Poster #1

Developing Student Co-Director Leadership Roles to Enhance an Interprofessional Teaching Clinic

Anna Cleland-Leighton¹
Katie Rau²
Teresa Y. Pan³
Emily Holland
Sarah Shrader²
Jana Zaudke¹,⁵

¹School of Medicine, University of Kansas; ²School of Pharmacy, University of Kansas; ³Department of Psychology, Clinical Psychology Program, University of Kansas; ⁴School of Health Professions, Occupational Therapy Program, University of Kansas; ⁵Department of Family Medicine, University of Kansas Medical Center

Funding provided by U.S. Department of Health and Human Services (HHS) HRSA Predoctoral Training in Primary Care grant.

Background: Part of training future leaders in health care includes providing opportunities to practice leadership within an interprofessional (IP) environment. The University of Kansas Medical Center Interprofessional Teaching Clinic (IPTC) provides an opportunity for students of multiple professions to develop leadership and cooperation skills in a primary care setting while completing clinical rotations.

Purpose: Student co-directors focus on improving the quality and efficiency of the clinic to enhance the care of patients seen in IPTC and advance the interprofessional education experience for the IP student teams.

Methods: Four students were selected for the inaugural IPTC student co-director positions: one second-year medical student, one second-year pharmacy student, one third-year occupational therapy student, and one fifth-year doctoral clinical psychology student. Student co-directors began meeting with faculty to develop responsibilities within IPTC in May 2015. At least one co-director was present in clinic most days from June 2015 through April 2016 to handle basic responsibilities. Additional responsibilities were completed outside of clinic time through individual work and meetings with appropriate faculty and staff.

Results and Discussion: Responsibilities were divided into basic responsibilities common to all co-directors, and additional responsibilities with each student taking the lead on one of four areas. Basic responsibilities within the clinic include being present in IPTC to encourage pre- and post-clinic huddles; orient student learners; and ensure that proper workflow, clinical documentation, and screenings are completed. Areas of additional responsibilities include: logistics of student rotations, including orientation and post-rotation surveys; quality improvement projects addressing common diagnoses within IPTC, with depression being the focus for the 2015-2016 academic year; researching and developing a patient advisory board system; and coordinating home visits for the clinic. Having a student co-director focus on each of these areas allowed them to be expanded and developed in ways students rotating through the clinic would not have the opportunity to do in their brief time there. One quantifiable improvement during the first year of student co-directors was the increase in depression screening rates from 9.13% to 74.28%. Some areas for development for future years include increasing the number of co-directors to cover more clinic time, implementing the patient advisory board, and
developing quality improvement initiatives to address other common diagnoses like diabetes and hypertension.

**Conclusions:** Developing student co-director roles within IPTC allows for students of multiple professions to model interprofessional collaboration and enhance the learning environment through responsibilities and projects that could not otherwise be undertaken.
Poster #2

Inter-Professional Teaching Clinic (IPTC) Efficacy at Managing Hypertensive Patients

Bailey Yekzaman
Jerrica Werner
Sarah Shrader
Jim Kleoppel
Jana Zaudke

1School of Medicine, University of Kansas; 2Department of Pharmacy Practice, University of Kansas Medical Center; 3Department of Family Medicine, University of Kansas Medical Center

Background: The University of Kansas Medical Center Interprofessional Teaching Clinic (IPTC) provides a unique setting for students from multiple professions to provide care for patients together, developing leadership and teamwork skills in the primary care setting. It has recently become involved with the Million Hearts Campaign, a national initiative to reduce hypertension in the United States in order to prevent one million heart attacks and strokes by 2017. The campaign developed several tools and protocols in order to reach this goal, including guidelines for prescribing hypertension medications and strategies of heart health (the ABCS) to create a high standard of care for treating hypertension in primary care clinics.

Purpose: We want to determine the current effectiveness of the IPTC at controlling hypertension in the patient population, based on the Million Heart Campaign guidelines. With this preliminary data, we can determine strategies to reduce the number of patients with uncontrolled hypertension and use the protocols and standards proposed by the Million Hearts Campaign as an outline for improving patient care. Here we define our baseline level of hypertension control by evaluating components of our hypertension patient data.

Methods: Data was drawn from the patient charts and organized based on age and severity of hypertension at the beginning of the patient care with the IPTC and 18 months following. Data was separated by age less than and greater than 60. From this data, the percentage of controlled versus uncontrolled hypertension patients following 18 months of care in the IPTC was compared to the baseline and statistical significance was calculated.

Results: After 18 months of care, the percent of patients with controlled hypertension in patients less than 60 years old had increased by 2% since their initial visit, shifting from 70.45% to 72.06%. For patients 60 years and older, the percent of patients with controlled hypertension was higher than the younger age group at 74.77% following 18 months of care, approximately the same as it was at baseline (75.70%). These were not found to be statistically significant.

Discussion/Conclusion: Overall, the IPTC has a high level of patients with controlled hypertension with an average of 73.4% control. However, applying several of the strategies put forward by the Million Hearts Campaign could yield significant improvement. Distributing the standardized guidelines for prescribing hypertension medications to all of the patient-care teams should help increase the efficacy of the pharmacy component of care. The Campaign has a set of strategies known as the ABCS to reduce the risk of heart attack or stroke, including whether they are taking aspirin (A) when appropriate, controlling their blood pressure (B) with medication and monitoring at home, managing their cholesterol (C) level with statin and healthy lifestyle, and smoking cessation (S). Educating the IPTC on these
guidelines and having them discuss with their patients should be an effective method for increasing the control of hypertension and reducing heart attacks and strokes.
Poster #3

Is low health literacy associated with more medication discrepancies?

Ammar Haikal, MD, Department of Internal Medicine
Mentors: Deon Hayley, DO, Crystal Burkhardt, PharmD
Contributors: Brittany Melton

The presenters report no conflicts of interest.

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**Purpose:** Many studies have linked poor health outcomes and higher mortality to low health literacy (HL) in the elderly. This study evaluated the relationship between health literacy and increased medication discrepancy events in a vulnerable geriatric population.

**Methods:** Medication discrepancies were identified from baseline data from IP-CCM study. Medication discrepancies were grouped as 1) documented medications that are not currently being taken (omission by patient); 2) documented medications that are being taken differently (such as different dose, frequency); and 3) additional medications that were not previously documented.

**Results:** Out of 58 patients enrolled in this study, the median age was 72 years, 52% male, and 43% had some cognitive impairment (CI). Average Charlson Comorbidity Index (CCI) was 5.7. On the Short Form 12v2, 24% reported their health as excellent to very good and 42% reported limitations in completing moderate activities. 50% were not completely confident in filling out forms and 40% received help at least occasionally to read hospital materials. 76% had low health literacy for reading and 62% had low health literacy for filling out forms. Medication discrepancies were higher among patients with high health literacy coded as reading questions (P=0.004).

**Conclusions:** High health literacy in older adults maybe associated with higher medication discrepancies but better mental satisfaction. This theoretically could be due to more complex medical problems in the high health literacy population that makes it compelling to acquire more literacy about their comorbidities. More studies are needed to identify the influence of health literacy on medication discrepancies.
Background: There is an increased emphasis on preparing healthcare providers who are ready for interprofessional collaborative practice. The Institute of Medicine (2013), in the *Future of Nursing: Leading Change, Advancing Health*, suggests that schools of nursing should implement interprofessional collaboration through various training opportunities early on and throughout the nursing school curriculum. Health care organizations along with schools of nursing should also provide resources for ensuring continual competency in working alongside the interprofessional team (Institute of Medicine, 2013). In addition, the Institute of Medicine (2015) has begun investigating how to measure the impact of interprofessional education on patient and health outcomes.

Aims: 1) Increase nursing student involvement in interprofessional educational activities to develop readiness for interprofessional collaborative practice upon entering workforce. 2) Develop nurses who are able to effectively function within the interprofessional team.

Project: Based on the IOM recommendations and an increasing need for nursing student participation in interprofessional learning opportunities across campus, the IPE Passport was implemented as a pilot program for the senior year nursing students. In order to meet Passport requirements for graduation, the senior nursing students must attend the Foundations for Interprofessional Collaboration: An Introduction to TeamSTEPPS© levels one through three. In addition, students select one additional interprofessional education activity that meets a minimum of one Interprofessional Education Collaborative (IPEC, 2016) competency that further develops their interprofessional collaboration. Upon completion, students are granted an IPE certificate.

Results: Prior to graduation, a modified Interprofessional Attitudes Scale (IPAS) will be utilized to assess attitudes regarding the IPEC Competencies.

References:


Poster #5

Incorporating the role of student co-directors to assist with the integration and assessment of behavioral health services into interprofessional team-based primary care

Katie Rau1*
Anna Cleland-Leighton2
Sarah Shrader1
Jana Zaudke2,3

1School of Pharmacy, University of Kansas; 2School of Medicine, University of Kansas; 3Department of Family Medicine, University of Kansas Medical Center; 4Department of Psychology, Clinical Psychology Program, University of Kansas

The presenters report no conflicts of interest.

Funding Source: None.

Background: Interprofessional education (IPE) is important for improving healthcare quality and offers students an authentic team-based interprofessional experience. Integrating behavioral health into IPE is important to give patients more well-rounded care. Four interprofessional (medical, pharmacy, occupational therapy, clinical psychology) students, were selected as student co-directors in the Interprofessional Teaching Clinic (IPTC) from May 2015-2016.

Purpose: Current data shows 20-40% of primary care patients have behavioral health needs, yet no information exists about using IPE to integrate behavioral health services into primary care. This study evaluated the role of initiating student co-director positions into the IPTC and the improvements in depression screening and patient outcomes.

Methods: In this retrospective analysis, student co-directors were available in clinic daily to guide and assist interprofessional clinical rotation students with logistics of annual depression screenings for IPTC patients. From January through June, 2015, 493 IPTC patients provided outcomes for the baseline-to-six-month comparisons. 311 of 493 participants seen again from July to December, 2015 provided six-to-twelve-month outcome comparisons. Annual depression screenings were conducted using Patient Health Questionnaire (PHQ) 2 and 9 documentation. Scores above 3 on the PHQ2 were further screened using the PHQ9 and consulted with clinical psychology students and preceptors. A positive PHQ9 triggered follow-up and, when appropriate, a diagnosis was documented.

Results: The mean age of this cohort was 45.6 years, with majority being female (75.7%) and private insurance holders (51.7%). Medicare, Medicaid, and self-pay patients were also represented. At baseline, the annual PHQ screening rate was 9.13% with a prevalence of depression of 22.5%. The baseline-to-six-month results showed the screening rate of 39.41% (+30.6%, p < 0.0001) and prevalence of 26.37% (+3.87%, p < 0.0001), and the six-to-twelve-month comparisons showed 74.28% (+25.73%, p < 0.0001) and 31.51% (+5.14%, p=0.1797), respectively. SAS software was used for statistical analysis.

Discussion: Having student co-directors in this clinic correlated with a total depression screening and prevalence increase of 56.33% and 9.01% from baseline, respectively, within the IPTC. With the addition of student co-director roles within IPTC, the outcomes from integrating behavioral health within IPTC increased significantly within twelve months.
Conclusions: The purpose of annual depression screening in primary care settings is to provide appropriate treatment for otherwise undiagnosed depression. This enhancement of behavioral health integration provided students the opportunity to see the importance of psychology within an interprofessional team-based primary care setting and significantly improved the overall care of patients within this clinic.
Poster #6

Assessing Pharmacy Students’ Exposure and Reflections about Interprofessional Collaboration during Community and Institutional Introductory Pharmacy Practice Experiences

Maggie Ramirez, 2018 PharmD Candidate
Brianna Long, 2019 PharmD Candidate
Sarah Shrader, PharmD, BCPS, CDE
Ashley Crowl, PharmD, BCACP
Crystal Burkhardt, PharmD, MBA, BCPS

The presenters report no conflicts of interest.

Funding Source: None.

Background: Interprofessional education (IPE) is defined as two or more students from different professions learning about, from, and with each other to enable collaboration and improve health outcomes. With the increasing prevalence of team-based healthcare models, it is essential that pharmacy education provides students with the skills required to effectively communicate within teams in a variety of practice settings. This push for further development of interprofessional skills is reflected in the newest accreditation standards. To meet these standards, the University of Kansas’ introductory pharmacy practice experience (IPPE) curriculum was revised to require a reflection of students’ exposure to and perception of interprofessional collaboration.

Purpose: Evaluate pharmacy students’ exposure to interprofessional collaboration and their perceptions of interprofessional collaboration during community and institutional IPPE rotations.

Methods: Two hundred twenty-nine reflections were submitted by first and second year pharmacy students after their community or institutional pharmacy IPPE rotations. The de-identified reflections were qualitatively analyzed to identify factors that were perceived by the student when observing the interprofessional collaboration in each setting. Descriptors applied to all reflections were classified based on population over 20,000 people according to the 2010 census and labeled as urban, with those less than 20,000 people labeled as rural. Community pharmacy reflections were further classified based on the setting of chain or independent pharmacy. Thirteen codes that described the barriers or opportunities in the community pharmacy reflections were determined before qualitative analysis to identify common themes. Institutional pharmacy reflections were further classified based on settings of traditional hospital or non-traditional, which included long-term care and rehabilitation hospitals. Eighteen codes that described the roles, teamwork, and communication observed in the institutional pharmacy reflections were determined before analysis to identify common themes. The investigators will use the codes during their analysis to determine the most prevalent themes from the reflections. The data will be analyzed by investigators using Dedoose®.

Results: Data analysis is underway at this time and will be completed and presented in the poster.

Discussion: Discussion of the impact of data assessment will be presented in the poster.

Conclusion: Conclusions on the exposure and impact of interprofessional collaboration during IPPE rotations will be presented in the poster.
Preparing Social Work Students for Interprofessional Practice in Integrated Health Care

Michelle Levy, KU School of Social Welfare
Cheryl Holmes, KU School of Social Welfare

The presenters report no conflicts of interest.

**Funding Source:** US Department of Health and Human Services, Health Resources and Services Administration

**Background:** The continued shift to collaborative care approaches in the delivery of health care requires social work students to be prepared to work as part of an interprofessional team. The Behavioral Health Scholars Program provided selected clinical MSW students with specialized training in integrated behavioral health practice. Training included a seminar focused on interprofessional collaboration (TEAMSTEPS/team-based care) and a clinical field practicum offering opportunities to practice in an integrated care setting and/or as part of an interdisciplinary team.

**Purpose:** To determine the impact of participation in the Behavioral Health Scholars Program on changes in MSW students’ skills and values related to interprofessional collaboration in integrated behavioral health care.

**Methods:** The Interprofessional Socialization and Valuing Scale (ISVS), a 24-item self-report measure was used to evaluate beliefs, behaviors, and attitudes related to collaborative practice in health care settings. King et al. (2010) report the Cronbach alpha for the entire scale to be 0.90. The scale was administered electronically pre- and post-program participation. Of the 2015-16 Scholars, 91% had pre- and post-test scores (n=29). Two tailed, paired samples t-test with an alpha of 0.05 were used to investigate changes over time.

**Results:** There were significant differences among all 3 subscales of the ISVS: (a) self-perceived ability to work with others, (b) value in working with others, and (c) comfort in working with others. Student scores significantly increased on 14 of the 24 items. For example, students reported an increase in understanding their own approach to care, realistic expectations of other professionals, feeling comfortable in clarifying misconceptions, and sharing and exchanging ideas in a team.

**Discussion:** Students participating in interprofessional training in integrated care reported gains in skills and comfort working with other professionals along with greater appreciation for the value of working with others. Further studies are needed particularly comparing MSW students who participate in specialized education with those who do not receive additional training, as well as, comparing social work students with students of other professions.

**Conclusion:** Findings suggest that a program that includes focus on interprofessional education may support development of skills and values that are critical for successful collaborative health practice important to the delivery of quality care.

Learning Together to Work Together: Building a Collaborative-Ready Geriatric Workforce

Shelley Bhattacharya, DO, MPH
Mandi Sehgal, MD
Crystal Burkhardt, PharmD
Dory Sabata, OTD
Stephen Jernigan, PT, PhD
Laura Zahner, PT
Myra Hyatt, LSCSW
Anthony Paolo, PhD

1University of Kansas Medical Center, Department of Family Medicine, Division of Geriatric Medicine, Kansas City, KS, 2University of Kansas, School of Pharmacy, Lawrence, KS, 3University of Kansas Medical Center, School of Health Professions, Kansas City, KS, 4University of Kansas Landon Center on Aging, Kansas City, KS, 5University of Kansas, Office of Medical Education, Kansas City, KS

Funding Sources: 1) Medical Alumni Innovative Teaching Fund (MAITF), 2014-15, Co-PI's: Shelley Bhattacharya, DO, MPH & Mandi Sehgal, MD; 2) Kansas Reynolds Program on Aging, PI: Dan Swagerty, MD

Background: Collaborative interprofessional (IP) practice and care are essential to the complex healthcare needs of a rapidly growing older adult population. Interprofessional collaboration (IPC) occurs when various health care practitioners, clients and/or caregivers work together to improve a client’s overall health. Teaching an IPC model continues to be a major gap in every health professionals’ education. The Geriatrics Interprofessional Teaching Clinic (GITC) at the KUMC Landon Center on Aging incorporates five professions: Students and faculty from Physical Therapy, Medicine, Pharmacy, Social Welfare, and Occupational Therapy.

Study Aims: To assess pre- and post- attitude and behavior changes of learners in the GITC/LTWT experience; and to Identify learner-centered content for creating a sustainable IPC practice

Intervention: Learning Together, Working Together (LTWT): 1) LTWT sessions: Three, weekly, interactive interprofessional 90-minute sessions for the GITC students. Networking opportunities were woven throughout the sessions, highlighting the importance of maintaining IPC beyond this activity. Dedicated time for reflective profession-specific insight to current and future IP clinical practice during each session to highlight the unique roles each profession contributes to patient care. Session Topics: a) IP Perspective of the Overall Approach; b) Falls and Gait; c) Cognitive Evaluation of Older Adults. 2) Pre-post LTWT surveys: Changes in attitudes towards IPC were assessed using Attitudes Towards IP Healthcare Teams survey (ATIHCT) and changes in IPC behaviors were assessed using the IP Collaborative Competencies Attainment Survey (ICCAS). Reflections: Weekly, written qualitative responses were collected to a prompt and reviewed for common themes.

Methods: Surveys were administered electronically pre/post the students GITC/LTWT experience. Surveys were analyzed using descriptive statistics (i.e., frequencies, means and standard deviations) to obtain an overview of the data. In addition, a paired t-test was used to assess for any changes in attitudes and behavior from the start to the end of the program. Qualitative analysis was used to look for common themes among the students reflections.
**Results:** 116 students have participated in GITC/LTWT experience. Overall survey response rate was 33%. Significant findings (p<0.05) were noted for the ICCAS survey. Dependent t-tests revealed that the post-training ratings were higher than the pre-training ratings subscales: Communication, Roles & Responsibilities, Patient Centered, Collaboration, and Team Functioning and total score. No significant differences were noted for the ATIHCT total score.

**Discussion:** Prior to their GITC/LTWT experience, the students exhibited positive attitudes towards IPC, as shown in their ATIHCT survey results. After the intervention of the GITC/LTWT, a statistically significant change in 6 of 7 subsets of the ICCAS survey was shown, indicating a change in behavior towards IPC. Low response rate suggests that the results may not generalize to all participants. Rigorous qualitative analysis has not yet been completed. Preliminary analysis of weekly reflections, using “Wordles”, revealed higher frequencies references to “patient and experience” during week 1 and “patient, team and together” by week 4. The GITC/LTWT experience is an effective means for developing learner competence in IP collaboration to meet the health care needs of geriatric patients in their future practice.

**References:**


Poster #9

*Learning Together to Work Together 2.0: Using Rubrics to Quantify Interprofessional Team Dynamics*

Shelley Bhattacharya, DO, MPH¹
Mandi Sehgal, MD¹
Crystal Burkhardt, PharmD⁵
James Birch, MD¹
Dory Sabata, OTD²
Stephen Jernigan, PT, PhD²
Kelli Reiling, OTD²
Laura Zahner, PT³
Myra Hyatt, LSCSW⁴
Anthony Paolo, PhD⁵

¹University of Kansas Medical Center, Department of Family Medicine, Division of Geriatric Medicine, Kansas City, KS, ²University of Kansas Medical Center, School of Health Professions, Kansas City, KS, ³University of Kansas Landon Center on Aging, Kansas City, KS, ⁴University of Kansas, Office of Medical Education, Kansas City, KS, ⁵University of Kansas, School of Pharmacy, Lawrence, KS

**Funding Sources:** 1) Medical Alumni Innovative Teaching Fund (MAITF), 2015-16, Co-PIs: Shelley Bhattacharya, DO, MPH & Mandi Sehgal, MD; 2) Kansas Reynolds Program on Aging PI: Dan Swagerty, MD

**Background:** The Geriatrics Interprofessional Teaching Clinic (GITC) at the KUMC Landon Center on Aging incorporates six professions: Students and faculty from Physical Therapy, Medicine, Pharmacy, Social Welfare, Dietetics/Nutrition and Occupational Therapy. Collaborative interprofessional (IP) practice and care are essential to the complex healthcare needs of a rapidly growing older adult population. Interprofessional collaboration (IPC) occurs when various health care practitioners, clients and/or caregivers work together to improve a patient’s overall health.¹ Teaching an IPC model continues to be a major gap in every health professionals’ education. There is a need to develop a rubric to objectively quantify how teams regarded themselves as a well-functioning unit with patients, and to allow faculty to evaluate teams and provide feedback.

**Study Aims:** To develop and implement an educational feedback loop for faculty to evaluate an IP teams’ progression “early” and “late” in their IP experience using live-feed video and a validated rubric; to train students in IP teams to evaluate their communication with the patient and with other team members following a patient encounter in the GITC using a validated rubric; and to monitor changes in IP behavior through individual learner evaluations.

**Intervention:** Learning Together, Working Together (LTWT) 2.0: The LTWT 2.0 project was intended to maximize geriatric IPE for learners in the GITC to best meet patient needs, now and in the future, through collaborative practice. The intervention emphasizes reflection on current GITC experiences and assessment of what learners perceive as needed for effective interprofessional collaboration to deliver patient-centered care. 1. Learners completed an individualized assessment of IP team behavior using the *Interprofessional Collaborative Competencies Attainment Survey (ICCAS)*¹⁵ distributed online at the beginning and end of their GITC experience; 2. Learners were introduced to the *GITC Standardized Patient Encounter Evaluation Rubric (SPEAR)* team evaluation during their video orientation to the clinic responsibilities (SPEAR on right); 3. During their first day in the GITC (defined as “early”), teams were
evaluated on their IP teamwork, roles, and patient care plans using the SPEER team rubric shared with them earlier. To provide balanced feedback, the team conducted an evaluation of their team dynamic and the faculty indirectly observed the encounter via a live-feed video system and also completed a SPEER evaluation. Both sets of evaluators discussed their findings collaboratively at the end of the clinic visit; 4. Students and faculty completed the SPEER rubric after a patient encounter during their final week in the GITC (defined as “late”), followed by an IP team discussion of their teamwork, roles and patient care plans; 5. Finally, to help students see their individual and team IP behavior changes during the GITC experience, the learners compared their ICCAS and SPEER progression pre- and post-IP patient encounters.

**Methods and Statistical Analysis:** Interprofessional clinician educators reviewed available validated surveys that assessed team-based care to identify key components of the SPEER survey. SPEER surveys were analyzed with RedCap software using descriptive statistics (i.e., frequencies, means and standard deviations) to obtain an overview of the data. Each item had a 1 (N/A) to 6 (exemplary) scale. Faculty and student data were retrieved during Week 1 (early) and Week 4 (late) of the geriatrics rotation. The ICCAS had a total score and six subscales on a 7-point Likert scale from strongly disagree (1) to strongly agree (7). Pre- and post-IP encounter ICCAS progression was evaluated for IP behavior changes during the GITC experience.

**Results:** From December 2015-April 2016, 5 batches of “early” and 6 batches of “late” student and faculty SPEERs were completed. Respondents were from the fields of medicine, pharmacy, physical therapy, occupational therapy and dietetics. Statistical changes from “early” to “late” were noted in faculty surveys for improvement in the following areas: The team communicated to the patient in terms s/he could understand; The team was organized in their approach during the patient encounter; Everyone on the team contributed to communicating the plan (including education) to the patient; The patient education needs were addressed by the team. 80/292 (27%) completed both the pre and post ICCAS survey from 2014-16. All ICCAS domains significantly improved after the IP experience.

**Discussion:** Data is preliminary as many variables are not controlled in the design of survey administration; Trends towards significant changes can be further interpreted with use of modal response change with most significant change noted in the team’s ability to communicate the plan to the patient; Further data will need to be collected to validate the tool.

**References:**


Purpose: In order to prepare competent future healthcare professionals, providing interprofessional opportunities in a healthcare environment is essential. The Interprofessional Teaching Clinic (IPTC) at the University of Kansas Medical Center provides a unique opportunity for students of multiple professions to provide care for patients and develop leadership skills in a primary care setting. Here, we summarize our student co-director roles and projects.

Methods: Five students were selected to serve as IPTC Student Co-Directors for one year. These students include two second-year medical students, one second-year pharmacy student, one second-year occupational therapy student, and one second-year nursing student. Student Co-Directors began meeting with clinic faculty to develop responsibilities within IPTC beginning in August 2016. Students attend monthly clinic meetings, and are divided into projects where they work alongside IPTC faculty in three areas: Interprofessional Home Visits, Patient Advisory Board, and Quality Improvement.

Results: To date we have developed key responsibilities for the IPTC Student Co-Directors. Responsibilities include attending monthly IPTC faculty meetings, leading monthly Student Co-Director meetings, and working on projects to benefit the IPTC program. Current goals include: 1) developing a sustainable Interprofessional Home Visit program; 2) building the IPTC’s first Patient Advisory Board; and 3) evaluating the IPTC’s adherence to the Million Hearts Campaign’s recommendations and new intervention strategies through Quality Improvement. Progress updates are discussed at monthly meetings, and results are being collected every 6 months for the 2016-2017 academic year.

Conclusions: Developing Student Co-Director roles within the IPTC allows students of multiple professions to model interprofessional collaboration, enhance learning, and provides continuous advancements for the clinic. This unique take on student leadership through Student Co-Director positions may be a model for training future leaders in preparation for interprofessional team-based healthcare.
Poster #11
Interprofessional Roles and Responsibilities: Developing Competence through a Simulated Team Meeting for a Patient with Amyotrophic Lateral Sclerosis

Stephen Jernigan, PT, PhD, Physical Therapy and Rehabilitation Science, University of Kansas Medical Center, Kansas City, KS
Bethene Greg, RRT, PhD, Respiratory Care Education, University of Kansas Medical Center, Kansas City, KS
Heather Collins, MLS, Biomedical Librarian – Dykes Library, University of Kansas Medical Center, Kansas City, KS

The presenters report no conflicts of interest.

Funding Source: Not applicable

Background/Purpose: Understanding healthcare professionals’ roles and responsibilities is one of the core competencies for interprofessional collaborative practice (ICP). A simulated healthcare team meeting addressing the needs of a patient with Amyotrophic Lateral Sclerosis (ALS) was used to highlight the roles and responsibilities of providers from 9 different healthcare professions, including physical therapy. We anticipated that this large-scale, lunch-hour educational event would improve the understanding of roles and responsibilities of the different healthcare providers participating in the simulated team meeting.

Methods: Over 200 students and faculty from the University of Kansas Medical Center representing Medicine, Nursing, Respiratory Therapy, Physical Therapy, Occupational Therapy, Speech Language Pathology, Health Information Management, Clinical Lab Sciences, and Dykes Library attended this educational event. An interprofessional healthcare team composed of a physician, respiratory therapist, physical therapist, occupational therapist, speech language pathologist, dietician, nurse anesthetist, registered nurse and social worker simulated a team meeting for an ALS patient for this research. Pre- and post-event surveys were used to assess attendees’ understanding of the roles and responsibilities of the healthcare providers that participated in the team meeting. Debriefing was conducted directly after the simulation.

Results: Pre- and post-event surveys were completed by 130 and 157 attendees, respectively. Post-event surveys revealed that 96% of attendees learned something new about the roles and responsibilities of the different professions involved in the team meeting, with 80% of attendees reporting that their perceptions of the different professions changed. Completed surveys indicated that an accurate understanding of the different professions’ roles and responsibilities improved from pre- to post-event by an average of 270%, with the smallest and largest improvements seen for physician (53%) and respiratory therapist (373%), respectively. The understanding of physical therapist roles and responsibilities improved by 293%. Over 100 written comments were received, relating to overlap in the roles of the different professions, the importance of collaboration, communication and teamwork, patient-centered care, and the expansion of the roles and responsibilities.

Discussion/Conclusion: Improved ICP competency is needed to optimally provide patient-centered care, especially when working in an increasingly complex healthcare environment and with patients who have complicated medical conditions. Core competencies for ICP can be effectively targeted with large-scale, lunch-hour educational events when appropriate planning and robust learning activities are employed. A
simulated healthcare team meeting that involved 9 different professions improved the understanding of healthcare professional roles and responsibilities.
Interprofessional education (IPE) and interprofessional collaborative practice (IPCP) are more than just buzzwords in healthcare. Interprofessionalism has been adopted by the Institute of Medicine (IOM) standards as a competency for all health professions. In the fall of 2015, the IOM published a report on improving diagnosis in health care that demonstrates a need for more laboratory information and consultation in patient care. Medical laboratory scientists (MLS) produce 70-80% of the data that directly impacts diagnosis and therapy. The current model of healthcare has reflected the educational approach of learning in silos. Professionally, there is a lack of understanding of roles and responsibilities of other professions, an inability to communicate, and a lack of teamwork among all professions. To prepare for the new healthcare model, changes are needed in the education system and the professional role of the MLS. The education model must expand to allow for professional interaction prior to practice. While traditionally the MLS has not had an active voice in patient care, the new model of healthcare requires a more active role in test selection, interpretation, and consultation. At The University of Kansas Medical Center (KUMC), a campus-wide foundational interprofessional program that includes bachelor’s degree-seeking CLS students has been developed and implemented to address the Interprofessional Education Collaborative (IPEC) competencies. This program has two levels that lay the foundation for interprofessional collaboration. A third level, still in development, integrates the healthcare professions in patient simulations. Through the foundational program, the role of the MLS can be expanded and incorporated into the healthcare team. This foundational program will be presented along with some of the lessons learned. The data generated will show that we are achieving a new mental model with enhanced knowledge of roles and responsibilities of other professions and the ability to communicate in an interprofessional team.
Preparation Preceptors for Interprofessional Practice and Education: An Interprofessional Objective Structured Teaching Experience (OSTE) Simulation

Jana Zaudke, University of Kansas School of Medicine, Department of Family Medicine
Sarah Shrader, University of Kansas School of Pharmacy, Department of Pharmacy Practice
Stephen Jernigan, University of Kansas School of Health Professions Department of Physical Therapy

Funding Source: Josiah Macy Jr. Foundation and the Medical Alumni Innovative Teaching Fund

Introduction

Background: Contemporary training models must equip health professions’ students with the interprofessional skills needed to deliver safe and effective care within an interprofessional healthcare team guided by interprofessional competencies. Classroom-based interprofessional curricula exist, but the emerging trend is development of intentional interprofessional clinical experiences. Since preceptors are jointly affiliated with both education and practice worlds, they can serve as a nexus to simultaneously transform interprofessional education and practice. In order to scale up current interprofessional efforts, we need preceptors developed to interact with interprofessional student teams at the point of clinical care. One active-learning pedagogy for faculty development is the Objective Structured Teaching Experience/Evaluation (OSTE).

Methods: An OSTE is a simulation where educators (in our case preceptors) interact with standardized student-actors (in our case interprofessional students). Through this high-fidelity simulation, preceptors will be presented with three scenarios that require them to:

1. facilitate a small group of interprofessional students, even in the face of reluctant and disruptive behavior
2. precept an interprofessional team of students, even when the team is dysfunctional and dominated by one voice
3. evaluate interprofessional students’ team-based communication and patient care, offering up difficult, yet timely feedback
4. precept an interprofessional student team during inpatient collaborative care rounds, assisting the team in developing and communicating the plan in a patient-centered manner
5. co-precept with an interprofessional colleague during an informal discussion with an interprofessional student team directly after inpatient collaborative care rounds

Preceptors complete the OSTE in pairs, one observes while the other completes the simulation and then they switch. After completion of the OSTE, preceptors are debriefed and a coaching conversation occurs. After debriefing, faculty will be queried concerning satisfaction with the educational intervention via a satisfaction survey. The OSTE has also been adapted to be a 5-person role play low-fidelity simulation. We have facilitated this OSTE at two other institutions (University of Minnesota and University of Pittsburgh).

Results: To date, three OSTE sessions have been held at KUMC and two OSTE role-play sessions at other institutions. Data analysis is underway and will be presented along with lessons learned and future preceptor development opportunities.