings remains essential to collaborative practice in the healthcare system and CCBC is meeting the challenge. As a leading provider of undergraduate healthcare education and workforce development in the Baltimore Metropolitan area (Baltimore Business Journal, 2014), CCBC has undertaken

pilot IPE projects in the majority of the 13 health professions programs so that graduates might understand and be prepared for interprofessional and collaborative practice.

Faculty development was an essential starting point for the CCBC initiative. Education has included sending teams to: Collaborating Across Borders (CAB V); conferences sponsored by the State University of New York (SUNY) Buffalo and the National League for Nursing (NLN); and the *Train the Trainer Faculty Development Program* at the University of Virginia's Center for Academic Strategic Partnerships for Interprofessional Research and Education (ASPIRE). CCBC also hosted an on-site workshop featuring Dr. Jane Kirschling from the University of Maryland IPE Center, and plans to host the ASPIRE team from UVA in late spring. An Internal Steering Committee was established and plans are underway for an External Advisory Board consisting of members of local hospitals, long term care facilities, and partner residential communities. Evidence of IPE is now visible in SHP's Mission and Values statements, and will be built into the next Strategic Plan.

To date, several IPE projects have been developed as outcomes of faculty development. One involves dental hygiene, nursing, and respiratory therapy students, who will identify pediatric patients with asthma during a routine screening in the dental clinic. An asthma action plan will be subsequently developed and shared with the child's family. This project will utilize the CCBC dental clinic, which serves families in the surrounding Baltimore community.

A second project involves a simulation that will be implemented in two parts across two semesters. Nursing, Respiratory Therapy, and Occupational Therapy assistant students are involved in this project which initially starts with the scenario of a COPD patient admitted into the acute care hospital. Ethical issues and communication breakdowns are built into part 2 of this simulation to address some of the core competencies of IPE. Both of these initiatives will be incorporated into the regular curricula of the relevant disciplines, evaluated by faculty and students, and revised accordingly.

Another initiative was adapted from the Health Mentors Program at the Jefferson Center for IPE. In the fall of 2015, second-year students from the Physician Assistant, Nursing, Respiratory Therapy, Mental Health, Occupational Therapy Assistant, and Dental Hygiene programs came together for several meetings which focused on the



core competencies of IPE. Students were assigned to two groups for team interviews of health mentors living in low income housing in Baltimore City. Pre-and post-tests on perceptions and attitudes towards IPE were administered to students. The project was replicated in spring 2016 with three groups of first- and second-year students from the Nursing, Occupational Therapy Assistant, Mental Health, and Radiology Programs. Initial results indicate students' mean scores increased on measures for overall attitudes and perceptions of IPE.

Based on the experience and the enthusiasm of faculty and students, SHP will continue to create and evaluate initiatives and infuse IPE into health professions programs. New funding, if available, will accelerate participation by additional SHP disciplines, training of clinical preceptors, and a more robust community project supporting elderly adults living with chronic morbidities to age in place. SHP appreciates the expertise and resources of the Jefferson Center for Interprofessional Education (JCIPE) as work continues to implement IPE and collaborative practice in associate degree nursing and allied health programs.

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Leveraging Online Learning And Creative Narrative To Advance Interprofessional Competency Development

The need for health profession students to engage in collaborative interprofessional education (IPE) is abundantly evident. In contemporary practice, creating clinical environments which promote healing relies not just on the dispositions of individual clinicians, but also on the collective capacities of interprofessional healthcare teams (Konrad & Browning, 2012). Health profession educators are therefore increasingly challenged to:

1. design robust pedagogical curricula that prepare students with discipline-specific competencies to care for future patients;
2. offer shared learning experiences in which students develop interprofessional, team-based capacities grounded in intentional and respectful collaboration; and
3. cultivate an interprofessional culture amongst faculty that models principles and practice being taught to students.

These educational objectives emanate from comparable recommendations authored by the Institute of Medicine (2003) and national Interprofessional Education Collaborative (IPEC) Expert Panel (2011).

Barriers that derail interprofessional learning are well described in the literature (Barr, 2005; De Los Santos, McFarlin & Martin, 2014). They include ever-expanding curricular requirements already difficult to fulfill, scheduling and logistical obstacles, limited space for interactive learning with larger groups, accreditation requirements, and deeply entrenched departmental traditions and philosophies. Moreover, time for faculty development which builds instructional capacity for collaborative learning is commonly limited or overlooked, negating a critical ingredient for interprofessional culture change.

Over the last decade, health professions faculty and leadership at the University of New England (UNE) have worked to embed a culture of collectivity and interprofessional working across programs. Collaborative culture is reflected in the intentionality with which health professions faculty co-develop and implement learning opportunities to meet the shared learning needs of their students. It is similarly evidenced in the seamless ways in which students come together to learn from each other in classroom, simulation, clinical rotation, and community-based service learning.

Despite these efforts, many of the challenges cited above exist at UNE, given the goal of exposing 13 health profession programs on two campuses to core IPE competencies. Online learning offered one approach to reduce barriers and overcome location and space



challenges. Epistemologically, online learning is grounded in social constructivism where learners create meaning through dialogue and exchange (Snyder, 2009). Adult learners are motivated and bring knowledge and their own past experience to the educational environment (Knowles, Holton, & Swanson, 1998). Through personal reflection and online peer interaction, students unite prior knowledge with new learning, thereby creating or constructing new understanding (Snyder, 2009). In order to achieve this, online instructional design necessitates authentic and personally relevant learning activities and assignments.

The potential of online learning provided impetus for developing five novel IPE modules. The purpose of this module series was to expose, advance or strengthen IPE competency development among students and faculty. A secondary intention was to use the creation and implementation of the IPE modules as informal faculty development. We believed the process of bringing faculty together to envision, design and orchestrate shared learning would further cement the collaborative culture which was being intentionally cultivated.

The outcome of this effort is COMtime (as in "time for competency"), a new, online modular toolkit that offers accessible core interprofessional content to students, faculty, leadership, and institutional stakeholders. Module use is flexible; for example, as a single educational option to supplement IPE learning or as a comprehensive training using all five units. Each of the modules employs innovative approaches to teaching IPE competencies through the use of podcasts with IPE experts and videos with actors and faculty to

illustrate application of key concepts such as TeamSTEPS[®] skills. The adaptable nature of the modules allows faculty to use this resource in individualized ways, and subsequently assess learning outcomes after student engagement with COMtime.

An interesting clinical narrative was also created to breathe life into the sometimes static content common to competency skill-based instruction. Learners are introduced to a 31-year old patient, Pat Chalmers, whose story unfolds in segments and is interwoven throughout the modules. This approach highlights how practitioners intersect with patients and each other at different points of care, and the benefits realized from understanding the varying roles each profession plays in rendering quality holistic care. Pat's youthful age is intentional, promoting immediate connection between students, Pat and her family.

Faculty authored Pat's story and were additionally enlisted as video actors, portraying clinicians in disciplines other than their own. Assuming the role of others lent insight; faculty discovered firsthand how disciplines were distinctive yet sometimes overlapped when caring for patients and families. Focus groups with faculty at the conclusion of COMtime development identified valuable learning outcomes: educators viewed themselves as agents of positive culture change and as mentors to other faculty within and across their programs; felt assured of the sustainability of IPE learning goals; and enjoyed the new relationships that formed across previously siloed departments.

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The final COMptime product is a free, online toolkit <http://www.une.edu/wchp/ipec/comptime> available to students, faculty, and institutional stakeholders seeking non-disruptive methods for infusing IPEC competencies into curricula or as faculty development. Concepts addressing cultural humility and respect for people across all levels of practice are woven throughout, content which adds to the national discourse on interprofessional competencies by explicit emphasis on diversity, empathy and compassion as foundational elements of health care.

COMptime is a multi-faceted, versatile tool that provides content to prepare future and current health providers with knowledge and skills for interprofessional practice. It is appropriate for a wide variety of health disciplines. Its co-designed production and novel instructional approach combine to render an especially good fit for affective learning. Learners have appreciated following "Pat's" journey, aspects of which both students and professionals readily identify with and relate to in their own lives. We

invite your utilization of COMptime in support of enhancing integration of collaborative learning throughout health profession education.

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From Interprofessional Education to Collaborative Practice: A Jefferson Alumna's Perspective

I graduated from Jefferson College of Nursing at Thomas Jefferson University in May 2015 and began my work as a perioperative nurse the following July. During my time at Jefferson, I not only participated in the Health Mentors Program (HMP), but was also given the opportunity to work closely with JCIPE and a group of students from other health care professions to refine and expand IPE offerings. We formed a student organization, now known as Jefferson Students for Interprofessional Education (JSIPE), which had three overarching goals:

1. Students will gain exposure to real-world collaborative practice teams
2. Students will learn about health professional roles and expertise in specific clinical settings
3. Students will gain practical tips and advice for working as part of an interprofessional healthcare team

For me, participation in JSIPE and HMP achieved all three goals and facilitated my transition into professional practice in a highly collaborative setting.



I entered the professional sphere as a "perioperative nurse intern" in a program designed for nurses new to the operating room. Many of us were new graduates, and some of the other nurses were intimidated by the prospect of working in such an intensely interprofessional setting. Although nearly all of them had been exposed to the idea of IPE, none of them felt that they had been prepared for its practical implications. My new co-workers

were fascinated by the idea of the IPE Grand Rounds panel discussions that we hosted at Jefferson. They were especially interested in the concept of getting practical tips and advice for working as a part of an interprofessional healthcare team. Since then, I have approached the perioperative education team about arranging an interprofessional panel for future

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intern classes and am hopeful that it may be incorporated into the program.

Although I knew that the opportunities that I had been given at Jefferson would help me as I transitioned into a professional role, I had no idea how directly my IPE experiences would apply to my practice. Every procedure in every operating room could be a case study in collaborative practice. I work as a part of multiple teams made up of nurses, surgeons, pharmacists, surgical technologists, radiology technologists, physician's assistants, and many others. Although we work together on a daily basis, I am amazed by how little each profession knows about the roles of the others. For example, three nurses who went through the perioperative internship with me had worked previously as surgical technologists. When they began their work as circulators, they were amazed by the amount and variety of work that the job required. Although they had worked with circulators for years in their roles as surgical technologists, they had never truly understood the nurse's role. They believed that this lack of understanding had negatively impacted their

practice in the past. I am extremely grateful that these nurses shared their experiences with the rest of us and helped us to better understand the role of the surgical technologist.

Recently, I have had the opportunity to apply what I have learned through IPE at Jefferson to make a positive change in my work environment. As circulators on the neurosurgery team, we work closely with a team of radiology technicians in two interventional radiology hybrid operating rooms. Due to a lack of communication and lack of understanding about each profession's roles in these rooms, both groups have become increasingly dissatisfied with, and in some cases resentful of, the way cases are run. Until recently, each group was unaware that the other was open to change. By breaking down our practice silos and reaching out to the radiology technologists, we were able to open lines of communication and come together as a team. We are currently in the process of reworking the staffing of these rooms and redefining the roles that each profession will play. Already I feel that we are in a position to better care for our patients and support each other.

In a 2015 New Student Survey, when students were asked to select the Top 3 Reasons that influenced their decision to attend Thomas Jefferson University, **"availability to work with interprofessional teams"** was the **8th most important reason** out of 29 options. **FOR MORE DETAILS, SEE GRAPH ON PAGE 9!**

I am very grateful for the emphasis placed on IPE during my time at Jefferson. I feel that it has given me a professional head-start and provided a framework for my practice. I have been accepted into a Masters of Nursing program in Healthcare Leadership and I look forward to finding ways to continue my interprofessional education both professionally and academically. I hope that I can help to ensure that my IPE experience becomes the norm rather than the exception.

Chelsea (Gorman) Lytle, BSN, RN

A Community College Interprofessional Nurse Managed Center Practice Model

Lewis and Clark Community College (L&C) has initiated an innovative interprofessional collaborative practice (IPCP) model at its Family Health Clinic (FHC), a nurse managed center, located at the main campus in Godfrey, Illinois. The FHC previously

operated successfully for seven years, and has exceeded the projected impact with the numbers of individuals served in the community. The project is innovative and distinctive in providing an IPCP model in that it is inter-institutional, with several of the

participating practitioners from institutions other than L&C. The core leadership of the model remains with the nursing professionals at the FHC. It is important to note that a community college is the "home" institution of this interprofessional partnership; fully 46% of students in the U.S. begin their education at a community college (AACC, 2015), and 57% of all nursing graduates begin their academic career with an associate degree from a community college (HRSA, 2013). The integration of interprofessional education (IPE) and practice is becoming more imperative in healthcare, and this model has been created to demonstrate the incorporation of this synthesis in the community college setting. At the core mission of a community college is service to one's community through partnerships with businesses, healthcare organizations, and other educational institutions. Therefore, it is appropriate that an inter-institutional practice model of IPCP be implemented at a community college.

The FHC model of interprofessional collaborative practice is providing services of primary care, health education, and prevention to medically underserved



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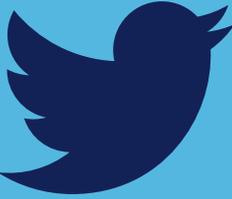
populations in rural and urban areas of southwest Illinois. The centralized origin of these services is an accessible nurse managed center with outreach provided through a mobile health unit. The collaboration involves the cooperative participation of practitioners in nursing, dental, exercise science, and occupational therapy and external partners that include: a university-based dental school, a mental health services organization, a federally qualified health center, a university-based school of nursing with baccalaureate and master's programs, and county health departments. Innovation of the project is exemplified in the interprofessional collaborative practice of several types of practitioners, all involved in outreach to medically underserved populations. The utilization of students from the fields of nursing, dental hygiene, exercise science, and occupational therapy assistant will support the services. A key feature of the practice model is the Clinical Care Coordinator, who is responsible for interprofessional communication and activities among the healthcare professionals and patients. The Clinical Care Coordinator will help clients served by the project to receive appropriate care, including health education, and follow up to these services, which may involve compliance with medication regimens, exercise programs, and dietary modification.

Goals & Objectives: There are four goals for the project: 1) Address primary care, prevention, and health education through an

interprofessional model; 2) Provide outreach in primary care to medically-underserved populations in an accessible location; 3) Strengthen interprofessional collaborative practice between dental, nursing, and other healthcare professionals; and 4) Engage strategies by health promoters to facilitate compliance and follow through with health promotion recommendations.

Evaluation: Lewis and Clark Community College is extremely pleased to be working with the Jefferson Center for Interprofessional Education team for the overall project evaluation. Lewis and Clark specifically requested the expertise from the team of Dr. Elizabeth Speakman, Ms. Shoshana Sicks, Dr. Kevin Lyons and Dr. Carolyn Giordano. The team has provided valuable insight and guidance into the evaluation model for the project. Interprofessional core competencies will form the basis of the evaluation of the project. An evaluation of the overall impact of the IPCP and its ability to create/expand collaborative practice teams, the contribution of IPCP program elements to outcomes, and the identification of changes and adjustments needed to improve IPCP program outcomes is being conducted. Data was collected from 12 practitioners and educators and 92 students in January 2016 to gather baseline attitudes towards IPE. Data from these groups is currently being collected again following completion of some IPE and IPCP exercises. From January 2016 when the IPCP program was implemented through May 16, 2016, 92 interprofessional students have

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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rotated through the FHC, completing 25 interprofessional case studies at times when patients were not present. The care team has had 1,256 total patient encounters, 140 (11%) of which were interprofessional. Further analysis of the data is forthcoming.

Donna Meyer, MSN, RN, ANEF

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SAVE THE DATE

Jefferson Center for Interprofessional Education
cordially invites you to our 5th biannual conference

**Interprofessional Care for the 21st Century:
Redefining Education and Practice**

October 28 & 29, 2016 | Philadelphia, PA

**Abstract Submission
Deadline EXTENDED
to 6/3/2016!**

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Jefferson.edu/JCIPE/2016conference

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Student feedback after a recent IPE program:

“It is... good to realize that the University as a whole values teamwork, and is dedicated to help change a culture that hasn't valued teams in the past”

-2nd year TJU medical student after TeamSTEPPS® training

JCIPE and the Jefferson Digital Commons

In June 2014, the Middle States Commission on Higher Education Review Board re-accredited [Thomas Jefferson University](#) and in their report they made sure to highlight the exemplar work being done by the [Jefferson Center for InterProfessional Education](#) (JCIPE). JCIPE, founded in 2007, was commended by the accreditation committee for its work during the committee's most recent visit to Philadelphia in June 2014.

To help foster the mission of JCIPE, the [Jefferson Digital Commons](#) has partnered to archive the [JCIPE eNewsletter](#). Archiving the newsletter has allowed JCIPE to continue promoting their mission to an international community and has allowed the international community to access interprofessional education and practice work being done at Thomas Jefferson University and beyond. This partnership is helping to perpetuate interprofessional ideals and competencies around the globe.

The Jefferson Digital Commons is an open-access institutional repository maintained by the [Center for Teaching and Learning](#) and the [Scott Memorial Library](#) at Thomas Jefferson University. At the time of publication, the JDC had over 10,859 assets and over 2,717,344 downloads.

To date, all issues of the JCIPE newsletter have been archived and made open access to a global audience searching the Jefferson Digital Commons.

Since 2010, 11 JCIPE e-newsletters have been archived, including:

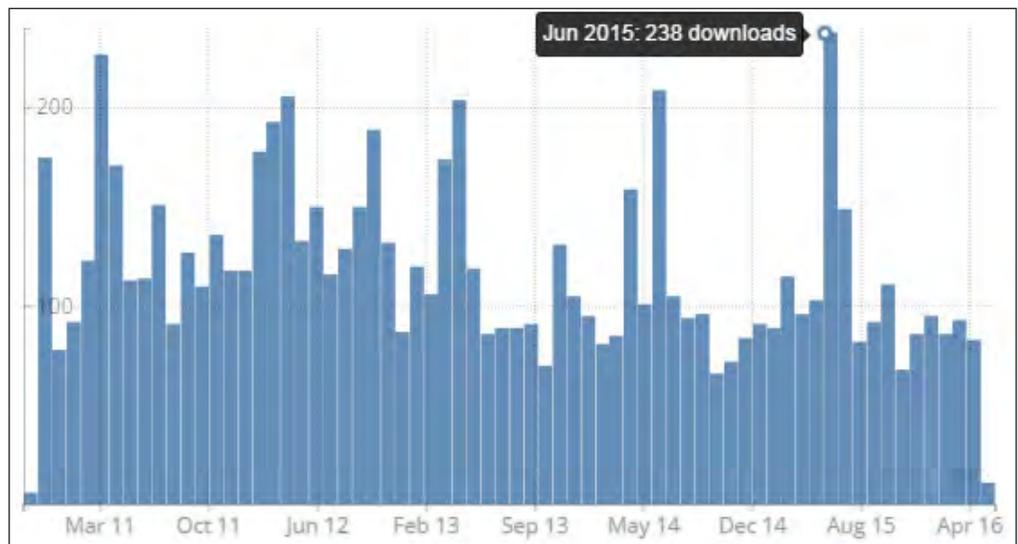
- 66 total articles
- 7,931 total downloads

Top 10 articles downloaded from the JCIPE e-Newsletter include:

1. [Using an Interprofessional Clinical Skills Scenario in an Occupational Therapy Course](#) (491 downloads)
2. [Interprofessional Geriatric Education: Team-based Care for Chronic Conditions](#) (457)
3. [Download entire PDF InterProfessional Education and Care Newsletter, Vol. 2, No. 2, Winter 2011](#) (443)
4. [Successful Implementation of the ABCDEF Bundle in the MICU through Interprofessional Collaboration and Teamwork](#) (395)
5. [Team Training Obstetrical Simulation Drills to Improve Perinatal Outcomes](#) (371)
6. [Download entire PDF InterProfessional Education and Care Newsletter, Vol. 1, No. 1,](#)

The screenshot shows the Thomas Jefferson University website. At the top, there is a navigation bar with the Jefferson logo and links to various departments: THOMAS JEFFERSON UNIVERSITY, JEFFERSON UNIVERSITY HOSPITALS, JEFFERSON PHYSICIANS, JEFFERSON INNOVATION, and JEFFERSON PHILANTHROPY. A 'GIVE NOW' button is also present. Below the navigation bar, the main header reads 'Thomas Jefferson University'. A secondary navigation bar lists several colleges: SIDNEY KIMMEL MEDICAL COLLEGE, COLLEGE OF BIOMEDICAL SCIENCES, COLLEGE OF HEALTH PROFESSIONS, COLLEGE OF NURSING, COLLEGE OF PHARMACY, and COLLEGE OF POPULATION HEALTH. The main content area is titled 'InterProfessional Education & Care eNewsletter'. It includes a sidebar with 'JCIPE HOME' and links to 'About Us', 'What's New', 'Programs', 'Awards & Recognition', 'Learning Resources', 'Scholarship', 'InterProfessional Education & Care eNewsletter', 'Resources', and 'Contact Us'. The main text describes the newsletter as a peer-reviewed bi-annual publication. A red-bordered box highlights the 'Current Issue' as 'Spring 2015, Volume 6, Issue 1' and provides instructions on how to view past issues on the Jefferson Digital Commons.

University web site with links to JCIPE eNewsletter in the JDC.



All-time downloads in the JDC from October 27, 2010 to May 5, 2016. Most downloads recorded June 2015 with 238.

7. [Download entire PDF InterProfessional Education and Care Newsletter, Vol. 2, No. 1, Fall 2010](#) (336)
8. [An Innovative Interprofessional Course: Cultural Humility and Competence](#) (309)
9. [Interprofessional Education and Practice Implications of the Institute of Medicine Future of Nursing Report](#) (278)

10. [Clinical Care Plan, Interprofessional Course](#) (269)

So who is reading content from the JCIPE newsletter?

To date 281 different institutions from 62 countries have found content in the JDC.

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Readership distribution from December 16, 2014 to May 5, 2016 for the JCIPE newsletter.

The top 10 countries with the most downloads include:

- | | |
|-------------------|--------------|
| 1. United States | 6. Japan |
| 2. United Kingdom | 7. Indonesia |
| 3. Canada | 8. Malaysia |
| 4. Australia | 9. Egypt |
| 5. India | 10. Germany |

Other countries include: Bangladesh, Ukraine and Uganda.

The majority of readers are from educational institutions, but commercial entities and non-profits are also reading JCIPE content. For example, the article [Development of a Cultural and Spiritual Toolbox: A High Impact Interprofessional Project](#) has been read by the following:

- University of Minnesota (Minneapolis, Minnesota, USA)
- Apple Inc. (Cupertino, California, USA)
- Indiana University (Bloomington, Indiana, USA)
- Rutgers University (New Brunswick, New Jersey, USA)
- University of Natal Pietermaritzburg (South Africa)
- University of Illinois (Champaign, Illinois, USA)
- Nova University (Fort Lauderdale, Florida, USA)
- UAB Tesonet (Vilnius, Lithuania)
- DePaul University (Chicago, Illinois, USA)
- Rowan University (Glassboro, New Jersey, USA)
- Pavlov Media Inc. (Champaign, Illinois, USA)
- Landspítali-The National University Hospital

- of Iceland
- Universidad Sergio Arboleda (Bogotá, Colombia)

The second most downloaded article in the e-newsletter: [Interprofessional Geriatric Education: Team-based Care for Chronic Conditions](#) has been downloaded by the following:

- The Johns Hopkins Medical Institutions
- University of Missouri-DBA The Missouri Research and Education Network
- The Trustees of Columbia University in the City of New York
- Hogeschool Van Arnhem en Nijmegen (Arnhem, Gelderland, Netherlands)
- PT. PowerTel (Yogyakarta, Indonesia)

Another popular article: [Team Training Obstetrical Simulation Drills to Improve Perinatal Outcomes](#) has been downloaded by the following institutions:

- Wilderness at the Smokies (Sevierville, Tennessee, USA)
- King Faisal Specialist Hospital (Riyadh, Ar Riyadh, Saudi Arabia)
- Stahl Delaurentis (Columbus, New Jersey, USA)
- Palomar Pomerado Hospital (Escondido, California, USA)
- Indian Health Service (Rockville, Maryland, USA)
- Cambridge Public Health Commission (Cambridge, Massachusetts, USA)
- Health Department of Western Australia (Shoalwater, Australia)
- San Antonio Community Hospital (San

- Antonio, Texas, USA)
- The Connecticut Hospital and Affiliates (Wallingford, Connecticut, USA)
- Kaweah Delta HLTHCR DST (Visalia, California, USA)
- Atlantic Health System (Brick, New Jersey, USA)
- Montgomery College (Rockville, Maryland, USA)

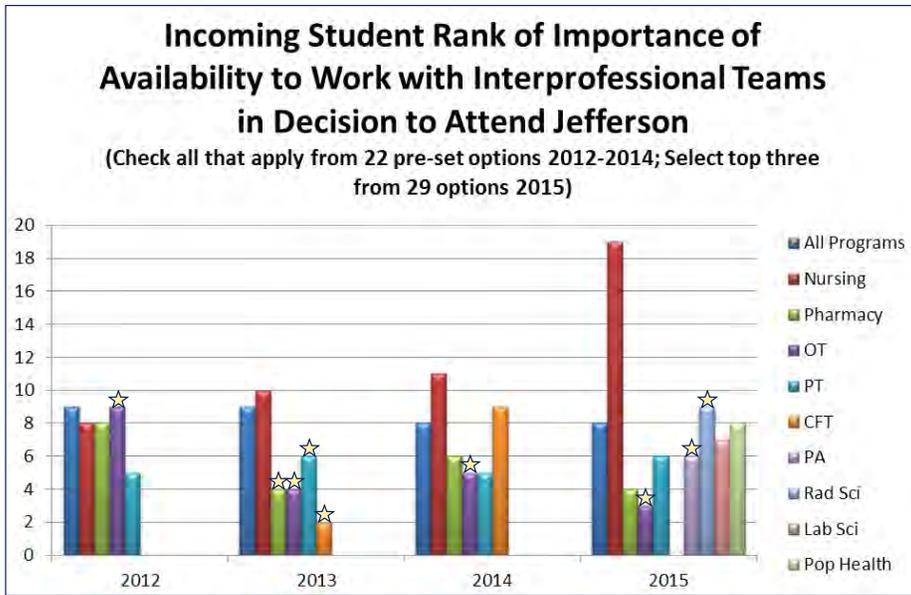
JCIPE, in partnering with the Center for Teaching and Learning and the Scott Memorial Library at Thomas Jefferson University, has been able to promote and extend their e-newsletter to and share learning from interprofessional programs, practice and evaluation with an international community.

Questions can be emailed to Dan.Kipnis@jefferson.edu.

Daniel G. Kipnis, MSI

Senior Education Services Librarian
Editor, Jefferson Digital Commons
Thomas Jefferson University

Interprofessional Practice Increasingly Influences Jefferson Students' University Selection



*SKMC is not included in the New Student Survey. ☆ = Rank Tied

- Data supplied by the Office of Institutional Research and drawn from its New Student Survey question "Please identify why you selected Thomas Jefferson University over other institutions."
- Students given 29 options and asked to select the **top three (3) reasons** that influenced their decision.
- Five items are generally cited as major reasons that students select Jefferson, including academic reputation, quality of faculty, campus location, affiliation with Thomas Jefferson University Hospital and clinical opportunities available.
- Despite the above consistent (and expected/desired) reasons and the change in question format to require students to select only their top three reasons for coming to Jefferson (vs. selecting all that apply), **"Availability to work with interprofessional teams" remained as the eighth (8th) most important reason for selecting Jefferson for all student respondents (2015 n = 551).**
- This option consistently ranks within the top 10 reasons cited by students for selecting their program at Jefferson.

Jefferson Interprofessional Education and Practice Awards

Congratulations to the 2016 James B. Erdmann, PhD Award Recipients

Award for Excellence in Interprofessional Education

This award honors one faculty member from the Sidney Kimmel Medical College and one faculty member from Jefferson Colleges of Health Professions, Nursing, Pharmacy, or Population Health who demonstrate excellence in interprofessional education and whose efforts have resulted in sustained impact on interprofessional collaboration to improve the education of Jefferson students.

Alan Forstater, MD, FACEP

Assistant Professor
Department of Emergency Medicine
Sidney Kimmel Medical College

Tracey Vause Earland, MS, OTR/L

Assistant Professor
Department of Occupational Therapy
Jefferson College of Health Professions

Award for Excellence in Interprofessional Collaborative Practice

This award honors two clinicians/practitioners from Thomas Jefferson University/Thomas Jefferson University Hospital whose leadership efforts in collaborative practice have impacted colleagues, staff, students and patients.

Lauren Hersh, MD

Instructor
Geriatrics and Palliative Care
Department of Family & Community Medicine
Sidney Kimmel Medical College

Brian Wolfram, PT, MPT, DPT, CCS

Cardiovascular and Pulmonary Clinical Specialist
Thomas Jefferson University Hospital

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

This award honors up to two administrators and/or staff members from the Jefferson community who are not faculty members, who demonstrates excellence in the support of interprofessional education, and whose efforts have resulted in sustained impact on interprofessional collaboration to improve the education of Jefferson students.

Martha Ankeny, MEd

Director of Learning Initiatives
Center for Teaching & Learning
Thomas Jefferson University

Student Award for Excellence in Interprofessional Education and Collaborative Practice

This award is given to four 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.

Amanda Gibson

Jefferson College of Pharmacy

David Goldstein

Jefferson College of Health Professions

April Smith

Jefferson College of Population Health

Claire Sokas

Sidney Kimmel Medical College

Photos from JCIPE's 2014 Biannual IPE Conference



Join us at the upcoming Interprofessional Care for the 21st Century: Redefining Education and Practice Conference – October 28 & 29, 2016 #IPE2016

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Collaborative Healthcare: Interprofessional Practice, Education, and Evaluation is a peer reviewed bi-annual publication that aims to disseminate current information and innovative projects advancing interprofessional education, evaluation, research and practice.

Jefferson Center for Interprofessional Education

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