

**INTERPROFESSIONAL
POSTER SESSION
2018
ABSTRACTS**

**FACULTY DEVELOPMENT
SUMMIT**

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KU
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Poster #1

Barriers to Fertility Preservation in Adolescents Exposed to Fertility Threatening Therapy

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No conflicts of interest or disclosures.

Background: Due to advances in childhood cancer therapy, there is an expanding population of survivors with fertility issues secondary to cancer therapy. Literature has shown an adult cancer population feels fertility is a major quality of life issue and several patient barriers may be responsible for the underutilization of fertility preservation.

Purpose: There are identifiable barriers to the utilization of fertility preservation in adolescents exposed to fertility threatening therapy. If these barriers are addressed, providers can effectively communicate to patients that they have fertility preservation options post-therapy and more patients may feel comfortable using fertility preservation.

Methods: This study involves a questionnaire survey distributed to patients (or their caregivers) between 0-29 years of age who have received a formal diagnosis and/or treatment which threatens fertility, including patients currently undergoing treatment and survivors. A total of 50 study subjects will be enrolled without power calculation since this is a survey. Part 1 of the questionnaire survey is a demographic form, which seeks to identify formal cancer diagnosis, time-to-treatment, and insurance status at the time of diagnosis. Part 2 of the questionnaire survey aims to identify patient/caregiver awareness, attitudes, and perceptions of fertility preservation.

Results: Preliminary results obtained from a small sample size (N=9) revealed participants were a mean age of 8 years-old at diagnosis. All were insured and began treatment for their malignancy a month following diagnosis. Only 2 patients (22%) were very or extremely aware of medications and procedures to preserve fertility, while only 1 (11%) disagreed that preserving a child's/teenager's fertility is important. Three patients (33%) were significantly concerned that FP may delay cancer treatment.

Discussion: Our study shows that the major barriers to fertility preservation include awareness of fertility preservation medications and procedures and perceptions of how fertility preservation affects time-to-treatment. There was no significant concern about the danger or expense of fertility preservation. Increasing awareness of fertility preservation via handouts or pamphlets and providing patient education during routine office visits may help increase awareness. Providers can also provide reassurance to patients that fertility preservation will not delay treatment.

Conclusions: Identifying the barriers to fertility preservation will allow providers to directly address these issues during patient counseling. If these barriers are addressed, more patients may feel comfortable using fertility preservation.

Poster #2

Von Willebrand Disease Scoping Survey Study

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No conflicts of interest or disclosures.

Background: Von Willebrand disease (VWD) is a rare inherited hemorrhagic disorder caused by dysfunction of a clotting factor called von Willebrand factor which leads to prolonged bleeding after an injury. The American Society of Hematology, the International Society on Thrombosis and Haemostasis, the World Federation of Hemophilia, and the National Hemophilia Foundation are collaborating to develop guidelines on the diagnosis and management of VWD.

Purpose: To prioritize main areas to be covered in the VWD guidelines.

Methods: A multi-disciplinary team led by researchers at KUMC designed and distributed a scoping survey to different stakeholders (patients, caregivers, clinical experts, and allied health) worldwide. The primary analysis was based on the rating of different scoping areas using a 7 points Likert-scale (7-necessary to address in this guideline and 1-important, but can be addressed in a later stage). The survey was conducted in English, French and Spanish. We performed a descriptive analysis of demographics and baseline characteristics and a stratified analysis of patients and caregiver vs. clinical experts and allied health. Additionally, we performed a conventional content data analysis utilizing a combination of deductive and inductive coding process to allow for in depth exploration of the comments.

Results: 601 stakeholders responded to the survey (51% patients/caregivers, and 49% clinical experts/allied healthcare teams). Of the respondents, 54% were females and 21% were males. In the part assessing diagnosis areas, diagnostic criteria/classification and bleeding assessment tools were rated highest, while screening for anemia and iron deficiency was rated lowest. In the part assessing management areas, treatment options for women and for surgical patients were rated highest, while plasma-derived therapy vs. recombinant therapies was rated lowest. Figure 1 and 2 summarize the main findings).

Discussion/Conclusion: Our study represents an inter-professional collaborative effort between clinicians, methodologists, allied health, and patients. This effort helped in understanding different stakeholders' views (patients, clinicians, methodologists, patients, caregivers, pharmacists) and guiding the decision on the most important areas to be covered in a guideline effort for VWD. Involving the broader stakeholder community from an early stage is essential to ensure that the areas prioritized in the guideline are in line with the stakeholders' priorities in VWD care. We believe that this interdisciplinary approach is the drive behind the international responses despite the rarity of VWD. Additionally, this collaborative work sheds the light on the value of inter-professional communication and teamwork and will be a key element of the later dissemination efforts.

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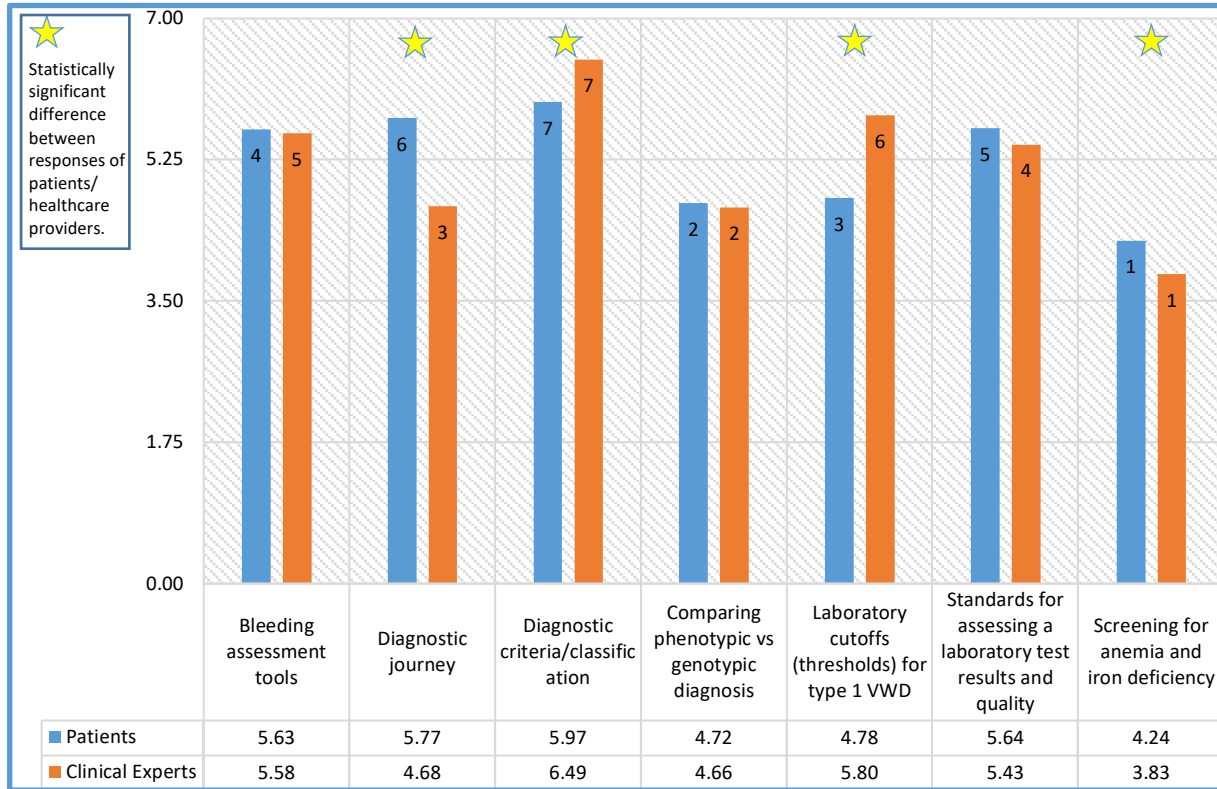


Figure 1: Scoping priorities: the vWD diagnosis

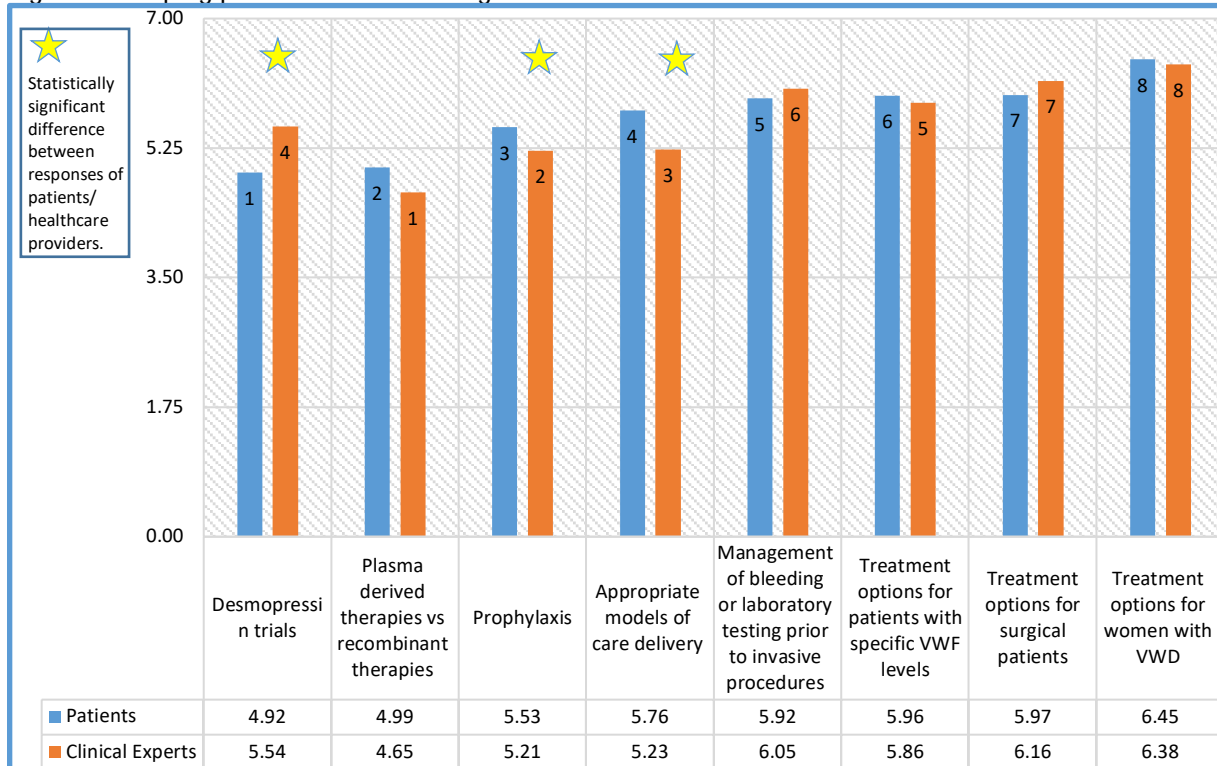


Figure 2: Scoping priorities: the vWD management

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Poster #3

Jaydoc Social Services Training Manual to Increase Volunteer Knowledge and Comfort

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No conflicts of interest or disclosures.

Background: The Jaydoc Free Clinic provides healthcare the underserved population of Kansas City. Many of Jaydoc's patients have a variety of needs that extend beyond the clinic. Jaydoc has Social Services volunteers who are tasked with connecting patients with resources and specialty care outside the clinic. These volunteers are a group of Pre-med undergraduate students whose training in the past consisted of only a two hour in-person training. The minimal training left new Social Services volunteers feeling unprepared to assume their role.

Purpose: This project was designed to increase the volunteers' knowledge of outside resources and comfort with their role in clinic.

Methods: The in-person two-hour training was combined with a manual complete with all information about the Social Services role, general procedures and policies of Jaydoc, and the resources available to offer patients. The 14 new volunteers were given a 12-question survey after the in-person training and before receiving the manual, and they were given the same survey after reading the manual. The survey results were analyzed using an unpaired T-test ($p=0.05$).

Results: Of the 14 new volunteers, 13 completed the preliminary survey and 10 completed the survey after reading the manual. The analysis showed a statically significant difference in survey responses to 6/12 questions. The results revealed a statistically significant difference in responses that corresponded with volunteer knowledge and comfort with resources, general clinic information, and the Social Services role. The responses that did not show a statistically significant response were those which involved confidence in interacting with patients.

Discussion: The results of this project suggest that the manual improved the perceived knowledge and comfort with the volunteer role but did not improve confidence surrounding interacting with the patient. Future studies might compare the use of a manual with programmed patient encounter role playing. Information from this project will be used to continue to advance educational training and competency of Jaydoc's Social Services volunteers and ultimately improve patient health outcomes.

Conclusion: The manual improved the Social Services volunteers' knowledge about resources and their role but did not improve their comfort with speaking with patients.

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Poster #4

The Development and Implementation of an Academic Interprofessional Practice Geriatrics Clinic at the University of Kansas Medical Center

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No conflicts of interest or disclosures.

Funding: This work was supported by the Donald W. Reynolds Foundation (2013)

Background: The number of adults over the age of 65 is projected to more than double in the next 50 years. This older adult population will have chronic, complex illnesses that demand high quality care delivered by a workforce trained to respond to their unique needs. While the need for geriatric care is increasing exponentially, the healthcare workforce trained to treat this cohort is not rising proportionately. An interprofessional collaborative practice model (IPCP) is an innovative approach that may be utilized to provide effective and efficient care for this population. The Geriatric Interprofessional Teaching Clinic (GITC) is located in an urban Midwestern academic medical center and has used an IPCP model to train health professions' students since 2014 to care for the older adult population using a patient-centered approach. This poster details the development, operational design, curriculum, challenges and successes of this academic IPCP model.

Poster #5

Development of a Triage Algorithm Through Patient Visit Lengths

Author: Maggie Meyer* (School of Medicine)
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No conflicts of interest or disclosures.

Background: JayDoc Free Clinic determines which patients to see each evening through a triage process. Assistant directors speak with each potential patient about their chief complaint and obtain a brief history of present illness and decide if JayDoc is capable of seeing each person as a patient. This process requires assistant directors to anticipate which visits will take the longest based on chief complaint in an attempt to see those patients earlier. This prospective observational study aims to determine which types of patient chief complaints lead to the longest visit time, while also evaluating other factors that contribute to visit length.

Methods: This study was conducted at JayDoc Free Clinic, a student-run free clinic that focuses on acute care for uninsured or underinsured patients. Using reported ICD10 codes from clinic metrics, we determined which chief complaints were linked to common diagnoses. Only patients with these chief complaints were eligible for observational data collection. Using a convenience sample of patients that attended clinic over a four-month period, we collected data on chief complaint, language, time stamps of four tasks throughout the patient visit, procedures completed, labs ordered and final ICD10 codes. The time stamp tasks were selected to correspond with services known to cause the most delay, such as waiting to present to an attending physician, on lab results or for an interpreter. Data analysis was completed by categorizing visits by type of chief complaint, total length of time and patient language spoken.

Results: Preliminary analysis shows that patient encounters with chief complaints of the genitourinary system seem to have the longest visit times, where visits relating to chief complaints of medication refills and dermatologic problems seem to have the shortest visit times. On average, visits requiring an interpreter took 15 minutes longer than visits that did not. Visits requiring lab work done by clinical laboratory students took on average 45 minutes longer than visits that did not. Additional analysis will be conducted on the completed data set to determine which chief complaints lead to longer patient visits. This information will then be used to create an algorithm for assistant directors that delineates which patients to triage first and how to maximize efficiency within the clinic schedule.

Conclusions: Chief complaint, language and labs ordered are related to length of patient visit. Administrative staff can use this information to plan the triage order and decisions in a way to maximize clinic efficiency.

Poster #6

Evaluating Interprofessional Simulations Utilizing the Performance Assessment for Communication and Teamwork (PACT) Tool

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No conflicts of interest or disclosures.

Background: Third year pharmacy students were required to participate in one of four interprofessional simulations throughout the 2017-2018 school year. Their interprofessional behaviors were evaluated using the Performance Assessment for Communication and Teamwork (PACT) tool to determine their team functioning.

Purpose: The purpose of this study is to ensure third year pharmacy students' can work collaboratively prior to starting their Advanced Pharmacy Practice Experiences (APPEs). Students were evaluated as a team using the PACT tool to assess the team's performance in an interprofessional simulation.

Methods: Third year pharmacy students participated in one of four required simulations. The simulations focused on different practice settings including ambulatory care, acute care, and pediatrics. Student teams consisted of a variety of professions including pharmacy, medicine, nursing, physical therapy, and dental hygiene. Evaluation of each team's interprofessional competency was analyzed using the PACT tool, which was completed by pharmacy faculty directly observing the simulation. This provides evaluation information on the team's functioning for observers. The PACT tool consists of five domains: team structure, leadership, situation monitoring, mutual support, and communication. Each domain is scored on a scale from 1-5, with 1 being poor, 2 being less than average, 3 being average, 4 being better than average, and 5 being excellent. The tools were de-identified and retrospectively reviewed for analysis. The quantitative surveys were analyzed using descriptive statistics to obtain an overview of the data. This project was approved by the University of Kansas IRB.

Results: Thirty-five interprofessional teams were evaluated using the PACT tool. On average, all teams scored a 4 on team structure, 3.83 on leadership, 3.97 on situation monitoring, 4.11 on mutual support, and 3.89 on communication. Common comments from observers for teams that excelled were "great huddle," "good balance," "relied on each other's areas of expertise," and "patient friendly language." Common comments for teams that did poorly were "no introductions" no leader," and "only one student communicating."

Discussion: Student interprofessional teams performed slightly better than average on team structure and mutual support, but only performed average for leadership, situation monitoring and communication. As this may have been the first time for student learners taking the lead role for their profession, it is not surprising that they scored lower in leadership as they are likely not comfortable yet to lead the entire team.

Conclusion: Overall student teams appeared to be average or above average regarding their team's performance in an interprofessional simulation.

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Poster #7

Determining the impact of an interprofessional simulation focused on social-determinants of health with pharmacy and social work students.

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No conflicts of interest or disclosures.

Background: Interprofessional education (IPE) is when two or more students from different professions learn about, from, and with each other to enable collaboration and improve health outcomes. Many health professional accrediting bodies require IPE to be incorporated into the curriculum. One way to achieve this is through interprofessional simulations. Additionally, when working as a team to improve patient care, the team must consider a patient's social determinants of health (SDOH) which may impact the patient's health outcomes. Unfortunately, students do not receive much exposure to SDOH concepts throughout the didactic curriculum.

Purpose: To meet accrediting standards, an interprofessional simulation was created between pharmacy and social work students that focused on SDOH. The purpose of this study is to determine the impact of the simulation on pharmacy and social work students' satisfaction, self-confidence, and collaborative behaviors.

Methods: Both student groups took a survey before and after participating in the patient encounter. Some of the questions were to gauge the students on: their understanding of SDOH, knowledge of resources for SDOH, and being able to screen for SDOH while with a patient. Others were based on the student's confidence in asking patients about their substance abuse regarding the quantity and frequency of use. The rest of the questions were based on if the students would refer students to the other profession. The data was then analyzed using a Wilcoxon Signed-Rank Test via SPSS. This study was approved by the University of Kansas IRB.

Results: Sixty-eight pharmacy students. Pharmacy students showed improvement in understanding and knowledge of SDOH ($p=0.006$ and $p<0.000$, respectively) after participating in the interprofessional simulation. Pharmacy students also showed statistical significance in referring to social work ($p<0.000$). Social work students showed improvement in their confidence at advising patients on how to manage their SDOH ($p=0.046$).

Discussion: This Interprofessional activity showed improvement in both the pharmacy and social work students' self-confidence of interprofessional behaviors and skills. Pharmacy showed improvement in knowing how to ask and counsel patients about SDOH and the resources available to them. Social work showed an increased confidence in advising patients about their substance abuse.

Conclusion: Students that participated in this Interprofessional simulation showed growth in areas involving SDOH.

Poster #8

Free Clinic Triage Practices: What chief complaints are turned away and what happens afterward?

Authors: Lauren Sinik*, Connor Hosty, Melissa Cullom
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No conflicts of interest or disclosures.

Background: JayDoc Free Clinic provides acute care to uninsured and underinsured populations in Kansas City. Most nights, more patients present to clinic than can be seen due to limited resources. A triage process is in place to prioritize patient concerns and determine which patients will be accepted into clinic. Patients turned away can speak with social service interns who assist patients in finding alternate healthcare resources.

Purpose: The purpose of this study is to understand the patient population that is turned away from JayDoc Free Clinic and to examine the consistency in triage practices with respect to specific chief complaints.

Methods: Every patient presenting to JayDoc is triaged by an assistant director (AD). During triage, a form is filled out which details a patient's demographic information, chief complaint, and the action taken by the AD. Triage forms for all patients turned away from clinic were collected for six months. Chief complaints were grouped and ranked based on their prevalence. Additionally, the decision by the triaging AD to refer a patient to social services versus sending the patient home directly was examined with respect to the chief complaint to determine if chief complaint influenced the likelihood of a patient to see social services.

Results: In the period analyzed, 173 triage forms were collected. The five most common chief complaints turned away were musculoskeletal (MSK) pain, physical, medication refill, skin abnormality, and vision concerns. Overall, 90% of patients with vision concerns were referred to social services. This contrasts with only 63% of patients with MSK pain, 28% of patients needing physicals, 7% of patients needing medication refills, and 25% of patients with skin abnormalities. When comparing vision complaints' rate of referral to social services to the four remaining chief complaints listed, the chi-square statistic is 9.62. The p-value is 0.0019.

Discussion/Conclusion: The purpose of this project was to understand what chief complaints are turned away from JayDoc, and the consistency with which patients are referred to social services when turned away. MSK pain was the most common chief complaint turned away. With this knowledge, a new procedure was implemented to refer patients directly from triage to JayDoc's specialty MSK clinic. Additionally, it was determined that certain chief complaints, like vision concerns, are referred to social services at a greater rate than others, like medication refills. With this knowledge, future projects may investigate implementing a procedure on referring patients to social services from triage to optimize patient care.

Poster #9

Implementation and Assessment of a Satisfaction Survey at an Interdisciplinary Student-run Free Clinic

Authors: Austin Petz*, Tate Gilchrist, Lauren Sinik, Jackson Knappen
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No conflicts of interest or disclosures.

Background and Purpose: JayDoc Free Clinic exists to serve the uninsured and underinsured population of Kansas City. The clinic strives to provide patient-centered care, and ongoing efforts are in place to assure that patient's opinions are considered in clinical operations. A quality improvement project was designed to implement a satisfaction survey to assess key facets of the operation of JayDoc and to propose changes to improve patient satisfaction.

Methods: In this cross-sectional study, we implemented a satisfaction survey consisting of Likert Scale questions to assess patient opinions on various areas of JayDoc Free Clinic. The survey was administered as part of a required check-out process administered by undergraduate social service interns so that every patient would complete the survey. Patients were asked about their general satisfaction with JayDoc, their wait time, their student physician, their treatment options, and their prescribed medications and treatment plan. The answers to each question were assigned a numerical value (1-5, 5=most satisfied) in order to quantify each patient's satisfaction.

Results: 63 patients completed a satisfaction survey at JayDoc. In general patients reported very high overall satisfaction (4.77) with JayDoc. Patients also reported being satisfied with their student physicians (4.71) and comfortable with their involvement in their treatment plan (4.83). However, patients were slightly less satisfied with their wait time at clinic (4.19). Patients who selected to take the survey in Spanish reported slightly lower satisfaction with students' explanation of treatment options (4.29) and follow up care (4.17) than patients who selected to take the survey in English, who reported average satisfactions of 4.65 and 4.58, respectively.

Discussion and Conclusions: JayDoc Free Clinic needs effective ways to reduce patient wait times to improve patient satisfaction. JayDoc also needs effective ways to communicate with Spanish-speaking patients. Moreover, the clinic needs continued evaluation of patient satisfaction to drive decision making and to assure that care meets the needs of patients. Using the results of this survey, JayDoc could potentially modify its current triage process or use a follow-up scheduling protocol in order to reduce patient wait times. In addition, JayDoc could invest in greater recruitment of interpreters or a phone-interpreter service in order to improve communication with Spanish-speaking patients.

Poster #10

Exploring Interprofessional Education Learning Transfer to First-Year Nursing Practice

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Faculty Sponsor: Pamela K. Barnes, PhD, MBA

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No conflicts of interest or disclosures.

Background: Patient outcomes are positively impacted when health care professionals work together effectively and efficiently. Interprofessional education (IPE) is designed to prepare students for collaborative work with colleagues across health care professions. Existing literature examines IPE curriculum and learning within academic or on-the-job training events, whereas transfer of learning from academic IPE to professional practice has not been examined.

Purpose: To describe how academic IPE learning has been retained and actively used in early professional practice among first-year Bachelor of Science in Nursing (BSN) graduates.

Methods: Unstructured interviews of 10 to 15 University of Kansas 2018 School of Nursing BSN graduates will facilitate data collection for a phenomenological study guided by the Colaizzi approach. Transfer of learning is the foundational construct of this study. Primarily, the study examines application of IPE training received by undergraduate nursing students (transfer source) in the post-graduation workplace (transfer target). Secondly, various transfer of learning frameworks will be reviewed for conceptual alignment with themes emerging from the study's qualitative methodology.

Results: The researchers will interpret and organize research data into themes and categories to describe how academic IPE has informed first-year professional nursing practice.

Discussion: Findings will provide insights into the impact of KU School of Nursing IPE on graduates' first-year nursing practice.

Conclusions: Through an understanding of IPE transfer of learning to practice, KU School of Nursing educators can assess how IPE is impacting the practice of new nurses and potentially identify curriculum improvements.

Poster #11

Does an Interprofessional Teaching Clinic Reduce Healthcare Utilization?

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No conflicts of interest or disclosures.

Funding: Kansas Reynolds Program on Aging PI: Dan Swagerty, MD, CTSA Award # UL1TR002366

Background: With the complex healthcare needs of geriatric patients, interprofessional (IP) collaborative care is essential. The Geriatric Interprofessional Teaching Clinic (GITC) is a six-profession teaching clinic at the Landon Center on Aging that aims to train learners in a collaborative process to improve health outcomes at the University of Kansas Medical Center. Students form a three-member IP team and provide care for patients over age 60 during a two-hour appointment. Patients within this clinic fit one of three criteria: 1) discharged from the hospital within the last 14 days, 2) new complex patient, or 3) referred for consultative services. Current evidence is lacking to demonstrate if such IP collaborative (IPC) models reduce healthcare system utilization.

Purpose: To demonstrate that geriatric patients using an IPC model, while training students from multiple professions in the art of interprofessional collaboration, have reduced hospital and emergency department utilization.

Methods: Health records of GITC patients were retrospectively analyzed using the HERON electronic information portal. Patient inclusion criteria required visits at the GITC between 1/1/15-12/31/16. Extracted information included professions present, hospitalizations and Emergency Department (ED) visits one year prior to and after the GITC visit. Patients served as their own control prior to and following their GITC appointment.

Results: One hundred twenty-one records met the inclusion criteria. The profession-specific breakdown of patient engagement was: medicine (121), occupational therapy (85), pharmacy (71), physical therapy (30), social work (28), and dietetics (13). Of these, 16 patients were hospitalized in the year prior to and 8 were hospitalized in the year following their GITC visit, a 50% reduction. Thirty-one patients visited the ED in the year prior to the initial GITC visit, compared to 24 seen in the year after, a 23% reduction

Discussion/Conclusion: This academic IPC practice model substantially reduced healthcare utilization in this study population. It is theorized that the combined expertise of multiple professions more efficiently identified risk factors to prevent these high cost healthcare system services. While more research is needed to further validate this collaborative model and its effect on geriatric patient healthcare utilization, this study demonstrates the effectiveness of IPC practices in reducing hospital and emergency department utilization.

Poster #12

From Lost to Found: Determining Common Reasons Patients are Lost to Follow-up

Authors: Abigail Allman*, Connor Hosty, Maggie Meyer, Austin Petz
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No conflicts of interest or disclosures.

Introduction: JayDoc Free Clinic primarily operates as an acute care clinic for uninsured and underinsured populations in the Kansas City metro area. However, follow-up appointments for patients are scheduled either for chronic conditions that will eventually be transitioned to a medical home, or for specialty clinics that JayDoc offers. When patients do not come to their scheduled appointment, they are often lost to follow-up and not receiving adequate healthcare for their chief complaint. The purpose of this study is to determine the common reasons patients miss their follow-up appointments at JayDoc and subsequently target specific interventions to increase the return rate for follow-up appointments.

Methods: Pre-survey data collection from eligible patients included type of appointment, date of the missed appointment, and phone number. A phone survey was then administered to these patients who missed any scheduled follow-up appointment beginning July 2018. Reasons for a missed appointment were coded into broad categories to allow for quantitative data collection. Patients were also asked to provide feedback regarding their follow-up appointments through open-ended phone survey questions.

Results: Data collection is ongoing, with a total of 48 patients identified for phone surveys. Thus far, 29 patients have been called, with a 21% response rate. 66% of these patients were left voicemails with the intent to call back later. Four patient's phone numbers were disconnected and unable to be reached. Although preliminary, 100% of the patients surveyed miss their appointments due to forgetting or not realizing they had an appointment scheduled. Other coded options include lack of transportation, no time off work, not thinking it necessary, conflicting appointment times, inconvenient timing, illness, previous engagement, looking after a dependent relative, or other.

Conclusions: People's complex lives make it difficult to prioritize medical problems. Clinics serving low income populations therefore must be flexible and creative in accommodating patients. Results from this survey will be used to find new methods to prevent missed appointments and to help schedule and/or reschedule patients' appointments. Simple steps such as reminder calls or texts can be an effective way to ensure patients return for follow-up appointments to receive the care they need.

Poster #13

Evaluation of Resident Physician Knowledge of Warfarin Management in a Family Medicine Clinic

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No conflicts of interest or disclosures.

Background: Appropriate warfarin management is imperative to minimize adverse effects, and residency training clinics present additional, unique challenges for managing warfarin. Limited data regarding the management of warfarin in residency training facilities. Therefore, it is essential to ensure resident physicians understand and apply the principles of guideline-based warfarin management.

Purpose: To determine the impact of pharmacist-led education on resident physician knowledge and comfort regarding warfarin management.

Methods: Participating residents were given a baseline questionnaire regarding generally accepted guidelines and best practices for management of warfarin therapy, as well as comfort treating patients on warfarin. Following this, residents were given a 45-minute didactic lecture including practice cases. Residents completed a follow-up questionnaire immediately following the lecture, and again one month after the lecture to assess knowledge retained and comfort level. Descriptive analysis, sign tests, and paired sample t-tests were used to assess study aims, as appropriate.

Results: Thirteen out of 26 potential residents (50%) attended the didactics session. Exact sign tests were used to compare pre and post differences in correct responses for each individual questionnaire item. Five of seventeen questions had significant positive differences in number of correct responses, and 12 showed little change. A paired-sample t-test was used to compare overall pre- and post- responses, and showed a significant change in knowledge as a result of the didactics session [$t(303)=14.35$, $p<0.0001$], which has sustained after one month [$t(26)=-.71$, $p = .49$]. Residents were also assessed regarding comfort level in treating patients on warfarin before and after the lecture using seven questions on a 5-point Likert scale. There was a significant change in pre and post-comfort levels [$t(12)=-4.42$, $p<0.001$], which has sustained after one month [$t(2)=-.08$, $p = .94$].

Conclusion: Residents' knowledge of warfarin management was significantly improved after pharmacist-led didactic education. Several gaps in resident knowledge were identified and the results indicate the need for more standardized education on warfarin management. Further research is planned to assess current warfarin management and develop a standardized warfarin protocol.

Poster #14

Free Clinic Patient Recruitment: How do patients learn about free clinics and how to increase patient awareness?

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No conflicts of interest or disclosures.

Background: Jaydoc Free Clinic (JFC) is a student run free clinic that serves over 1,000 patients annually in the Kansas City area. Having an understanding of how patients are made aware of the clinic is important to better connect with the community, and increase patient load. JFC has never kept track of how patients first learn about the clinic or had a strategy in place to recruit more patients in the area. The purpose of this project is to first determine how patients are currently learning about JFC, and then to run two recruitment campaigns to determine whether an online or flyer-based campaign recruits more patients.

Methods: Over the past 5 months, social work interns have given patients a questionnaire asking how they first learned about JFC. Based on the results of the questionnaire, both Facebook and flyer-based campaigns were developed. The Facebook campaign will involve two posts a week, both about Jaydoc and common medical questions in general. The flyer campaign will involve taking flyers with information on Jaydoc to community spaces. Both of these campaigns will run for 3 months, and the questionnaire will continue to collect data. We will analyze whether patients completing the questionnaire report learning about JFC more from Facebook or from flyers.

Results: Up to this point, 168 patients completed the questionnaire. 59.5% of patients reported they heard about Jaydoc Free Clinic from family or friends. 16.7% reported other clinics or hospitals referred them to Jaydoc. 13.7% reported learning about Jaydoc online (almost all from Google). 6% learned about Jaydoc from community institutions like churches or schools. The final 4% learned about JFC from "other" sources. In the future we will compare the results of the two campaigns to see which method results in more questionnaire responses.

Conclusion: Our preliminary conclusions are that the majority of patients hear about Jaydoc Free Clinic from family or friends. A future flyer and Facebook campaign has begun based on the results of this preliminary study. We anticipate finding that the flyer campaign will be more successful at recruiting patients than the Facebook campaign because 17% of patients report hearing about JFC at other clinics or hospitals. This data will be used to inform future patient recruitment campaigns in order to maximize patient interest in JFC services. Other clinics or health administration departments may find this information useful for increasing patient populations.

Poster #15

Implementation of a QR-Code Inventory Management System in a Student Run Free Clinic

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No conflicts of interest or disclosures.

Background and purpose: JayDoc is a free, student run clinic that offers medical care and laboratory testing to patients in Kansas City. The previous laboratory inventory system was operated solely by the laboratory director and allowed for inventory shortages. These shortages resulted in patients not receiving lab results necessary for proper evaluation and treatment. To improve clinic efficiency, a digital inventory system was built utilizing QR-code technology, live updating inventory reports, and multi-volunteer data entry. This study analyzes the impact of the new inventory system.

Methods: Clinical laboratory science volunteers recorded their use of inventory via QR-code linked Google form which made live adjustments to the inventory spreadsheet. Data collection prior to implementation of the QR inventory system included a survey of lab volunteers and data reflecting time commitment by JayDoc's lab director. Following implementation of the new system, similar data points were collected.

Results: In 3 months prior to implementation, 3 instances arose when the laboratory suffered an inventory shortage. Since implementation of the new inventory system there have been no shortages.

- Visits to clinic by the laboratory director for inventory maintenance decreased from 3.33 to 2 per month. Communication from lab volunteers to the lab director concerning shortages decreased from 5.6 to 2.5 per month.
- There have been 19 entries by volunteers into the inventory system in the first 8 weeks, and one discrepancy in inventory occurred during 2 manual cross-checks of inventory.

Surveys completed by lab volunteers before (n=21) and after (n=24) inventory system implementation revealed:

- Confidence in ability to communicate inventory needs was similar; 67.2 before and 62.3 after (1 being no confidence, 100 being most confident).
- 78% of volunteers who had used the new system believe that it benefitted JayDoc, remaining volunteers were unsure.
- Response rate of lab volunteers who believed the inventory system worked "very well, no improvements needed" improved from 5% (previous system) to 43% (new system).
- 67% of volunteers surveyed had not yet used the new system.

Discussion and Conclusion: The QR-code based system appears to be an accurate and effective alternative to maintain JayDoc's inventory. It has led to improved patient care and decreased labor hours from the lab director. Survey analysis of lab volunteers is promising. Potential limitations may arise from poor compliance or insufficient training due to turnover of lab volunteers. Data will be continually collected to identify potential improvements and evaluate the efficiency of the QR-code based inventory system.

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Poster #16

Motivational Strategies in Student Run Volunteer Medical Clinics

Authors: Ian Harmon, Brian Harrison, Maggie Meyer, James Barnett (all second-year medical students at KUMC on the Jaydoc Exec board)
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No conflicts of interest or disclosures.

Purpose: The purpose of this project is to investigate and discover methods to most effectively increase volunteerism at student run medical clinics. We believe that it is important to increase volunteerism among volunteers from all disciplines (medicine, pharmacy, dietetics, clinical laboratory science) so that we can serve as many patients as possible.

Background: According to The Society of Student Run Free Clinics (SSRFC) there are currently 96 recognized student run free clinics in the United States. These clinics rely heavily on the volunteer efforts of the students to maximize healthcare delivery to patients. JayDoc Free Clinic (associated with University of Kansas Medical Center) is one such clinic that is seeking to improve medical student volunteer participation. Volunteer numbers fluctuate with bi-weekly test schedules, and this creates unpredictable medical student volunteer turn out. Limited prior research has been conducted to test methods for increasing student volunteerism through motivational reminders over time. The goal of this study was to analyze methods to improve the quantity of medical students volunteering at the Jaydoc Clinic each night.

Methods: For this study, we recruited first year medical students at the University of Kansas Medical Center (n=139). Subjects were randomized into one of four groups after obtaining informed consent. The groups consisted of: a control group, a volunteer and clinic statistics group, a patient quotes group, and a statistics+quotes group. Those receiving the volunteer and clinic statistics intervention received a monthly email containing the quantity of second year medical student volunteers, first year medical student volunteers, total patients seen, and new patients seen from the previous month. Those receiving the patient quotes intervention received an email with three anonymous quotes from patients collected over the previous month. The statistics+quotes group received emails with both clinic statistics as well as patient quotes. The months August and September served as baseline monitoring for all groups and thus no emails were sent to any group. The first round of emails containing content mentioned above began in September. The total quantity of volunteers from each group each month was tracked.

Results: Preliminary data analysis has shown no statistically significant difference between groups to date. We expect a more clear division among groups as time progresses and the stress of medical school weighs on the first-year students.

Conclusion: If one form of content proves significantly more useful in recruiting higher numbers of volunteers, this data could be very useful to student run volunteer clinics across the country. The problem of low volunteerism and the communication strategies most useful for stimulating volunteers could be easily turned into messages that would be highly beneficial to all similar clinics.

Poster #17

Epilepsy MRI Interpretations Outside of Comprehensive Epilepsy Centers Often Miss Epileptogenic Lesions

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No conflicts of interest or disclosures.

Background: Patients with drug resistant epilepsy (DRE) benefit from evaluation at a comprehensive epilepsy center (CEC). It is established that epilepsy surgery outcomes are improved when an epileptogenic MRI lesion is present compared to those with MRI negative epilepsy. Epilepsy specific MRI protocols, which utilize thin slice thickness and high-resolution brain imaging, better detect these types of lesions. However, standard MRI sequences and lower resolution magnets continue to be used and can limit the detection of these lesions.

Objective: To assess the rate of MRI detected epileptogenic lesions (EL) on outside reported normal MRIs compared to epilepsy protocol MRIs at our CEC.

Methods: Retrospective review of electronic medical records of patients with DRE who underwent epilepsy surgery evaluation at the University of Kansas Medical Center (KUMC) from January 2014 to October 2018. MRIs are reviewed by both the epileptologist and a neuroradiologist who regularly attends epilepsy surgery conference.

Results: 171 patients with DRE underwent surgical evaluation during this period. A total of 51 patients (29.8%) had standard MRIs at outside hospital or imaging facilities interpreted as normal but were found to have epileptogenic lesions on a 3 Tesla epilepsy protocol MRI at KUMC. 55 epileptogenic lesions were found including: 25 mesial temporal sclerosis (45%), 10 sphenoid wing encephalocele (18%), 7 gray matter heterotopias (13%), 6 focal cortical dysplasia (11%), 4 amygdala enlargements (7%), 2 polymicrogyria (4%) and 1 frontal meningocele (2%).

Discussion: One of the major issues of using standard MRI protocols is the low sensitivity to recognize EL. In our study, thirty percent of our surgical series had normal standard MRIs imaging done outside of our CEC. However, EL were identified after obtaining images with a 3-tesla epilepsy protocol MRIs (used for surgical evaluation of DRE patients in our CEC at KUMC since 2014). The most common missed lesion was mesial temporal sclerosis, which agree with previous studies reported in the literature^{1,2,3}The underdetection of epileptogenic lesions may represent an enormous challenge in the management of DRE patients for epileptologists. Hence, to ensure an effective treatment it is necessary to approach DRE patients using MRI imaging with epilepsy protocol as well as clinical evaluation by experienced epileptologists and neuroradiologists to detect patients with lesions susceptible of being resected in a CEC.

Poster #18

Improving Post-Intubation Analgesia in The University of Kansas Health System Emergency Department

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No conflicts of interest or disclosures.

Funding Source: Department of Emergency Medicine, The University of Kansas Health System (TUKHS)

Background: Rapid Sequence Intubation (RSI) and mechanical ventilation are common interventions performed in the Emergency Department (ED). These interventions cause pain and discomfort to patients.¹ Adequate analgesia and sedation are necessary to treat these symptoms. In the past, post-intubation strategies have focused more heavily on sedation while more recent ED strategies prioritize analgesia followed by sedation.

Data on analgesia and sedation was collected on 218 TUKHS ED patients who underwent RSI and mechanical ventilation between 1/2017 and 10/2017. Trauma activations, cardiac arrests and patients in profound shock (requiring pressors) were excluded. During this period, 37% of patients received sedation without analgesia while in the ED and 5% received neither analgesia nor sedation.

Table 1: Analgesia and Sedation Administration in the ED for Mechanically Ventilated Patients, 1/2017 to 10/2017

	Sedation	No Sedation	Total
Analgesia	120 55%	6 3%	126 58%
No Analgesia	81 37%	11 5%	92 42%
Total	201 92%	17 8%	218 100%

For patients who received analgesia, the average time between RSI paralytic administration and post-intubation analgesic administration was 43.7 minutes for rocuronium and 26.8 minutes for succinylcholine. The approximate duration of action of these agents (at standard RSI doses) are 30 minutes² and 5 minutes³, respectively. This suggests a theoretical period of paralysis without analgesia.

Purpose: Improve utilization of analgesia and shorten time to analgesia following RSI in TUKHS ED patients.

¹ Jeitziner MM, Schwendimann R, Hamers JP, Rohrer O, Hantikainen V, Jakob SM. Assessment of pain in sedated and mechanically ventilated patients: an observational study. *Acta Anaesthesiol Scand.* 2012 May;56(5):645-54. doi: 10.1111/j.1399-6576.2012.02660.x. Epub 2012 Mar 7. PubMed PMID: 22404146.

² Lexicomp Online, Lexi-Drugs, "Rocuronium," Hudson, Ohio: Wolters Kluwer Clinical Drug Information, Inc.; Updated 26 October 2018; Accessed 30 October 2018.

³ Lexicomp Online, Lexi-Drugs, "Succinylcholine," Hudson, Ohio: Wolters Kluwer Clinical Drug Information, Inc.; Updated 26 October 2018; Accessed 30 October 2018.

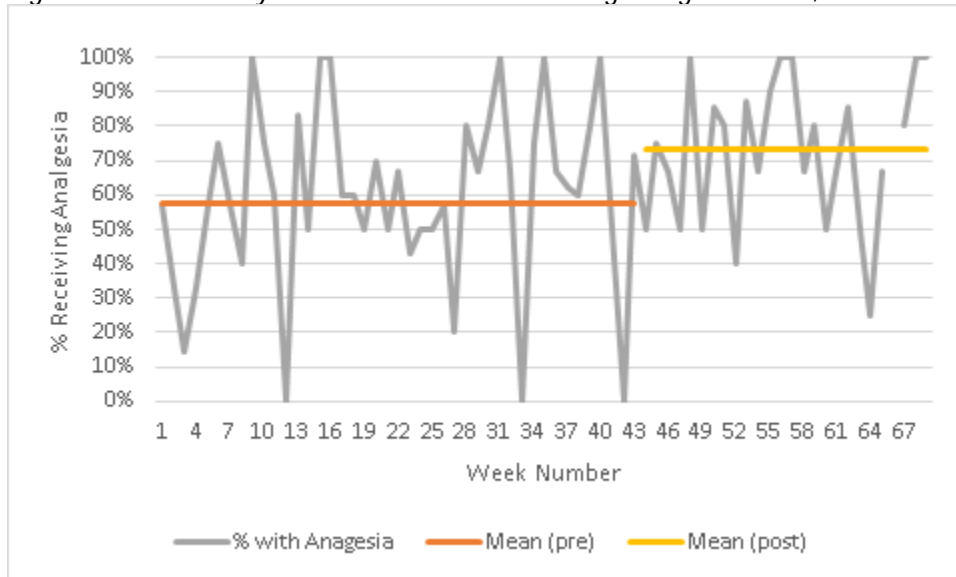
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Methods: During 11/2017, 119 ED nurses were trained on advanced airway topics. The training reviewed basics of RSI, pharmacology, ventilator management and post-intubation analgesia and sedation. Training was conducted via an in-person class or a self-study resource paired with an online test.

Results: Following this intervention, the percent of patients receiving analgesia after RSI improved from 58% to 73% (p-value 0.035).

Figure 1: Mechanically Ventilated Patients Receiving Analgesia in ED, 1/2017 to 4/2018



The mean time to analgesia for patients receiving either rocuronium or succinylcholine; however, did not demonstrate a statistically-significant improvement after intervention.

Table 2: Time to Analgesia in Mechanically Ventilated Patients in ED, 1/2017 to 4/2018

Paralytic	Average Time to Analgesia (minutes)		p-value
	Pre-Intervention	Post Intervention	
Rocuronium	43.7	42.8	0.96
Succinylcholine	26.8	22.6	0.72

Discussion: The education intervention was successful in improving the percent of mechanically ventilated patients who received analgesia in the ED after RSI; however, it was not successful in reducing the time between RSI and initiation of analgesia. Factors limiting the extent of improvement include:

1. Narrow scope. Training was limited to nursing staff and excludes other material stakeholders, namely resident and attending physicians.
2. Inconsistent pain assessment. Existing ventilator pain assessment tool inconsistently used and rarely documented.
3. Ordering complexity. Ordering process (via EMR) requires ordering medications for RSI and post-sedation care individually or using multiple order sets.

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Phase 2 of this project will focus on addressing these obstacles.

Conclusion: Targeted education of ED nurses resulted in an increase in mechanically-ventilated patients receiving analgesia from 58% to 73% but did not shorten time to analgesia administration. Phase 2 of this project will focus on additional training, processes and systems interventions.

Poster #19

The Value of Interprofessional Collaboration in a Student-Run School-Based Health Clinic

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No conflicts of interest or disclosures.

Background: BullDoc Clinic is a student-run, School-Based Health Clinic that operates in Wyandotte High School (WHS) on Wednesday mornings, serving 10-20 patients each week. Formed in 2011 by a collaboration between the Kansas City School District and the University of Kansas Medical Center (KUMC) Family Medicine Department, BullDoc provides wellness checks, pre-participation sports evaluations, mental health care, and women's health services at no cost to WHS students.

Purpose: BullDoc Clinic was established to improve health and academic outcomes among WHS students, and to provide medical students opportunities to practice clinical skills under physician guidance. In 2017, schedule changes within the School of Medicine (SOM) resulted in decreased student availability on Wednesday mornings, leading to insufficient clinic volunteers. To address this issue, key stakeholders from the SOM and School of Nursing (SON) convened to plan the addition of Advanced Practice Nurse Practitioner (APRN) students to BullDoc's operations and management. This would preserve BullDoc's ability to serve WHS and enhance its value as a realistic educational environment for KUMC students to hone their clinical and collaborative skills.

Methods: In 2018, four APRN students and one APRN faculty advisor joined the eight medical students and two physician faculty advisors on the BullDoc Executive Board. The SON assigned all APRN students to attend two clinic sessions per year. Each week, APRN and medical student volunteers see patients in interprofessional teams and present findings to a physician or APRN. During clinic, students share medical knowledge and patient care tips with one another. Student directors and volunteers were asked to provide their feedback regarding interprofessional collaboration at BullDoc.

Results: BullDoc Clinic has remained operational despite restricted participation of medical students thanks to the addition of APRN students. Stories from students in both programs provide insight into the benefits of interprofessional collaboration and the ways it enriches the value of volunteering at BullDoc. Students shared that they are able to learn from one another and gain valuable insight from working with members of another profession.

Discussion: Medical students and APRN students will undoubtedly work together in their future careers. Opportunities such as those provided by BullDoc teach students the value of interprofessional collaboration and the roles and perspectives of their future colleagues.

Conclusion: BullDoc Clinic can serve as a model for interprofessional education and practice in school-based health clinics, and as evidence of the value of interprofessional collaboration early in the educational journey of health professionals.

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Poster #20

Preparing Interprofessional Nurse Leaders: An IPE Passport Program

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No conflicts of interest or disclosures.

Funding Source: University of Kansas School of Nursing Clinical Faculty research grant.

Background: The Interprofessional Education (IPE) Passport Program is a program requirement which includes completion of a campus-wide foundational IPE Program based on TeamSTEPPS® and additional elective learning activities.

Purpose: The purpose of the study is to determine if attitudes of nursing students change overtime towards interprofessional collaboration after exposure to multiple interprofessional learning experiences through the IPE Passport Program.

Research Questions:

- 1 What are the attitudes of N4 (senior) and N3 (junior) nursing students toward interprofessional practice?
- 2 Do attitudes of nursing students change over time?

Methods:

- **Design:** This pilot study assesses nursing student's attitudes toward Interprofessional collaborative practice in the context of the IPE Passport program, using the Interprofessional Attitudes Survey (IPAS) to measure student attitudes. The survey consists of 27 items with the following five subscales: Patient-Centeredness, Teamwork, Interprofessional Bias, Diversity and Ethics, and Community-Centeredness.
- **Sample:** Two cohorts of students were surveyed using the IPAS. Cohort 1 is students who graduated in 2017 and were surveyed in May of 2017 (n=43), at the end of their IPE program. Cohort 2 is students graduating in 2018. These students were surveyed in January of 2017 (n=73), at the start of their IPE program and again in May 2017. Cohort 2 students will be surveyed again in May 2018 at the end of their IPE program.
- **Procedures:** Students were invited by email to complete the IPAS survey using REDCap™. Descriptive statistics were used to examine the mean scale score for Cohort 1, at the end of their program, and Cohort 2 at the beginning of their program. Following completion of data collection in 2018, differences in IPAS post-training scores between cohorts and Cohort 1 pre- and post-training scores will be examined using resampling methods to create empirical distributions for comparison across samples. The IPAS will be tested for sample reliability and validity using confirmatory factor analysis.

Results: The subscale scores were generally higher for Cohort 2 post-training group than for Cohort 1 pre-training. The lowest subscale mean in both groups was Interprofessional Bias (Cohort 1: X=3.62, Cohort 2: X=3.30), and the highest subscale mean in both groups was Patient-Centeredness (Cohort 1: X=4.88, Cohort 2: X=4.85).

Recommendations and Implications for practice: To meet demands of complex healthcare systems with multiple interprofessional team members, it is imperative that nursing students have multiple learning experiences early on and throughout the nursing curriculum to learn with, from and about their future interprofessional healthcare team colleagues.

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Poster #21

The Simulation-Based Medical Education of the Universitat Internacional de Catalunya

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No conflicts of interest or disclosures.

Funding Source: 2017 Clendening Summer Fellowship, University of Kansas Medical Center, Department of History and Philosophy of Medicine.

Background: The first comprehensive anesthesia simulation environment and the first mannequin simulator for training clinicians were developed in 1992 by Dr. David Gaba at Stanford University and in 1994 by the Center for Medical Simulation in Boston, MA, respectively. Since then, the integration of simulation into medical education has grown exponentially. The Association of American Medical Colleges has recommended medical schools to transform their curriculum to focus on “next level” learner preparation. This includes increasing the use of competency-based training, patient interaction, technology, and interprofessional communication. The Universitat Internacional de Catalunya (UIC) was the first institute in Spain to establish a simulation lab in a medical center in 2006.

Purpose: To conduct a case study on the simulation-based medical education (SBME) at UIC, and to see how simulation in education can be modified and improved locally.

Methods: Field notes and interviews were conducted with a journalistic approach during a four-week experience at UIC's Comprehensive Center for Advanced Simulation. Observation and inquiry into how the center was organized on a day-to-day basis was the primary focus.

Results: UIC institutes a “spiral curriculum,” in which a single subject is incorporated into the curriculum throughout the entirety of one's medical education. The medical school and nursing school facilitate combined simulations throughout the entirety of their respective curriculum, incorporating interprofessional collaboration. Dr. Montserrat Virumbrales, the Medical Director of the Comprehensive Center for Advanced Simulation, creates the curriculum from original ideas, utilizing her background in both medicine and education. The importance of clinical skills and simulation is exemplified in the grading rubric, with the Objective Structured Clinical Examination (OSCE) comprising 70% of the medical student's grade in his or her final year.

Discussion/Conclusion: The Institute of Medicine published *To Err is Human* in 2000, which estimated ‘preventable medical errors’ as the third leading cause of death in the U.S., with heart disease and cancer ranking first and second, respectively. Simulation offers a unique opportunity to reduce patient mortality and morbidity in medical education and practice. UIC's dedication to constant adaptation and ingenuity exemplifies the development of a medical curriculum addressing patients' needs with newly afforded opportunities. The combination of a spiral curriculum along with increased clinical skills and simulation represents a unique model for the future of medical education.

Acknowledgements: I would like to thank my mentor for the fellowship program, Christopher Crenner, MD, PhD. University of Kansas Medical Center, Department of History and Philosophy of Medicine; and Montserrat Virumbrales, MD, PhD, Department of Medicine, Universitat Internacional de Catalunya, for allowing me to observe her curriculum.

Poster #22

Barney 3.0: A Bicampus Interprofessional Hospital Discharge Simulation

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No conflicts of interest or disclosures.

Funding Source: This work was initially supported by the Kansas Reynolds Program in Aging, Funded by the Donald W. Reynolds Foundation.

Background: Translating interprofessional education (IPE) to interprofessional collaborative practice (IPCP) has become a focus for many educational programs and is emphasized by the National Center for Interprofessional Practice and Education. The Barney 3.0 simulation fosters the development of skills necessary for IPCP in a realistic, patient care environment without risk to a real patient. The simulation is structured in a manner that allows emphasis on interprofessional, collaborative aspects of the encounter. This type of educational opportunity helps students more closely link IPE to IPCP.

Purpose: The purpose of this simulation is to provide students with an opportunity to practice collaborative skills during a hospital discharge and a subsequent outpatient pharmacy encounter.

Methods: Barney 3.0 involves students and faculty mentors from the medicine, physical therapy, occupational therapy, speech language pathology and pharmacy professions. This simulation currently takes place one day every 2 months in the Neis Clinical Skills Lab, accommodating nearly 100 students per day. The simulation begins with all non-pharmacy students participating in a 10-minute group chart review, a 25-minute discharge encounter with standardized patient actors, and a 10-minute post-encounter group discussion. This is followed by a 10-minute encounter with pharmacy via remote technology and a 20-minute debriefing session with all students and faculty preceptors. After completing the simulation, students are given the opportunity to complete an electronic survey through REDCap.

Results: Since February 2018, 247 students have participated (Medicine, n=118; PT, n=60; OT, n=37, Pharmacy, n=32) and 130 have completed the survey (Medicine, n=49; PT, n=58; OT, n= 23) Of the survey respondents, 95.4% reported that Barney 3.0 would improve their future patient care and/or clinical practice; 88.5% reported that they felt more equipped to communicate with other health professions on the healthcare team because of the simulation; 81.6% reported that they learned something new about the roles of their interprofessional team members; and 99.3% felt it was important to trust other healthcare professionals on the interprofessional team. Respondents' comments included themes related to the value of the experiential component of working with other professions to provide patient care and the importance of debriefing after the experience.

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Discussion/Conclusion: Student responses indicated that the Barney 3.0 experience is a meaningful, interprofessional learning opportunity. This simulated patient encounter allows students to broaden their understanding of other professions and apply collaborative and communication skills in real time, with the goal of developing collaborative practice-ready healthcare providers.

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Poster #23

Building an Interprofessional Palliative Care Research Team

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No conflicts of interest or disclosures.

Background: Palliative care is interprofessional at its core, often involving social workers, chaplains, nurses, and physicians among others. Palliative care has seen significant growth in the past few decades nationally and at the University of Kansas Medical Center. Given the broad scope of palliative care, opportunities for research span across multiple disciplines and sources of funding.

Purpose: To describe the formation, approach, successes and challenges of an interprofessional palliative care research team

Methods: Descriptive case study

Results

- Timeline
 - The palliative care research team started in July 2016 with three SOM members from different departments who all were interested in palliative care research. The group met several times a year, and expanded over the next 12 months with the addition of two oncologists with palliative care fellowship training. In 2018, 4 researchers from the SON joined the core team. Our larger team includes 37 members from multiple disciplines with expertise in over 15 departments and divisions in the KU Medical Center.
- Approach and Organization
 - We meet monthly in the SON with remote access available. Slack is our project management software for asynchronous communication. Our group works with REDCap, HERON and the EPIC EMR for data collection. Qualitative data are also collected through interviews with patients receiving palliative care services through the KUMC Cancer Center. The core group makes democratic decisions impacting the larger group.
- Research Group Member Summary
 - 37 Members - full details on poster on backgrounds of members
- Grants (Submitted, awarded) - full details on poster
- Publications
 - 2018 – 19 publications
 - 4 book chapters, 9 articles, 6 posters
 - 2017
 - 2 articles, 1 letter, 1 poster
 - 2016
 - 1 poster

Discussion: Our team has had many successes in collaboration, publication, and securing funding in the short time that we

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have been working together. We are excited about the rapid growth that we are experiencing and find that bringing together clinician experts and research experts from a wide range of disciplines helps generate new research questions and opportunities that otherwise would not be possible. Despite our successes, there are challenges to collaborating across departments and schools, even within a single institution. Our team finds that monthly meetings, frequent communication, accountability and accomplishing small tasks together helps maintain our momentum.

Conclusion: An interprofessional collaborative research team in palliative care can succeed by building on the strengths of each discipline and the diverse personal backgrounds, skills and life experiences. Sharing knowledge about research opportunities and research processes is essential to the continued growth and success of our team.

Poster #24

Exploring Interprofessional Advocacy: A Learner-Centered Experience for Beginning Student Nurses

Authors: Elizabeth Young, MSN, RN, CNE, Clinical Assistant Professor, University of Kansas School of Nursing
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No conflicts of interest or disclosures.

Background: Comparing and contrasting roles and perspectives of the nursing profession with other professionals on healthcare team is an important learning goal for beginning student nurses. While collaboration among health care professionals has long been a theme within education and practice, advancing the idea of interprofessional advocacy is new and currently unexplored in the literature. This in-class learning activity is the first step to exploring the concept with healthcare learners.

Purpose: The purpose of this study is to analyze movement in nursing students' thinking when exposed to the novel idea of interprofessional advocacy in a first-year nursing class.

Methods: A SON faculty member (nurse) and a SOM faculty member (physician) created a two-hour interactive class session on interprofessional advocacy. Students completed reflective writing assignments before class began and at the end of the class period. We used content analysis to examine 10 randomly selected paired student responses (N=113).

Results: Analysis confirmed that, prior to this class session, students had not been thinking about interprofessional advocacy in a concrete manner. In the written student responses at the end of the class period they expressed a deeper understanding and found the concept to be compelling and necessary. Two examples of the end of class student responses are below:

- I think interprofessional advocacy is saying to a member of another profession "I see your unique skills and you are a valuable aspect of this patient's care team" while also not discrediting, undermining, or devaluing the work of one's own profession. After further discussion during class today, I don't believe I would change that definition. I really enjoyed Dr. Comfort's insights!
- Looking back on my definition of professional advocacy, it has changed a bit from today's discussion. Not only do you need to have your interprofessional team's back, but you need to understand their struggles, values, and daily duties to advocate for them and advocate for health professions and general.

Discussion: Interprofessional advocacy is difficult to achieve in many healthcare environments. This research confirms that deliberately exploring other professions' knowledge, skills, beliefs, and motivations can lead to reflection and more knowledge and more thoughtful consideration regarding others on the healthcare team

Conclusion: The competency categories of interprofessional collaborative practice—values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork—can be enhanced and made more 'real' when the notion of interprofessional advocacy is added to the learning environment.

Poster #25

Developing a Model for Sedation Throughout a Large Inpatient/Outpatient Hospital System

Authors: Jeanette Lozenski, MD¹, Brian Selig, DNP, RN, NEA-BC², Gerre' Fiore, MSN, ARNP, CNS³, Martin De Ruyter, MD¹

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No conflicts of interest or disclosures.

Funding Source: Dr. Lozenski and Brian Selig are Co-directors of the Multisystem Sedation Committee that is supported as a Directorship at the University of Kansas Hospital. The Multidisciplinary Sedation Committee is made up of employees in various departments that provide sedation throughout the hospital.

Background: Sedation is defined and medications administered to a patient to undergo a diagnostic or therapeutic procedure by a non-anesthesiology care team. This team consists of a credentialed physician working with a nurse whose sole purpose is to administer and monitor the responses to the sedation.

Sedation, moderate and deep, happens in various areas of the hospital, ranging from the emergency room to ICU's, inpatient departments, and outpatient hospital-based clinics. Each department historically, had developed a system that was unique.

Purpose: Practice had evolved independently in each department. Hitting all of the elements of safety and standards were difficult to monitor, especially with emerging changing guidelines and requirements.

Methods: Parts of the process were identified and surveys of each department were done. These surveys were face-to-face time observing sedation and documentation. Parts addressed included, but are not limited to, pre-sedation assessment, pre-sedation anxiolysis, defining the beginning and end of the procedure, identifying best practice for delivery of sedatives/analgesics, identifying best practice for NPO, standardizing the monitoring throughout the sedation, and the recovery, the required charting, the handoff of care after sedation, and identifying quality metrics.

Additional review of adverse events aimed to identify and decrease these events with education to various departments. One challenge was to identify a way to use the medical record to create a sedation report. Sedatives/analgesics are easily identified through Epic pharmacy system. This was filtered to remove patients receiving these in the OR, by an anesthesiology care team, in an ICU setting of an intubated patient. The data is then queried for depth of sedation, ETCO₂ during sedation, use of reversals medications, or Rapid Responses or Code Blues during the peri-sedation period. Results: At KU Medical Center, we provide approximately 2, 500 sedations per month. We divide the outlying cases among members of the committee to review with a standardized data sheet.

Discussion: The multidisciplinary committee for Sedation at the University of Kansas has made great strides in standardizing/improving and supporting the various departments in providing best practice for sedation, moderate and deep. Personnel from various departments have collaborated. The goal has been to maintain efficiency in the various departments while meeting all of the requirements outlined by the CMS, The Joint Commission, in alignment with guidelines and standards.

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Conclusions: The Multidisciplinary Sedation Committee at the University of Kansas is an example many different departments work together to standardize and delivery patient centric care. It requires collaboration and support across many disciplines.

Poster #26

CliftonStrengths® and SocialStyles®: An Affective Approach to IPE

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Focus on interprofessional education (IPE) is often limited to the clinical application of collaborative healthcare teams. To focus on the affective skills of IPE (teamwork and communication), the School of Health Professions IPE Champions developed a non-clinical IPE event focusing on the talents and behavior styles of individuals and professional teams. CliftonStrengths® and SocialStyles® have been adopted by many organizations to improve the communication and teamwork by providing insight to our own perceptions and giving a framework of language in which to operate as a team. Both assessments were designed to help individuals identify personal strengths, potential, and interaction within a team. The CliftonStrengths® assessment focuses on individual talents identified into 34 themes and 4 leadership domains. Identifying “signature themes” (the top 5 themes) reveals an individual’s preferred approach to interaction within professional culture (e.g. what drives them, what motivates them). Assessing the “signature themes” within a team provided insight into team strengths and weaknesses through analysis of the leadership domains. Conversely, SocialStyles® by TRACOM® focused on the behavioral style of the individual. It was designed to categorize an individual’s preferred way of thinking and acting in social situations and describes how adaptations to this preferred style occur when under stress, making it ideal for a healthcare team evaluation. This IPE event included 133 learners from the professions of Clinical Laboratory Science, Dietetics and Nutrition, Health Information Management, Nurse Anesthesia, and Occupational Therapy. Learners were asked to participate in two sessions: 1) profession-specific and 2) interprofessional. First, the learners completed CliftonStrengths® assessment prior to attending an hour-long single profession introduction to CliftonStrengths®. This introduction to CliftonStrengths® provided further tools to engage individual strengths in a team environment. For each profession, a team summary report was constructed and delivered to each profession to illustrate the strengths and talents of their professional team. Second, all professions completed the SocialStyle® assessment prior to the 2 hour-long IP event where professionals trained in both assessments delivered professional and IP CliftonStrengths® themes, the SocialStyle® model introduction, and application techniques for both. At the IPE event, the learners also participated in a non-clinical IP team activity utilizing these new behavioral tools and themes that demonstrated the different approaches of the leadership domains. Learners completed the validated Interprofessional Collaborative Competency Attainment Survey (ICCAS) before and after the event.

Poster #27

Medical Student Attitudes Before and After an Interprofessional SUD Clinic Experience

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Substance use disorders (SUDs) are on the rise nationally [2]. Despite this, national reviews of medical education indicate learners receive insufficient exposure to SUDs and their management [3, 6]. To address this disparity at our institution, we have built an interprofessional SUD-focused sub-clinic into our family medicine teaching clinic, where advanced learners from several health professions work in interprofessional teams to see patients and present to attending providers from medicine, psychology, pharmacy, social work, and occupational therapy. With this SUD-focused teaching sub-clinic, which we call Recovery Clinic, we build on existing structures and relationships our teaching clinic has practiced from an interprofessional approach for many years. And we see Recovery Clinic as an opportunity to expand our abilities as a team, to improve the interprofessionalism we teach and practice. Our hypothesis is that learning SUD topics in the clinical moment, as delivered by high functioning teams, will change learner attitudes toward interprofessional care, generally, and toward patients with SUDs, specifically.

In our session, we will describe our teaching environment and the Recovery Clinic, itself. We will discuss the integral ways each profession is involved, spending time on contributions from medicine and psychology/behavioral science. We will discuss the methods by which we are studying our clinic as a curricular intervention and its impact on learner attitudes.