



## Jefferson Center for InterProfessional Education (JCIPE) Interprofessional Education and Care e-newsletter

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# Interprofessional Education and Care Newsletter

## From the Editors

Spring 2014

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Welcome to the Spring 2014 edition of the Jefferson Center for Interprofessional Education (JCIPE) newsletter. In this edition of our newsletter, you will have a chance to read about two new innovations in technology designed to enhance interprofessional education and collaborative practice. We believe that integrating technology into IPE will be central to aligning health care education reforms with changes in healthcare delivery. This Spring also marks the graduation of our 6<sup>th</sup> cohort of JHMP students at TJU. Now, over 4,100 students have completed this longitudinal IPE curriculum; feedback from graduates has been highly positive, detailing the impact of IPE experiences in better preparing them for teamwork as well as providing them with an unexpected advantage in employment opportunities, where competency as an effective team player is highly valued by employers.

In addition to our ongoing JHMP, early classroom and pre-licensure training opportunities at TJU continues to expand. This Spring, a TeamSTEPPS pilot course was offered for students emphasizing leadership, situational awareness, team support and communication skills through didactic and interactive simulation-based experiences. We also hosted a successful Interprofessional Geriatric Clinical Skills Fair pilot addressing Cognitive Assessment, Mobility/Assistive Device Assessment, Medication Assessment, and Older Patient/Caregiver Simulation. And, for the first time, our newly assembled Jefferson Student IPE Interest Group (JSIPE) planned and implemented our first ever IPE Grand Rounds, featuring an interprofessional panel from our surgical ICU.

We look forward to seeing many of you at our fourth biennial conference on interprofessional education and care, entitled "*Interprofessional Care for the 21<sup>st</sup> Century: Redefining Education and Practice.*" Please see page 4 for more information on our keynote speakers and the call for abstracts for this international conference.

Lauren Collins, MD  
Elizabeth Speakman EdD, RN, ANEF, FNAP  
Christine A. Arenson, MD

# Using Technology to Enhance Interprofessional Collaborative Practice: Creating Virtual Clinical Opportunities by Implementing Google Doc™ and Google Hangout™ in Clinical Rounding

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The delivery of quality care is best done by a group of practitioners who can effectively communicate and utilize the 'team decision making approach' to solve patient/client/person care issues. Organizations such as the WHO advise us that "after almost 50 years of inquiry, there is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice which in turn optimizes health-services, strengthens health systems and improves health outcomes" (2010, p18). The need to implement interprofessional team based approaches to patient care is important. What is also essential is the need to provide interprofessional learning opportunities for today's health care student who will be practicing in teams in an ever changing health care delivery system of tomorrow.

Currently the majority of interprofessional activities that students are exposed to are in didactic settings. Although most health professionals spend more than half of their education in a clinical setting, very little opportunity [predominately because of logistics] exists for students to develop interprofessional skills in clinical practice. Thomas Jefferson University is not immune to this challenge. While we have been successful in bringing medical and nursing students together to engage in clinical rounding, we have not been able to engage many of the other members of the health care team because they are simply not physically on the clinical unit.

To address this issue, Google doc™ and Google hangout™ was implemented into the clinical rounding experience. While clinical rounding had been shown to be an enriching opportunity, the lack of other members of the team inhibited the rounding from being the best it could be. By adding this technology, second year nursing students who were assigned to 7 Center and 13 Pavilion at Thomas Jefferson University Hospital along with the 3<sup>rd</sup> year medical student were now able to be joined virtually by a third year pharmacy student and second year physical therapy student. During the early part of the clinical day the nursing student initiated the data collection on a collaborative tool via a secure Google Doc™ and shared it with the students on their team. (All patient information was de-identifiable.) Each student was able to use a smart device such as an iPhone™ or iPad™ as their device of choice. For many students using their phone was more feasible, and dictating into the document saved time and alleviated manipulation keypad issues. In addition the added value of other health care professional students enhanced the fact finding experience of the morning huddle. Subsequently the use of the Google Doc™ eliminated the previous need for constant physical monitoring of the patient status. Any changes in the patient's status or results of tests

were easily conveyed to the team through real-time updating by any member of the health care team who had that information. Throughout the day, the pharmacy and physical therapy student collaborated on the Google doc™ which in turn led to a more concise data collection and subsequent a more focused patient-centered care plan.

During patient rounding later in the afternoon, the pharmacy and physical therapy student joined the rounding team virtually via Google Hangout™. This allowed for more direct communication between team members on information and recommendations. For many of the students this was their first experience in a clinical team and more importantly their first experience using educational technology in the clinical environment. Students stated that the experience was invaluable and the faculty noted that the information exchange and collaboration of the students allowed for higher ordinal thinking and clinical reasoning.

The utilization of technology has the potential to eliminate the challenge of physicality and the logistics of bringing students from multiple disciplines together. "Information technologies through Communities of Practice (CoP) provide opportunities to facilitate communication among members from different geographic location and time zones, increasing the diversity of the learning network. Furthermore, eCoP's offer theoretical and tangible benefits to health professions who hold disparate expertise" (Ho, 2010, p.140). It is clear that when students from two or more professions learn about, from and with each other it enables effective collaboration and communication and improves health outcomes (WHO, 2010). Future plans include the use of video stream and the 'roll out' of this team approach via technology to other clinical units where students learn and train.

## References:

1. Ho K, Jarvis-Selinger S, Norman C, Li L, Olatunbosun T, Cressman C, Nguyen A. Electronic Communities of Practice: Guidelines From a Project. *Journal of Continuing Education in the Health Professions*, 2010;30 (2):139-143.
2. World Health Organization, 2010. Framework for action on interprofessional education and collaborative practice. Geneva: WHO Press.

# iPads, iBooks, Apps! What's all the iFuss about?

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The iVolution is here. It is iThis and iThat every way you turn. Is this just another iFad, or is it truly revolutionizing education? In a recent survey conducted by EDUCAUSE Center for Analysis and Research on undergraduates and technology, 31% of students reported owning tablet technology a 15% increase from the previous year and 76% of students reported owning smart phones. This finding was a 14% increase from the previous year. Students also reported using smart devices in class to access material, participate in activities, look up information and photograph material as learning strategies. Thomas Jefferson University is riding the iWave and taking strides to better integrate technology at all levels of medical training; leading the forefront of the iVolution, syllabi, course materials, and textbooks are now delivered in some of our courses via iPads. In the past few years, the Jefferson Health Mentors Program has embraced the use of new technologies, including Wikis, online discussion boards, Google docs, and Skype platforms to facilitate asynchronous IPE interactions. These platforms have helped to promote IPE by easing scheduling logistics and by allowing students to collaborate electronically on team-based assignments. Over the past summer, JCIPE, the Jefferson Health Mentors Program (JHMP), faculty from Jefferson Medical College and the School of Health Professions, Academic & Instructional Support & Resources (AISR) and Jeff Information Technology (IT) assembled a working group and developed yet another innovative tool to better integrate technology into our IPE efforts – the product was a new iBook, entitled “Assessing Patient Safety.”

This past fall, the new iBook was unveiled and piloted with our Year 2 HMP students. Participation in the iBook pilot was entirely voluntary. In total, 17 out of 132 teams (102 students in total) participated in the iBook pilot. The students the pilot represented all six disciplines in the JHMP, including medicine, nursing, pharmacy, occupational therapy, physical therapy and couple and family therapy. Instead of using a traditional paper curricula or our typical Blackboard learning platform, the interprofessional student teams were able to work from directly their iPads, using the JHMP iBook to prepare for and complete a required team-based home visit with their Health Mentors. Before embarking on these real home visits, iBook students were able to complete a simulated home visit and practice medication assessment. Students were also able to use the iPad during the actual home visit to complete a housing safety assessment checklist with the touch of their fingers; many student teams also used the iPad to snap photos of their Health Mentors homes (with their permission) to share examples of housing safety strengths and hazards with other students in the post-visit IPE debriefing sessions. These photos are now being collated into a photo

library to help our students better assess a person’s safety in the home.

Overall, the iBook pilot was generally well received by students; they liked the easy portability of the iPad, the ability to use the Camera and other iPad features like Evernote and book-marking, and appreciated the environmentally friendly nature of this technology. However, most of our pilot teams often only had one iPad per team and commented that having an iPad for every member would have enhanced teamwork and strengthened the user-friendliness of the iBook experience. Overall, our first pilot with an IPE iBook was extremely encouraging and demonstrated innovative use of iPads, iBooks, and Apps may be one way to advance medical education, to help realign education with practice reforms, and to continuing breaking down the previously siloed training of healthcare students.

Mobile computing has become ubiquitous in today's society, and medical education is no exception. iPads are in use in clinical practice for everything from patient intake and record keeping to patient education and even tracking and monitoring. In medical education, these tools provide opportunities to integrate higher order thinking skills through interactive experiences that result in comprehensive retention of subject materials. The home safety assessment iBook used in this innovative curriculum streamlined student experience, team interactions, and program evaluation of this IPE activity.

Optimal use of technology has become a central component for providing optimal patient care, as evidenced by outcomes from the Patient Centered Medical Home model and innovations in telemedicine, electronic health records, e-prescribing and tracking patient registries. Integrating technology into health professions education is now central to healthcare education reform in an age where students already exceed most current healthcare providers in their ability to use existing health-related technologies. By integrating a team-based home visit simulation into an iBook for a required IPE curriculum, students now have the opportunity to take part in a fun, hands-on formative learning experience before participating in a “real-world” home visit. By bringing learning opportunities “off the page,” we hope that integrating iBooks, Apps and iPads into curricula will help students adopt new strategies for practicing and learning the complexities of team-based person-centered care.

## **Reference:**

EDUCAUSE Center for Analysis & Research Study of Undergraduate Students and Information Technology 2013

# JCIPE to Host Fourth Biennial Conference on Interprofessional Education and Care

Kevin Lyons, PhD

[www.jefferson.edu/university/interprofessional\\_education/scholarship/21st\\_century\\_conference.html](http://www.jefferson.edu/university/interprofessional_education/scholarship/21st_century_conference.html)

The Jefferson Center for Interprofessional Education (JCIPE) will host its' fourth biennial conference on interprofessional education and care from Friday, October 10<sup>th</sup> through Sunday, October 12<sup>th</sup>. Entitled "*Interprofessional Care for the 21<sup>st</sup> Century: Redefining Education and Practice*," the conference will bring individuals involved in interprofessional education and care together to share ideas, innovative programs and the latest research to help advance interprofessional approaches to education and care (IPE/C) across the country.

Participants are invited to submit papers based on the four objectives for the conference which reflect issues that many of the leaders in the field believe are necessary to move the IPE/C agenda forward. These are:

- Apply a theoretical framework to interprofessional education initiatives
- Design creative interprofessional education teaching strategies including dynamic academic / clinical partnerships
- Integrate innovative collaborative practice models in their clinical settings, and
- 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 practice.

The conference has grown in scope and size over the years and has now attracted national, even international participation. Approximately 150 individuals, from across the United States, Canada, the United Kingdom and Australia attended the last conference in 2012. This growth reflects the growth of interest in the interprofessional education and care movement, not only in North America, but worldwide. Major national and international leaders have agreed to come and present keynote speeches. On Friday evening, George Thibault, MD, of the Macy Foundation and Barbara Brandt, PhD, Head of the National Center for Interprofessional Practice and Education will speak. On Saturday morning, John Gilbert, CM, PhD, FCAHS, who co-chaired the WHO Study Group on Interprofessional Education and Collaborative Practice and was Project Lead of the Canadian Interprofessional

Health Collaborative will discuss evaluation and a theoretical framework for IPE/C. On Sunday morning, Malcolm Cox, MD, Former Chief Academic Affiliations Officer U.S. Department of Veterans Affairs will lead a panel discussion on interprofessional approaches in the Veterans Administration.

Interested attendees are invited to submit papers for four types of presentations, reflecting one of the key objectives. These are: Papers on research in progress, Papers on completed research, Seminars and Posters. Abstract submission opens on April 28<sup>th</sup>. For more information interested individuals can go to the JCIPE website.

[http://www.jefferson.edu/university/interprofessional\\_education/scholarship/21st\\_century\\_conference.html](http://www.jefferson.edu/university/interprofessional_education/scholarship/21st_century_conference.html)



## CALL FOR ABSTRACTS

**Deadline has been extended to June 20, 2014!**

**Abstract Submission opened on Monday, April 28, 2014 and ends on Friday, June 20, 2014. Please go to:**  
[http://www.jefferson.edu/university/interprofessional\\_education/scholarship/21st\\_century\\_conference.html](http://www.jefferson.edu/university/interprofessional_education/scholarship/21st_century_conference.html)

Jefferson Center for InterProfessional Education cordially invites you to attend the *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.

## Health Mentors Program

### *Quotes from Health Mentors*

“I have seen with other cohorts and groups the growth as a team where at the beginning each person says this is my territory, and then slowly people start to do cross-questioning. I think that for real life this lets someone understand that this [Medicine] is not just a one-man operation. The physicians all prescribe and depend on the patient to integrate everything, when really the other way around is needed.”

—Mrs. A.M. Iglesias

“Everybody has a story. You remember that when dealing with patients, and you will remember me. Everybody has a story.”

—Anonymous Mentor

“We shared nice conversations regarding my health, home, and safety issues as well as my eating habits. They come to hear and understand why I come in to the program and the hospital, and I give the information about me and my past history and my new improvement. I like talking to them, and that is why I enjoy coming the most. I just saw a different team and am looking forward to when I can meet them or another group.”

—Mr. Clyde Bradley



### *Quotes from Students*

“By interacting with students of other disciplines in IPE experiences, I gained an understanding of the roles and responsibilities of other healthcare professionals and felt a sense of camaraderie having successfully tackled a clinical issue together. These experiences were vital preparation for the challenges that I face as a RN on [New York-Presbyterian Hospital’s] telemetry unit, where understanding how the healthcare team functions is critical to providing the best possible care to every patient.”

—Katrina Mannsman, RN

“Without collaborative communication, the best care cannot be given, and I attribute my experience during health mentors as a foundation to my better understanding of healthcare, patients, and inter-professional communication.”

—2nd year Medical Student

“I will carry these experiences with me after graduation and out into nursing practice...I hope that I will always remember to see [patients] as unique individuals, filled with rich stories.”

—2nd year Nursing Student

## In the News

**Jefferson Center for InterProfessional Education 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://www.jefferson.edu/university/interprofessional\\_education/newsletter.html](http://www.jefferson.edu/university/interprofessional_education/newsletter.html)



### 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>

Stephen Kern, PhD, OTR/L, Certificate Program Director  
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