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Interprofessional Education and Care Newsletter

From the Editors

Fall 2013

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Welcome to the Fall 2013 edition of the Jefferson Interprofessional Education and Care newsletter. In this edition you will read about Collaborating Across Borders, IV, the largest IPE meeting to date, where the work of developing, integrating, and sustaining interprofessional education and collaborative practice was shared by over 700 participants. The clear message of CAB IV – interprofessional education is being recognized and adopted by health professions education programs in a way not seen before, but the work of clearly identifying optimum education strategies and documenting impact on patient care must be a high priority for all of us in the IPE community.

You will also read about an exciting initiative here at Jefferson, working with our schools and clinical leaders to incorporate TeamSTEPPS training as a fundamental piece of our comprehensive interprofessional education and collaborative practice strategy. Alan Forstater and his team describe an innovative simulation that incorporates TeamSTEPPS competencies and includes representatives of the healthcare team, including radiologic science technicians, often not included in IPE activities. This is a first step in a broader implementation of TeamSTEPPS at Jefferson, so more to follow. Finally, Julia Ward, a winner of the *2013 James B. Erdmann Award for Excellence in Interprofessional Education*, shares her journey as a clinician and educator, and how she came to be a key IPE champion.

Please make sure to review the announcements and upcoming activities section. We are excited to share information about the next Interprofessional Care for the 21st Century: Redefining Education and Practice conference, which will be held October 10-12, 2014 here at Jefferson. Please save the date, and look for the call for abstracts early in 2014. As always, thank-you for your support of our newsletter. We welcome contributions from any of our readers for future editions.

We look forward to seeing many of you at All Together Better Health, VII in Pittsburgh, PA this June!

Elizabeth Speakman EdD, RN, CDE, ANEF
Christine A. Arenson, MD
Editors

TeamSTEPPS Pilot Course

Alan T. Forstater, MD, FACEP
Emergency Medicine
Thomas Jefferson University

A new and exciting course on TeamSTEPPS was introduced at Jefferson last Spring. JCIPE has embraced the concept of TeamSTEPPS, a program developed by the Department of Defense and now sponsored by AHRQ to train healthcare professionals to work together effectively as a team to ensure patient safety. The following team skills are emphasized: leadership, situational awareness, team support and communication skills. To introduce this to the campus JCIPE sponsored a pilot project in May, 2013 to train a cadre of students in the techniques of TeamSTEPPS.

A planning group included at least one faculty member from each of the following professional groups: nursing, physical therapy, occupational therapy, radiologic science and medicine. The group decided on a model of a brief didactic introduction and a simulation-based experience. The four hour program consisted of a general introduction and a 30 minute orientation to TeamSTEPPS. Then each student participated in one case as a team member and in one case as an observer. Each case was followed by a debriefing that was twice the length of the case management. The debriefing is where students and faculty have an opportunity to reflect on their team skills, how well the team managed the patient's care and how well they interacted as team members. Although the medical aspects of the case were discussed, the emphasis was on team interaction.

Cases were designed specifically to include each of the professions. One case was a patient with a CVA in the rehab gym who fell and seized. This case required attention to the cervical spine to avoid further injury, attention to the brain to R/O subdural hematoma and to manage seizure activity plus involvement of a family member as part of the team. Students learned the role of each profession in managing the case and gained an appreciation for the skill set that each professional student contributed. Each case provided an opportunity to rely on the problem solving skills that each member used to benefit the patient and the team. The second case involved a patient who had a cardiac arrest in the MRI suite. This case involved situational awareness of the restrictions to access in the MRI suite and high-stakes interaction of team members in a cardiac resuscitation.

On the evaluations, students were asked 20 questions about the quality of the simulation training, whether there was enough information, about the support during simulation, whether the simulation was designed properly and whether the feedback was timely and constructive. Almost half of all questions were rated as either "*agree*" or "*strongly agree*" by greater than 70% of all students. Students' evaluations showed that the greatest room for improvement was in providing enough information before and during the simulation, so that they could understand the purpose and objectives, to provide direction and encouragement and to problem solve. The questions with the highest rating were those about the quality and realism of the simulation scenarios and the quality of the feedback. One ultimate question asked, "Would you participate in this program if it were offered again?" 100% of students said that they would.

The TeamSTEPPS pilot was a success in that it provided realistic simulation scenarios to a group of interprofessional students so they could learn and practice the concepts and skills of teamwork in health care and its essential role in patient safety. In future simulations it will be important to provide more information so students could better understand the purpose and objectives and to provide direction and encouragement and to problem solve. As with all IP offerings scheduling has been a challenge. The next course will be offered in Spring 2014.

By offering these simulations in a TeamSTEPPS format, we hope to provide students the opportunity to work with their colleagues in other professions so that it will be second nature to work in teams in a constructive manner conducive to patient safety.

Award Corner

Julia Ward, PhD, RN
Jefferson School of Nursing
Thomas Jefferson University

My career in nursing began more than three decades ago. Healthcare education during that time was delivered in the familiar “silo” style. Having to navigate through clinical practice, learning along the way which disciplines were involved in the care of patients and how to work as a team developed over time.

Coming from the hierarchical system that was once considered the norm, I have learned that throughout my years in practice and later as a clinical faculty, collaborative efforts with other disciplines were established as informal conversations about the patients deferring to the discipline that had the most power or influence in the patient’s care.

While this was how it was then, I felt something more was possible and necessary to provide the best healthcare had to offer for patients. Fast forward to 2008, when I obtained a faculty appointment at Thomas Jefferson University, Jefferson School of Nursing, BSN program. I was assigned to the Health Mentors Program as a faculty liaison. Unaware of the interprofessional movement at TJU, I quickly became acquainted with the Jefferson Interprofessional Education Center’s mission and found this to be in line with my own values as a team member but also, in line with the current movement to create effective healthcare teams. Major organizations and accrediting bodies (IOM’s 1999 *To Err is Human*, AACN’s 2008 *The Essentials*, IOM’s 2010 *The Future of Nursing*; IPEC’s 2011 *Core Competencies for Interprofessional Collaborative Practice*) challenge higher education institutions and healthcare organizations to incorporate interprofessional education (IPE) activities that foster collaborative engagement in the practice environment. Being a part of the interprofessional “wave” over the past five years, I have had the fortune to participate in several interprofessional activities and committees, including the role of the nurse in a

GEC video (2009), a faculty membership on the Interprofessional Curriculum Committee (2010-2011), Clinical Rounding Sub Committee (2010-2012), Faculty Development Presentation (2011), and faculty liaison for the Health Mentors Program (2008 to present). As most know, the commitment to IPE is often voluntary, happening along with other faculty responsibilities. It is that commitment that brings together a group of healthcare professionals from schools across the university who share a common goal – to develop and sustain the work of promoting IPE and collaboration.

I have had the pleasure of working with other faculty volunteers these last five years and look forward to continued involvement in JCIPE opportunities as well as being a role model for other faculty who want to be a part of the JCIPE spirit.

Last June, 2013 I was the proud recipient of the ***James B. Erdmann Award for Excellence in Inter-professional Education***. Receiving this award validated my professional goal of involvement in IPE. Being TJU faculty has given me the opportunity to be a part of a growing group of faculty who maintain and sustain IP initiatives and I am humbly aware that my contribution is part of the bigger campus-wide movement. It is a great time to be a Jeffersonian!



James B. Erdmann, PhD, FASAHP

Jefferson Makes a Major Contribution to Collaborating Across Borders, IV Conference

Kevin Lyons, PhD
Assistant Vice President
Director, Office of Institutional Research
Thomas Jefferson University

The fourth international Collaboration Across Borders conference (CAB IV) was held in Vancouver BC, Canada on June 12-14, 2013. This conference, held every two years, attracts people involved in interprofessional education and care (IPEC) from across North America, and from other countries such as Japan, Australia and the European Union. The conference is a collaborative venture between the American Interprofessional Health Collaborative (AIHC) and the Canadian Interprofessional Health Collaborative (CIHC). The site of the conference alternates between the United States and Canada. As interest and involvement in interprofessional approaches to education and health care grows, so too does attendance at this meeting. The first conference, held at the University of Minnesota in 2007, attracted a little over 300 people. Subsequent meetings in Nova Scotia and Arizona saw attendance increase dramatically, reaching close to 750 in Arizona. This was the largest attendance ever at a conference devoted to interprofessional education. Attendance at the Vancouver conference exceeded that number.

The theme of CAB IV, Transformative Change from the Classroom to Practice, reflects the growth of the interprofessional movement not only in North America but worldwide. Interest and approaches have grown from small educational programs in a few schools to larger programs designed to expand interprofessional programs and to incorporate them as an integral part of education and care instead of an adjunct to it. This represents a growing culture of collaboration within health care. The presentations at CAB IV reflected this transformation. While many presentations applied IPEC to patient safety and primary care, others introduced its' appropriateness in areas such as disaster planning, mental health and refugee aid from such diverse places as Haiti and New Zealand. Still others focused on how changes in technology

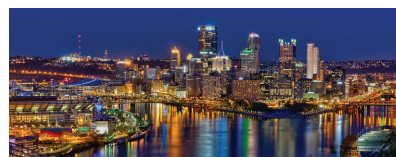
and architecture are occurring to further advance IPEC. Emphasis was on learning opportunities for a wide variety of health care participants: students, practitioners, educators, patients and patient advocates along with the importance of hearing the "patient voice" in care delivery.

Members of the Jefferson community made significant contributions to this meeting. Thirteen faculty and 3 students from Jefferson attended, representing a diverse segment of the Jefferson community: Family Medicine, Physical Therapy, Nursing, Pharmacy, Occupational Therapy, JCIPE and OIR. Many of those in attendance were involved in more than one presentation. Eight oral presentations, 4 posters, 1 workshop and a panel discussion were given, providing a look at the wide variety of projects and IPEC approaches across the University.

CAB V, is scheduled to be held in 2015 in Roanoke, VA and the organizers are hoping for an even larger turnout.



ALL TOGETHER BETTER HEALTH VII
6 - 8 JUNE 2014 | PITTSBURGH



The 7th International Conference on Interprofessional Practice and Education

Friday to Sunday, 6-8 June 2014
University of Pittsburgh Campus, Pittsburgh, PA, USA
Co-Hosted by the University of Pittsburgh and The National Center for Interprofessional Practice and Education

Call for Abstracts deadline is November 15, 2013.

Upcoming Faculty and Staff Development Programs

SAVE the DATE:

Jefferson InterProfessional Education Center cordially invites you to *Interprofessional Care for the 21st Century: Redefining Education and Practice Conference* on Friday, October 10, Saturday, October 11 and Sunday, October 12, 2014 in the Dorrance H. Hamilton Building at Thomas Jefferson University.

The purpose of our conference is to showcase scholarly work and works in progress related to interprofessional education and/or practice.

Conference Learning Objectives:

- a. Apply a theoretical framework to interprofessional education initiatives.
- b. Design creative interprofessional education teaching strategies including dynamic academic/clinical partnerships.
- c. Integrate innovative collaborative practice models in their clinical settings.
- d. Assess individual education and/or clinical practices in light of the information and discussion during the conference and identify specific strategies to implement as part of a continuing improvement process for your practice(s).

Look for the Call for Abstracts and more information at our website:
jeffline.jefferson.edu/jcipe/2014Conference in early 2014.



Announcing..... The Online Post-Professional Interprofessional Education Advanced Practice Certificate in Interprofessional Geriatric Practice At Thomas Jefferson University

*A Collaborative Educational Initiative between the School of Health Professions:
Occupational Therapy Department and the
Eastern Pennsylvania-Delaware Geriatric Education Center*

This advanced certificate provides healthcare professionals, educators and trainers the opportunity to become knowledgeable in interprofessional education and collaborative practice principles, gerontologic theory and practice and andragogy.

Program features and design:

- Four online graduate level courses in interprofessional geriatric education, geriatric practice, teaching strategies and a mentored project (a total of 12 credits).
- Courses are offered online and the program can be completed in 12 months.
- The program is designed conveniently for educators and practicing professionals in the field. Interprofessional collaboration with a variety of healthcare professionals to increase knowledge in the field of geriatric practice.

For more information:

<http://epadgce.jefferson.edu/education4.cfm>

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In the News

Jefferson InterProfessional Education Center is pleased to invite manuscript submissions for the Interprofessional Education and Care Newsletter. This is a peer reviewed bi-annual publication produced by JCIPE for faculty, health professionals and learners from diverse fields and backgrounds.

It provides a forum to disseminate current information and innovative projects advancing interprofessional education, evaluation, research and practice in order to further this mission.

NEWSLETTER TOPICS

Manuscripts for the Interprofessional Education and Care Newsletter should highlight initiatives that are representative of collaborative interprofessional education and care and/or evaluation projects. The newsletter strongly encourages manuscripts that address exciting new innovations and rigorous evaluation for integrated models of education or care/collaborative practice.

For example, topics could include:

- Innovative interprofessional education projects
- Strategies to implement innovative collaborative practice projects
- Trends in interprofessional education and/or care/collaborative practice
- Systems or policies influencing interprofessional education and/or care/collaborative practice
- Collaborative models of care
- Interprofessional strategies for improving patient safety
- Interprofessional strategies for enhancing patient-centered care
- Evaluation of interprofessional education or care/collaborative practice
- Other interprofessional education and care activities

Manuscripts should be 500-600 words. For author guidelines or more information, visit: <http://jeffline.jefferson.edu/jcipe/newsletter/>.



Health Mentors Program Quotes from Students

"I've learned how to apply my classroom knowledge to a clinical setting and see, first hand, the benefits of working with other disciplines to provide client-centered care. My mentor was friendly, informative, and helpful in guiding us through the process. I look forward to working with her and my teammates."

Second Year Occupational Therapy Student

"Meeting with my mentor has reinforced the connection between the lessons I have been learning in the classroom and the real world experience of working with a patient."

Graduate Year Nursing Student

"This program has given my team our first taste of what being healthcare professionals is really about. As a first year student, barely one month into my education when I first met my mentor, I was not yet familiar with his chronic health condition. By the end of our first meeting, I not only knew all about his condition, I felt like I really knew him as well."

Second Year Physical Therapy Student



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