Concurrent Breakout Sessions H

H2 (9-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Embedding Interprofessional Accreditation: Program Guidance within the AIPHE* Domains

Author #1
Lesley Bainbridge
College of Health Disciplines
University of British Columbia

Author #2
Cynthia Baker
Canadian Association of Schools of Nursing

Author #3
Ruby Grymonpre
Faculty of Pharmacy, IPE Initiative
University of Manitoba

Author #4
Louise Nasmith
Chair Accreditation Committee
College of Family Physicians of Canada

Author #5
Valerie Ball
College of Health Disciplines
University of British Columbia

Background: This workshop is designed for faculty, clinicians, academic and hospital administrators who are attempting to integrate IPE and IPC into their organizations. It will provide insights from the AIPHE*(See note at bottom) experience and the draft standards for IPE in order to explore how to embed IPE into diverse health and social care education programs. Participants will work together to apply and investigate the AIPHE framework and domains (Organizational Commitment, Resources, Students, Faculty/Academic Unit and Educational Program) within their own contexts.

Objectives:

1. To discuss the work of the AIPHE project and how IPE language is being embedded within the Accreditation Standards of 8 Canadian accrediting organizations.
2. To reflect on how IPE within your organization is or is not meeting criteria within the proposed standards.
3. To develop ideas and plans on how AIPHE IPE accreditation guides can assist in the development of your program.

*AIPHE: Accreditation of Interprofessional Health Education. The AIPHE initiative is a national collaborative of eight organizations that accredit pre-licensure education for six Canadian health professions: physical therapy, occupational therapy, pharmacy, social work, nursing and medicine.

H3 (9-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

You Do it !!....No You Do It !!....Whose Role Is It...? Using the Objective Structured Clinical Examination (OSCE) to Assess Interprofessional Education

Author #1
Susan J. Wagner
Department of Speech-Language Pathology, Faculty of Medicine
University of Toronto

Author #2
Brian S. Simmons
Standardized Patient Progam and Department of Pediatrics, Faculty of Medicine and Women's and Babies Program
University of Toronto and Sunnybrook Health Sciences Centre

Author #3
Ann Jefferies
Department of Pediatrics, Faculty of Medicine and Women's and Infants'Program
University of Toronto and Mount Sinai Hospital

Author #4
Scott Reeves
Centre for Innovation in Interprofessional Healthcare Education and Department of Social and Behavioural Sciences; Department of Psychiatry, Faculty of Medicine; and Li Ka Shing KNowledge Institute
University of California - San Francisco, University of Toronto and St. Michael's Hospital, Toronto

Background: Interprofessional education (IPE) serves to equip future practitioners for collaborative practice. IPE instills the knowledge, skills, attitudes and values necessary for interdependent collaborative teamwork with a focus on the efficient delivery of high quality patient/client relational-centred practice. IPE competency frameworks provide a description of the knowledge, skills, behaviours and attitudes required to achieve these outcomes. However, assessing outcomes for these IPE competencies remains a challenge. Frameworks have been developed that emphasize the assessment of performance related to competency in IPE. The objective structured clinical examination (OSCE), a performance-based tool, is often used to assess performance of individual learners, but less frequently to assess IPE competencies in groups of learners. This workshop will focus on the role of the OSCE to assess a variety of competencies in IPE.

Objectives: Participants in this workshop will be able to:
1. Identify challenges to assessing performance in IPE
2. Design an OSCE station that incorporates several IPE competencies
3. Plan an OSCE blueprint to assess multiple competencies relevant to different health professions and IPE

Teaching Methods: Using brief didactic presentations and interactive group discussion, this workshop will provide participants with skills to develop OSCE stations/scenarios and blueprints relevant to IPE. Participants will first explore IPE competency frameworks and how the OSCE can be used to assess these competencies. They will then observe, analyze and score simulated interprofessional OSCE (iOSCE) scenarios from a DVD. Working in small groups, participants will finally design and discuss OSCE stations that incorporate IPE competencies and then engage in whole group discussion. Sharing of experiences and strategies that would further enhance this experience in the participants' own contexts will complete the workshop.

H4 (9-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

A Transformative IPE-critical Thinking Framework: Promoting Interprofessional Collaborative Patient-centered Practice

Author #1
Laura MacDonald
School of Dental Hygiene
University of Manitoba

Author #2
Pam Wener
School of Medical Rehabilitation (Occupational Therapy)
University of Manitoba

Author #3
Maxine Holmqvist
Clinical Psychology
University of Manitoba

Author #4
Frances Amara
Faculty of Medicine
University of Manitoba

Author #5
Leanne Leclair
School of Medical Rehabilitation (Occupational Therapy)
University of Manitoba

Author #6
Giselle Periera
School of Medical Rehabilitation (Physical Therapy)
University of Manitoba

Author #7
Donalda Wotton
Faculty of Nursing
University of Manitoba

Rationale: Graduates from health care professional educational programs must be “critical thinkers and collaborators”. The global interprofessional education (IPE) community is calling for curricula that ensure graduates are prepared to become interprofessional

collaborative patient-centered practitioners (ICPCPs). Responding to this need, a group of seven IPE faculty champions (Group of Seven) initially proposed the following: "If the professional is a good critical thinker (CT), she/he would be an effective ICPCP". Further dialogue led to another proposition:"Effective collaborators must be good or at least adequate critical thinkers." Collaboration skills such as autonomy, trust and respect, inherently require the professional to possess CT attributes, such as being mindful of their thinking, and pursuing quality of their thinking. There is little information on how combining CT tools with IPE may provide graduates with the capacity to become an ICPCP. When planning an IPE curricular event, the Group of Seven proposes that infusing the event with CT tools along with learning 'about, from, and with' each other would be transformative. The Group of Seven conceptualized an ICPCP-CT grounded framework for planning transformative IPE events.

Objectives: Participants of this session are invited to

1. Apply the elements and characteristic traits of CT to their practice;
2. Design IPE events infused with CT tools; and 3) incorporate CT within IPE events to promote transformative learning.

Teaching Method: Mini-lectures for delivery of key concepts on CT and IPCPCP are dispersed between small group discussions encouraging participants to apply the concepts to case scenarios. Samples, visual models, and graphics are used to facilitate participant learning. The workshop promotes collaborative learning.

H5 (9-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

Building the Capacity for Team Based Care: A Facilitated Process to Implement and Expand Interprofessional Practice

Author #1
Kristen Mitchell
Primary Health CAre
Sun Country Health Region

Background: There is growing evidence that team based care and the improvement of teamwork among health providers improves patient safety and patient and provider satisfaction. Five team building sessions were developed by the Primary Health Care department in the Sun Country Health Region to increase knowledge, understanding and to build the capacity for interdisciplinary care. The CIHC National Interprofessional Competency Framework identifies six key competencies needed in order to operate as a highly effective team. The framework directed the development of the team building process and ensured inclusion of all essential competencies in the facilitated sessions.

H6 (90-minute Symposia/Panel Presentations; Presentation Level: Intermediate)

Interprofessional Collaborative Practice: A Framework Driven Approach

Author #1
Tracy Christopherson
Elsevier CPM Resource Center

Author #2
Michelle R. Troseth
Elsevier CPM Resource Center

Background: Today's health care workforce is being asked to work in collaborative, integrated healthcare teams to achieve the goal of delivering patient centered, safe, effective care that meets the growing and complex needs of an aging population. Having been trained in isolation, the current healthcare workforce is unprepared to collaborate as a team in the complex healthcare settings they are in today. While interprofessional education will prepare the health care workforce of tomorrow to work interdependently and collaboratively, it will not address the fragmentation that currently exists within healthcare organizations. If interprofessional education is to be successful and the outcomes sustained, we must synchronize our efforts in both the practice and academic settings. The purpose of this presentation is to explore how a framework driven approach can be utilized to guide interprofessional practice and culture transformation at the point of care by providing the required infrastructures, process and tools that support team based care and interprofessional collaboration. Presenters will describe the components of the framework and how each component supports the core competencies for collaborative practice. Lessons learned from over 300 rural, community and university clinical settings in the USA and Canada who have implemented the framework will be shared.

Objectives:

1. Describe a framework driven approach to achieving Interprofessional Collaborative Practice
2. Identify the barriers and opportunities in advancing Interprofessional Collaborative Practice
3. Identify tools, processes and infrastructures that can aid in achieving the core competencies for interprofessional collaboration

Implications: The framework offers a blue print for interprofessional collaborative practice. The models within the framework have been replicated in multiple settings preventing the need to re-invent or remake the cycle of organizational transformation. Each model impacts both culture and practices, includes tools that are intentionally designed and evidence-based, and is action oriented, outcome producing, replicable, capacity building and technology enabled.

H7i (20-minute Oral Presentations; Presentation Theme: Leadership)

The Journey to Health System Change: A Provincial Approach

Author #1
Crista Carmichael
Alberta Health

Author #2
Paula Burns
NAIT

Author #3
Jane Drummond
University of Alberta

Author #4
Dianne Millette
College of Physiotherapists of Alberta

Author #5
Betty-Lynn Morrice
Alberta Health Services

Author #6
Sheli Murphy
Covenant Health

Author #7
Lynn Redfern
College and Association of Registered Nurses of Alberta

Author #8
Laura Schneider
Alberta Enterprise and Advanced Education

Author #9
Trevor Theman
College of Physicians and Surgeons of Alberta

Author #10
Dale Wright
Health Quality Council of Alberta

Background: Enhancing collaboration among health care providers, individuals, their families, and caregivers is one approach to service delivery that has demonstrated a positive impact on service quality and improved health outcomes. At the core of Alberta's changes to improve quality and ensure sustainability is the shift toward a collaborative, team-based model of service delivery. In support of this, Alberta developed the Collaborative Practice and Education Framework for Change (Framework) and the Collaborative Practice and Education Workplan for Change (Workplan) to set policy direction for health system change.

Learning Objectives:

1. Describe an approach to system change in a provincial (or state) health care system.
2. Explore the opportunities the approach provides for leading system change.
3. Identify potential applications of the approach to other health care systems.

Methods: In June 2009 a symposium was held with leaders from across education, regulatory, practice and government settings. The output of the symposium were used to develop the Framework and Workplan. CPESC hosted a second symposium in November 2011 to finalize the Workplan prior to implementation. In 2012, a new provincial 'implementation' structure was created – a two committee structure that reflects the system; The Leaders Network and the Leaders Network Executive.

Results: This approach will see members of the Leaders Network collaboratively lead the implementation of prioritized actions identified in the Workplan. Beginning in 2013/2014, the Leaders Network Executive and the co-leads for Workplan actions will participate in a Collaborative Change Leadership program in order to facilitate system change.

Conclusions: Collaborative practice enables health care teams to collaborate with each other, individuals, their families and caregivers to deliver the highest quality of safe, person-centred care. This model of collaborative practice is an enabler of success for the system change and can be applied to health care systems in other jurisdictions.

H7ii (20-minute Oral Presentations; Presentation Theme: Leadership)

Using Online Activities to Develop and Promote Leadership and Collaboration in Teams

Author #1
Pat Callard
College of Graduate Nursing; Department of Interprofessional Education
Western University of Health Sciences, Pomona, California

Author #2
Vincent Finocchio
Department of Interprofessional Education
Western University of Health Sciences, Pomona, California

Objectives:

1. Discuss methods to promote leadership and collaboration in an online course.
2. Utilize interactive online activities to enhance leadership and collaborative skills.
3. Discuss student identified outcomes related to teamwork, leadership and collaboration.

Background/Rationale : Second year health care professions students from nine programs at a graduate university participate in an online interprofessional education course (Osteopathic Medicine, Pharmacy, Nursing, Physician Assistant, Physical Therapy, Dentistry, Podiatry, Optometry, and Veterinary Medicine). Students participate in online activities designed to promote teamwork, leadership and collaboration based on identified outcomes for the university and the interprofessional education program. Teamwork, leadership and collaboration have been identified as outcomes for both the university and the interprofessional education program.

Methods/Methodology: Students are placed in groups which include representation of six to nine professions. Course modules are designed to present a health related scenario with questions to promote student interaction in a discussion board format. Videos, current events and articles are used to discuss content related to the five identified interprofessional education outcomes which include moral and ethical dilemmas. Students are encouraged to learn about other professions as they discuss and explore healthcare topics.

Results and conclusions: During the year, some teams learn how to develop teamwork, leadership and collaborative skills as they learn how to function as a team in an asynchronous online format. Some individuals take a leadership role early while some groups feel they can share the responsibility. Teams that assigned roles to individuals scored higher than those who did not.

H7iii (20-minute Oral Presentations; Presentation Theme: Leadership)

Chronicaling the Leadership Development of Health Professions Students

Author #1
Sokha Koeuth, MHP, BA
Thomas Jefferson University
Jefferson Center for Interprofessional Education

Author #2
Stephen B. Kern, Ph.D., OTR/L, FAOTA
Thomas Jefferson University
School of Health Professions, Department of Occupational Therapy

Background: In 2001, the Institute of Medicine (IOM) reported on a chasm existing between what we know is good and what occurs in practice in the U.S. healthcare system as a result of complexity of health care, changing public health needs, and health care delivery system challenges. In this report, the IOM presented a vision that included health professionals educated to deliver safe, timely, effective, efficient patient-centered care as members of interdisciplinary teams. These teams emphasize evidence-based practice, quality improvement approaches, and use of informatics. Key skills of the teams included transparency, communication, & collaboration among health professionals.

Methods: To achieve this vision, this University implemented a 2 year IPE curriculum. To date, four cohorts have completed the curriculum. As students progressed through the curriculum, faculty and staff became aware of changes in their team behaviors and skills. In classroom activities associated with the curriculum, students have been observed shifting in and out of, and sharing team leadership roles with greater comfort and ease. To understand these changes, focus groups will be conducted at different points in the curriculum to gain in-depth understanding of the students' collaborative leadership development.

Results: The results of focus groups will be presented to elucidate the trajectory of students' collaborative leadership evolutions. The impact of these journeys on later practice will be explored from the students' perspectives.

Conclusions: This session describes the IPE curriculum and the evolution of students' leadership journeys as a result their participation in this 2-year IPE curriculum.

Learning Objectives: At the conclusion of this session, participants will:
1. Describe factors influencing student leadership development.
2. Reflect and discuss how influencing factors can be embedded in existing and new IPE curricula
3. Reflect and discuss how selecting and modifying IPE learning activities to facilitate student leadership development

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H7iv (20-minute Oral Presentations; Presentation Theme: Leadership)

Leadership Patterns to Support Boundary Spanning Approaches

Author #1
Lucio Naccarella
The Australian Health Workforce Institute
The University of Melbourne

Author #2
Louise Freijser
The Australian Health Workforce Institute
The University of Melbourne

Author #3
Kirsty Carter
Victorian Department of Human Services
North & West Service Integration Unit

Background: To address the complex care needs of clients, human service staff are required to work across service, organisational and system boundaries. Limited research exists about what leadership patterns could create supportive authorising environments for staff to span boundaries.

Learning Objectives :
1. To provide an understadning of leadership patterns required to support boundary spanning approaches
2. To describe contextual influences upon leadership patterns
3. To present implications of leadership patterns for policy, practice and research

Methods: A qualitative research approach was used. Thirty-two semi-structured interviews were conducted with human service staff - frontline staff, mid-level managers and senior executives working in multiple settings, including: Government disability services, children, youth and family services, and housing services; Government Department of Health; and staff from four community service organisations in the disability, housing, child and mental health sector.

Results: Multiple leadership patterns were found to support boundary spanning approaches for complex care clients, including: role modelling; shared power, authority and accountability; empowering; advocating; providing a back up culture; de-emphasising status differences; being inspirational; championing boundary spanning; being solution focussed; having open communication; supporting autonomy and innovation; networking; clearly articulating expectations; and having a working knowledge of the service system. Multiple contextual issues influenced leadership patterns- client context; organisational context; infrastructure available; performance foci; policy reform context; and workforce capability. Three issues emerged that need addressing: 1) leadership in complex adaptive systems; 2) having a supportive authorising environment; and 3) having a workforce capability framework focus.

Conclusion: To promote a culture of leadership that supports boundary spanning approaches, governments need to focus and invest in three areas: whole systems of care thinking; supportive authorising environments; and building leadership workforce capability to support leadership patterns. Implications for poicy, practice and research are presented.

H8i (20-minute Oral Presentations; Presentation Theme: Clinical)

Shared Understanding: A Framework for Inter-professional Clinical Decision Making

Author #1
Kathy Harms
Program Director Accredited Programs
JIBC School of Health Sciences

Author #2
Pamela Cawley
Dean Health Sciences
Douglas College

Background: In order to provide a continuity of safe patient care it is imperative that language, meaning, and context are comprehended both equally and accurately by all members of a health care episode. Professional education and environments enable unique organizational cultures including language and context that may not be readily translated by other members of health care team or the health care consumer. It is critical when health care professionals intersect that a joint framework be mutually understood to create decision making that provides for optimal outcomes.

Learning Objectives

1. Identify methodologies for mapping inter-professional communication intercepts during multi-disciplinary simulations.
2. Review of frameworks for analyzing impact of communication intersects on clinical decision making.
3. Discuss implications of findings on future educational programs and curriculum design.

Methods: A complex health care simulation exercise involving students from four distinct health care professions. This project analyzes the students' perceptions of the experience of inter-professional collaboration on clinical decision making.

Results: The process of analysis of the critical incident student reflection provides for the development of a multi-functional framework that provides insight to interprofessional communication and decision making.

Conclusions: It is intended that the results will produce the future development of a framework that will translate to multiple health care situations providing a valid frame of reference for analysis of interprofessional communication, thus guiding both curriculum development and health care practice.

H8ii (20-minute Oral Presentations; Presentation Theme: Clinical)

Development and Testing of a Conceptual Framework for Interprofessional Collaborative Practice

Author #1
Brenda J. Stutsky
Faculty of Medicine, Division of Continuing Professional Development
University of Manitoba

Author #2
Heather K. Spence Laschinger
Faculty of Health Sciences, Arthur Labatt Family School of Nursing
University of Western Ontario

Background: Validated conceptual frameworks are needed to guide interprofessional research in order to build a systematic body of knowledge of interprofessional collaborative practice (ICP). We developed a conceptual framework derived from an extensive review of the ICP/interprofessional education (IPE) literature. In the framework, personal factors (beliefs in interprofessional collaboration, flexibility, trust, cooperation, communication) and situational factors (leadership, empowerment, support structures) are posited to influence effective ICP. ICP is conceptualized as collective ownership of goals, understanding of roles, interdependence, and knowledge exchange. Relationship-centered collaborative care is a key underlying theme. Consequences of ICP include improved patient, team, and individual provider outcomes.

Methods: An exploratory study was conducted to test the validity of the conceptual framework using a sample of 117 interprofessionals in a regional health authority in Manitoba, Canada. Participants completed a survey derived from existing standardized measures. An exploratory factor analysis provided construct validity for the measures and Cronbach alpha reliabilities were acceptable (.67-.88).

Results: The results provided empirical support for the conceptual framework. Personal and situational factors together explained a significant amount of variance in ICP ($Rsq=.583$, $p<.001$). The combination of these personal and situational factors and the degree

of ICP together explained significant amounts of variance in six outcome variables identified in the conceptual model (Rsq=.313 to .537, p<.05).

Conclusions: Results from this exploratory study provide initial support for the validity of our framework and suggest that further research is warranted. A validated framework can guide researchers in creating a systematic body of knowledge about ICP, provide a framework for IPE, and inform healthcare administrators of factors that influence work behaviours and attitudes, and organizational and patient outcomes.

H8iii (20-minute Oral Presentations; Presentation Theme: Clinical)

Interdisciplinary Shared Clinical Experiences with Complex Community Dwelling Patients and Families

Author #1
Kathleen Lent Becker DNP, ANP-BC
Johns Hopkins University
School of Nursing

Author #2
Benita Walton-Moss DNS, RN
Johns Hopkins University
School of Nursing

Author #3
Laura Hanyok, MD
Johns Hopkins Bayview
Johns Hopkins Medicine

Author #4
Jen Hayashi, MD
Johns Hopkins Bayview
Johns Hopkins Medicine

Author #5
Paula Teague D. Min
Clinical Pastoral Care- Johns Hopkins Bayview
Johns Hopkins Medical Institute

Author #6
Pam Jeffries, PhD, RN, FAAN, ANEF
Johns Hopkins University
School of Nursing

Author #7
Anne Lin, Pharm D
Notre Dame of Maryland University
School of Pharmacy

Background: This presentation will describe the results of a pilot Phase 1 project funded by the Health Research and Service Administration. The focus of the project is to incorporate technology, in an innovative manner, into shared IPE learning experiences. Targeted learners are advance nursing education students, resident trainees, pharmacy trainees, and clinical pastoral care trainees. Faculty and student on-line learning, followed by home visit simulations, and then recorded student/trainee led home visits in the Johns Hopkins Elder House Call Program will be discussed.

Objectives:

1. Describe the technology associated with the project. Specifically, the;
   - Development of an Online IPE Collaborative Practice Community to provide a mechanism for students from the 4 disciplines to communicate, plan and debrief incorporating social media.
   - Use of I-pads to record and debrief home visits
   - Technology for evaluative purposes
2. Describe the curriculum of the project. Specifically, the;
   - On-line learning, simulation, and interdisciplinary home visits to house bound vulnerable elders
3. Discuss lessons learned, challenges and outcomes.

H8iv (20-minute Oral Presentations; Presentation Theme: Clinical)

Effect of Interprofessional Education (IPE) on Interprofessional Collaboration (IPC) Among Nursing and Occupational Therapist Assistant and Physiotherapist

Author #1
Lynda Atack R.N., PhD
Centennial College

Author #2
Michelle Hughes, R.N., BScN, MEd
Centennial College

Author #3
Audrey Kenmir, R.N., BScN, MN
Centennial College

Author #4
Patricia Lee, BScPT, MEd
Centennial College

Author #5
Celia Mirco, BScOT., Reg., MA Ed
Centennial College

Objectives:

1. Explore the interactive educational interventions developed, involving case studies and simulation to promote interprofessional learning in healthcare students.
2. Review the impact the educational interventions had on the healthcare students and their learning in their first and second clinical experiences.
3. Identify strategies for faculty to improve interprofessional collaboration for healthcare students within program curriculae.

Background: Healthcare teams who are knowledgeable about each other's roles deliver higher quality care through collaboration. Students are frequently educated in silos with minimal opportunity to learn about and from each other. To remedy that gap, faculty from Nursing and OTA/PTA programs developed and implemented interprofessional educational sessions on role clarification, collaboration and communication. Research was conducted to examine the effects of IPE on students' engagement in IPC during their first clinical experience.

Methodology: A pre-test post-test quasi-experimental study using surveys and focus group interviews was conducted to measure change in students' perception of the interprofessional competencies and the impact of the educational initiative had on their clinical experience.

Results: Results indicate students perceived they had demonstrated more positive attitudes related to interprofessional practice after first clinical experience. Focus group data suggests this was because of increased role recognition, of own profession and of other professions, and perceived skill enhancement through shared learning.
The second year of the study is currently underway to re-assess the interprofessional experience on the students' second clinical experience. Results regarding learning transfer will be shared.

Conclusion: Evidence supports IPE as a way to enhance awareness of own and other professional roles. An increased understanding of each other's roles and skills, changed students' attitudes about health professions and enhanced collaboration towards client-centered outcomes.
Further research is needed to effectively integrate interprofessional activities into curriculae to support interprofessional learning and collaboration for future healthcare providers.

H9i (20-minute Oral Presentations; Presentation Theme: Patient & Leadership)

Students' Appreciation of the Integration of Patients as Co-trainers in a Collaborative Practice IPE Curriculum at Université de Montréal

Author #1
Marie-Claude Vanier
Faculty of Pharmacy
Université de Montréal

Author #2
Audrey-Maude Mercier
Office of the Patient Partner Expertise, Faculty of Medicine
Université de Montréal

Author #3
Vincent Dumez
Office of the Patient Partner Expertise, Faculty of Medicine
Université de Montréal

Author #4
Eric Drouin
Faculty of Medicine
Université de Montréal

Author #5
Paule Lebel
Faculty of Medicine
Université de Montréal

Author #6
Fanny Guerin
Department of Psychology, Faculty of Arts and Sciences
Université de Montréal

Author #7
Andre Neron
Office of the Patient Partner Expertise, Faculty of Medicine
Université de Montréal

Learning Objectives:

1) Recognize positive impacts of patients as trainers in IPE activities.
2) Compare two different workshop formats using patients as trainers.
3) Bring home one idea on how to involve patients in IPE curriculum.

Background: Patient centered care is widely promoted. UdeM currently teaches the concept of partnership in care, which further engages the patient in his own care process. Patients contribution to teaching can facilitate understanding of this new concept. For the past 2 years the UdeM Office of Patient Partner Expertise (OPPE) collaborated in the planning of IPE activities. We will report on students' appreciation of patients as trainers' involvement in 3h-workshops for 2 different IPE courses, each combining students from 10 different professions. Both workshops were co-lead by a patient and a health professional. CSS1900 workshop involved groups of 50 first year students and aimed at discovering different professions and the partnership in care concept. Students reflected on partnership through their own experiences, a video testemony and the patient's own story. CSS3900 workshop involved groups of 11 third year students who simulated an interprofessional care plan meeting.

Methods: Educational material was co-developped by professors and OPPE. Patients were selected by the OPPE according to specific criteria and trained before the workshops. Their role was to share experiential knowledge and give students feedback. Students completed an on-line appreciation questionnaire with 5-point Likert scale and open-ended questions.

Results: For CSS1900 workshop 786/1251 students completed questionnaire whereas 405/449 for workshop 3900. Amongst key findings, most students agreed or totally agreed that patient's participation in the activity was: 1) relevant (CSS1900=88,2%) (CSS3900=84,7%); 2) made the partnership in care concept more concrete (CSS1900=87,8%) (CSS3900=82,7%); 3) enriched discussions (CSS1900=87,7%) (CSS3900=91,4%).

Conclusion: Participation of patient as trainers is relevant, feasible and fosters a better understanding of partnership in care approach amongst students.

H9ii (20-minute Oral Presentations; Presentation Theme: Patient & Leadership)

Creative Co-Location: Development of a Primary Care/Mental Health Professional Exchange to Increase Access for Disadvantaged Patients with Mental Illness

Author #1
Karen Blackman, MD
Department of Family Medicine
Michigan State University College of Human Medicine

Author #2
Alyse Ley, DO
Division of Psychiatry
Michigan State University College of Human Medicine-College of Osteopathic Medicine

Author #3
Amy Romain, LMSW, ACSW
MSU-Sparrow Family Medicine Residency Program
Sparrow Health System

Author #4
David Picone, DO
Community Mental Health Authority of Clinton-Eaton-Ingham Counties

Author #5
Maureen Moloney, MSW, LMSW, ACSW, CAADC
Adult Mental Health Services
Community Mental Health Authority of Clinton-Eaton-Ingham Counties

Author #6
Rebecca Malouin, PhD
Departments of Family Medicine and Pediatrics
Michigan State University College of Human Medicine

Author #7
Dan Cater, BS
Michigan State University College of Human Medicine-College of Osteopathic Medicine

Author #8
Jed Magen, DO
Division of Psychiatry
Michigan State University College of Human Medicine

Author #9
Julie Phillips, MD, MPH
Department of Family Medicine
Michigan State University College of Human Medicine

Learning Objectives:
1. Describe the limitations of traditional primary care and psychiatric care models for patients with severe mental illness.
2. Describe one successful model for overcoming such barriers, using an exchange of primary care and mental health professionals into one another's care settings, with attention to interprofessional collaboration in each care setting.
3. Consider barriers to development of such an exchange, and strategies to overcome barriers.

Rationale: Patients with severe mental illness who are treated in the public sector often do not get primary care, even with insurance coverage, because of other care barriers. At the same time, many patients with significant mental illness are cared for by primary care providers, who could benefit from consultative psychiatric expertise. To better care for populations, psychiatrists must move from exclusively dyadic care practices to working with primary care providers in collaborative and supportive roles.

Methodology: Using an exchange model, a psychiatry residency program in a mid-sized U.S. city established a mental health service within two Family Medicine residency health centers serving disadvantaged patients. This service is supported by an embedded social worker. The same Family Medicine residency program established a primary care health center at the community's public mental health services provider (where Psychiatry residents and social work students also deliver care). This partnership is supported by donated expertise and services from the community's teaching hospital, residency programs, University, and public health service providers.

Results: Residents have given positive feedback. We anticipate that both clinics will become self-sustaining. The primary care clinic is anticipated to expand into a full-time Federally Qualified Health Center (Look-Alike). An interprofessional curriculum for participating learners is in development.

Conclusions: Exchanges of professionals across care settings can enhance patients' access and learners' educational experiences. Presenters will discuss challenges to implementation, solutions to challenges, and future directions.

H9iii (20-minute Oral Presentations; Presentation Theme: Patient & Leadership)

A Cultural Shift Towards Patient-centered Practice in the World of Interprofessional Collaboration at Community-based Mental Health Settings

Author #1
May Helfawi, HBSc, Master of Health Sciences Candidate
Department of Health Sciences
University of Ontario Institute of Technology

Author #2
Brenda Gamble, MSc. PhD, Assistant Professor at the Faculty of Health Sciences
Department of Health Sciences
University of Ontario Institute of Technology

Rationale: Interprofessional Collaboration (IPC) "occurs when multiple health workers provide comprehensive services by working together...to deliver the highest quality of care across settings" (WHO, 2010). The Canadian Mental Health Association CMHA (2010) reported that one in five Canadians will have a mental illness at some point in their lives. However, there remain few data about how to implement IPC in the delivery of care to mental health patients (Campbell et al., 2011). This study will examine the patient-centered experience, explore approaches by which interprofessional practice can be used to deliver patient-centered care at mental health settings, and examine how the dynamic of patient involvement works with respect to IPC.

Methodology: Data collection is ongoing until February 2013, and includes contextual observations, a paper-based questionnaire, and interviews of healthcare and social services workers as well as patients, at a large Canadian Hospital in Oshawa, Ontario. The questionnaire includes items on the professional's perceptions of IPC and patient involvement in the process of IPC. Contextual observations take place during weekly IPC rounds which occur on the Mental Health Unit, and will aid in selecting key informants to interview to gain further insight.

Expected Results: Patient involvement is limited by age, medical condition, as well as the context of the health care setting. Challenges to the delivery of patient-centered care stem from hierarchical interactions on an inter- and intra-professional level, as well as excluding the patient from the decision making process. These factors can cause delays in the patient discharge plan and increase patient wait times.

Conclusion: For interprofessional practice to be a reality there must be organizational policies supporting the cultural shift away from health professionals being trained to practice in intra-professional silos, to the adoption of education and training programs that promote collaborative patient-centered practice as a practice orientation.

H9iv (20-minute Oral Presentations; Presentation Theme: Patient & Leadership)

Scaling Up IPE: Issues and Strategies

Author #1
Gerri Lamb, PhD, RN, FAAN
College of Nursing and Health Innovation and the Herberger Institute for Design and the Arts
Arizona State University

Background: Moving from small to large-scale IPE is not a simple case of expanding scope and resources. Substantial strategic and operational issues associated with one-class or one-university IPE grow exponentially when tackled across universities and practice organizations. As the demand for broad-based educational and practice initiatives grows, it is critical to share local lessons for scaling up IPE. Local perspectives may contribute to an effective set of national strategies to accelerate the growth of IPE.

Methods: This presentation is based on observations and comparison of three projects designed to expand IPE initiatives. The first project was a cross-university program funded by the Macy Foundation to develop a new interprofessional primary care curriculum. The second and third projects address planning for IPE expansion at the multi-organizational and state levels.

Results: Initial efforts to implement IPE in larger venues needed to address common and well-known barriers to IPE, including faculty and clinical site incentives, scheduling, and concerns about meeting accreditation guidelines. As the scope of the IPE initiatives increased, these common issues remained with a new tier of structural, financial, and political concerns becoming more central and dominant. Navigating each set of issues required a more complex complement of skills and leadership strategies.

Conclusions: Accomplishing the shift from small scale to large scale IPE requires extensive planning and leadership. The issues in expanding IPE to multiple organizations, state collaboratives, and regions are more complicated than the already complex task of implementing IPE across multiple programs in one university. There is a significant role for sharing experiences and best practices in advancing this work.

Objectives:
1. Describe drivers of demand to scale up IPE initiatives.
2. Analyze changes in issues from small to large-scale IPE.
3. Identify strategies to accelerate scaling up IPE.

H10i (20-minute Oral Presentations; Presentation Theme: Curriculum)

Enriching Interdisciplinary Connections through the Identification of Common Student Learning Outcomes

Author #1
Maree O'Keefe
Faculty of Health Sciences
University of Adelaide

Author #2
Amanda Henderson
School of Nursing and Midwifery
Griffith University

Author #3
Rachael Pitt
Faculty of Humanities and Social Sciences
La Trobe University

Background: University health degree programs share a number of features that are similar across disciplines. As part of a national initiative pertaining to the articulation of higher education academic standards in Australia, this project was undertaken to identify a set of common learning outcomes to be achieved by all health care professional entry level graduates.

Methods: The accreditation standard/competency statements of learning outcomes for new graduates in 26 different Australian health care disciplines were compared using thematic qualitative analysis techniques. Across Australia, over 950 academic leaders and 70 stakeholder groups (councils of deans, accreditation councils and professional bodies) were consulted regarding the identified categories. In addition, a series of national workshops were conducted and a web-based survey undertaken. To evaluate the robustness of the analysis, each of the accreditation standard/competency learning outcomes of all 26 individual disciplines was subsequently mapped to the identified categories.

Results: Six overarching ‘threshold learning outcomes’ were identified. Every accreditation standard or competency of the 26 individual disciplines was successfully mapped to one of these six threshold learning outcomes with no additional categories required.

The project promoted sector wide engagement between universities and health care professional accreditation agencies around the key requirements of universities, health care professions and health care services.

Conclusions: The threshold learning outcomes developed as a result of this project provide an ideal basis for cross-disciplinary engagement and collaboration. In developing a common set of learning outcomes for health care from existing professional accreditation standard/competency statements, disciplinary autonomy and diversity was preserved.

Learning objectives:
1. To understand how a set of common learning objectives were identified
2. To understand the relationship between these common learning objectives and professional standards
3. To reflect on the potential for underpinning future interprofessional collaboration

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H10ii (20-minute Oral Presentations; Presentation Theme: Curriculum)

Institutionalizing Interprofessional Education at a Health Professions University

Author #1
Susan K. Tappert
Rosalind Franklin University

Author #2
Sarah Garber
Rosalind Franklin University

Author #3
Wendy Rheault
Rosalind Franklin University

Author #4
Judith Stoecker
Rosalind Franklin University

Background: The first decade of the 21st century has seen a movement in the world toward interprofessional education (IPE) and collaborative practice. Health professional education has moved along the continuum from siloed education to some IPE, but still has a long way to go to reach true IPE and collaborative practice. At Rosalind Franklin University (RFU) we, like many other institutions, have made the commitment to incorporate IPE into our educational structure. This presentation looks at the institutionalization of IPE at RFU.

Method: We developed a process to institutionalize IPE. First, we incorporated IPE into the University’s strategic plan. Next we established specific roles for various University personnel – what would be the responsibility of the deans, the faculty, the administration, etc. We identified fiscal and other resources. An interprofessional course for all incoming clinical students was developed and is the focal point of our IPE efforts. IPE began to extend beyond the designated IP course.

Results: Nine years later, interprofessionalism is an integral part of our University's mission and vision. Faculty, staff and administration support of IPE has grown. There are a number of IPE opportunities for the students. Institutional procedures relating to IPE are being created and documented. An Institute for IPE at RFU has initial funding.

Conclusion: Institutionalization of IPE at RFU is beginning to take hold because of the support that all levels of the University have given.
Objectives: Following the presentation the participant will be able to:
1. Discuss Characteristics of Institutionalization.
2. List examples of IPE institutionalization.
3. Devise a plan to incorporate aspects of RFU's institutionalization of IPE into other universities.

H10iii (20-minute Oral Presentations; Presentation Theme: Curriculum)

Making IPE Discipline Relevant

Author #1
Jacquelyn McClendon, PhD,APRN
School of Nursing, College of Health Professions
Wichita State University, Wichita, Kansas

Author #2
Kelly Anderson, MHS, RDH
Department of Dental Hygiene, College of Health Professions
Wichita State University, Wichita, Kansas

Author #3
Mary Koehn, PhD, APRN, Associate Dean
College of Health Professions
Wichita State University, Wichita, Kansas

Background: Introduction to Evidence Based Practice is a course taught to undergraduate nursing and dental hygiene students. The conceptual framework for the course incorporates Evidence Based Practice, Oral - Systemic Health Connections and Interprofessional Education and Practice.

Learning Objectives - participants will be able to:
1. Make an IPE Evidence Based Practice (EBP) course relevant to pre-licensure nursing and dental hygiene students
2. Describe assignments used to teach the IPEC competencies for collaborative practice
3. Describe how the interprofessional faculty used IPEC competencies to overcome barriers

Methods / Methodology: Students learn the process of EBP within the oral - systemic health connection by using research related to periodontal disease, diabetes and pregnancy. Students also complete the interprofessional oral curriculum, Smiles for Life, on-line. Students use evidence to answer questions in a simulated case study. Other course assignments include:
1. Values/Ethics: Students develop group norms and evaluate peers on contribution to projects and respectful, professional behavior.
2. Roles andR esponsibilities: Students teach each other about their roles in oral health.
3. Communication: Students collaborate with each other to complete several assignments and present an EBP poster to peers and faculty.
4. Teamwork: Students work in interprofessional teams to gain competency of the EBP skills throughout the course.

Results: Student quote: "Although it required frustrating nights of analyzing research,I believe it was worth it. The education will be helpful throughout school and later in my career. The ability to work as a team was crucial for this course." The faculty received a Curricular Innovation Award from the Oral Health Nursing Education Program 2012.

Conclusions: Efforts to make an EBP course discipline relevant have been successful. Course materials will be available to other other interprofessional faculty per the agreement with the OHNEP program.

H10iv (20-minute Oral Presentations; Presentation Theme: Curriculum)

Unique Program for Nurses in Israel

Author #1
Yafa Haron
Nursing Department
Academic College of Tel - Aviv -Jaffa, Israel

Author #2
Pazit Azuri
Nursing Department
Academic College of Tel-Aviv Jaffa. Israel

Background: Training programs for graduate registered nurses in Israel have been held for several years in three main tracks: four year academic programs in universities and colleges, 2.5 to 3 year diploma programs in nursing schools, and the career change track intended for those with an academic degree (not in nursing) who can earn a nursing degree in two years. The Academic College of Tel Aviv-Jaffa launched a unique program this year. One of the goals of the program is to prepare future nurses to meet the developments and changes occurring in the Western world in general and in Israel in particular. The new program emphasizes the elements of medical education, patient empowerment and patient participation in treatment planning. It prepares graduates to serve effectively as qualified Health Coaches, a role that seems vital to the health system in Israel, due to the multiplicity and variety of treatment options, patients' rights and the public's growing awareness of difficulties that exist within the public health system. However, nurses in Israel are not as well-trained to fill this role. Since this program is new in nursing education, the program will also participate in a prospective study that will include students in the Department of Nursing and a control group of students from the Psychology Department. The study will evaluate the development of the students' professional identity during training and its effect on tirhe choice of occupational field after training. Details of the new program, information on the research designed to evaluate it and preliminary findings will be presented at the conference.

H11i (20-minute Oral Presentations; Presentation Theme: Continuing Professional Development)

Training the Trainer – Understanding the Process of Learning to Facilitate

Author #1
Elizabeth Taylor
Faculty of Rehabilitation Medicine
University of Alberta

Author #2
Sharla King
Health Sciences Education and Research Commons
University of Alberta

Author #3
Chris Ward
Faculty of Medicine and Dentistry
University of Alberta

Author #4
Rosemarie Cunningham
Faculty of Medicine and Dentistry
University of Alberta

Background: The delivery of health care is increasingly team-based. However, health education has historically focused on knowledge content, leaving many professionals without the process skills necessary to operate in collaborative health teams. Since 1992, an essential component of pre-licensure health science students' preparation for the workforce is addressed at the University of Alberta through INTD 410: Interdisciplinary Health Team Development. This course is now mandatory for nine Health Science programs – approximately 1200 students. Small, facilitated groups engage in problem based learning leading to foundational competencies required by interprofessional health teams, as well as an understanding of the role of other health disciplines, and their own place on a team. This means that there are 120 teams in 20 classrooms, requiring 40 - 45 co-facilitators. One challenge is ensuring consistency among all the classrooms. The course planning committee has worked to develop strategies to adequately prepare facilitators drawn from faculty and community professionals with diverse backgrounds and experiences. Co-facilitators are charged with guiding students in learning interprofessional competencies, while using and modeling these competencies themselves.

Objectives: The purpose of this research was to describe co-facilitator teams through:

1. Exploring how pairs worked together
2. Examining defined skills used in the classroom
3. Developing a framework delineating how and when skills were used with students

Methods: Fourteen facilitators participated in a pre-course, semi-structured focus group that defined course expectations and previous experience. Six participants completed ongoing reflective journals. There were nine post-course individual interviews. Fourteen participants contributed in post-course focus groups. Analyzed data led to a framework showing the evolution of facilitation skills.

Outcomes: A model of how facilitation skills evolve was developed. Results indicate that facilitators move between a Mentorship and Collaborative model, but at times use a more traditional coordination process to master specific interprofessional and facilitation skills.

H11ii (20-minute Oral Presentations; Presentation Theme: Continuing Professional Development)

Collaboration Across Medicine, Nursing, and Pharmacy Continuing Education Accreditation

Author #1
Peter H. Vlasses
Executive Director
Accreditation Council for Pharmacy Education

Author #2
Murray Kopelow
President and Chief Executive Officer
Accreditation Council for Continuing Medical Education

Author #3
Karen Drenkard
Executive Director
American Nurses Credentialing Center

Background: Professional health care practice benefits from the integration of clinical care, education, research, and administration. Recently, there has been growing emphasis on interprofessional education (IPE) in pre-service degree preparation. To date, little attention has been paid to the value and need for IPE in post-graduate or continuing education. To address this need, the national continuing education accrediting agencies for three professions have collaborated to develop the first joint inter-professional continuing education accreditation process. The project is an example of innovation in both inter-professional education as well as interprofessional administrative practice.

After a decade in development, the Accreditation Council for Pharmacy Education (ACPE), the American Nurses Credentialing Center (ANCC) and the Accreditation Council for Continuing Medical Education (ACCME) are jointly accrediting institutions and organizations that provide continuing education 'for the team by the team' within their previously accredited continuing education programs. Since implementation in 2009, seven organizations have been awarded Joint Accreditation and numerous providers have expressed interest.

This collaborative project is a demonstration of the interprofessional "performance in practice" competencies by the three accrediting bodies. ACPE, ANCC and ACCME incorporated the interprofessional competencies of values/ethics, roles and responsibilities, interprofessional communications, and teams and teamwork to create an innovative health care education accreditation. This required creating a unified, streamlined joint application process and developing joint accreditation criteria for both the provider of interprofessional education as well as interprofessional standards for individual education activities.

The presentation will:
1. Describe a brief overview of the journey to develop the innovative accreditation collaborative.
2. Explain the Joint CE Provider Accreditation process and the benefits to the provider.
3. Apply strategies learned to your own institution's CE activities.

H11iii (20-minute Oral Presentations; Presentation Theme: Continuing Professional Development)

How to Achieve the Development of a Continuing Interprofessional Development Strategy for Community Social Pediatrics?

Author #1
Francine Borduas M.D.
President, Continuing Professional Development Strategic Committee
Médecins francophones du Canada

Author #2
Céline Monette
C.E.O.
Médecins francophones du Canada

Author #3
Gilles Julien M.D.
President
Fondation du Dr Julien

Author #4
Hélène Sioui Trudel, B.A., LL.L
Director Research and Development
Alliance Droit et Santé, Garage à musique et F.E.R.

Background: Community social pediatric (CSP) is new field that relies on collaboration among professionals, patients, family and community so that vulnerable populations of children can develop fully. As CSP became more in demand, there was no continuing interprofessional development (CID) material or activities available.

Objectives: We present an approach for developing a CID strategy in CSP. At the end of the presentation the learner will be able to:

1. Explain the new CSP field
2. Describe the CID strategy development approach
3. Explain the key strategic elements to reach consensus among CSP professionals

Methods: A strategy was developed integrating a vision, a mission, a goal and a plan of action that rely on a common base for all CSP professionals. A theoretical basis and all core values, competencies, expected behaviors where identified and translated into a CID portfolio. The latter used by a pedagogic and scientific committee to develop a CID concept.

Results: The advantage of this approach is to have an integrated CID strategy based on the desired practice. It allows experts from various professions in this new field of CSP to agree on the same CID portfolio and to contribute to the implementation of a CID continuum concept that support and influence the training of physicians and other professionals.

Conclusion: A partnership between Médecins francophones du Canada and Fondation du Dr Julien, fostered the contribution of CSP experts to develop a strategic plan that translates in a CID continuum. It aims at facilitating expertise sharing, skills improveme nt and capacity building in the field of CSP for an interprofessional global practice based on the implementation of the Child Rights Convention.

H11iv (20-minute Oral Presentations; Presentation Theme: Continuing Professional Development)

Faculty Development for a Two-Year Longitudinal Interprofessional Education (IPE) Program: Looking Back and Moving Forward

Author #1
Elena M. Umland
Jefferson School of Pharmacy
Thomas Jefferson University

Author #2
Lauren Collins
Department of Family and Community Medicine
Thomas Jefferson University

Author #3
Julia Ward
Jefferson School of Nursing
Thomas Jefferson University

Author #4
Reena Antony
Jefferson Interprofessional Education Center
Thomas Jefferson University

Author #5
Sokha Koeuth
Jefferson Interprofessional Education Center
Thomas Jefferson University

Background: The Health Mentors Program (HMP) incorporates students from six different professions in a two-year longitudinal program at Thomas Jefferson University (TJU). A core faculty group is responsible for the development, implementation and maintenance of this program. However, over the program's five-year tenure, it has become increasingly clear that faculty development is necessary to enhance and sustain faculty participation in this large IPE endeavor and that additional faculty recruitment is needed.

Methods: The interprofessional faculty development program at TJU provides faculty with tools to function as effective small group facilitators in interprofessional sessions. A "frequently asked questions" guide is available to all faculty, and seasoned IPE faculty serve as support contacts for novice faculty. Faculty instructional guides, relevant reading material, and face-to-face development workshops are available prior to each HMP small group session; each workshop is recorded for faculty unable to attend live sessions. For their first IPE facilitation experience, novice faculty are paired with seasoned IPE faculty. Satisfaction surveys to evaluate these faculty development efforts are administered to session facilitators. Students complete anonymous evaluations of each faculty facilitator. These results provide the faculty with formative feedback.

Results: Faculty survey data is being evaluated and will be reported. Student feedback (60% response rate to the faculty evaluations) has been reported by faculty as very helpful.
Conclusions: The findings suggest faculty are receptive to the development sessions and appreciate the student feedback. They express an increased confidence in their ability to facilitate future IPE sessions.

Learning Objectives:

1. Identify the need for faculty development as part of the planning of any IPE experience/curricula.
2. Identify tools for faculty development that focus on the facilitation of interprofessional small group sessions.
3. Discuss strategies to recruit new faculty and sustain faculty participation in IPE.

H12i (20-minute Oral Presentations; Presentation Theme: Team & Partnership/Community & Leadership)

Understanding Team Formation in Health Professions Students during Interprofessional Activities

Author #1
Andrea L. Pfefle, EdD PT
Center for Interprofessional HealthCare Education, Research & Practice
University of Kentucky

Author #2
Madeline Aulisio, MPH Candidate
College of Public Health
University of Kentucky

Author #3
James A. Ballard, MS Ed
Center for Interprofessional HealthCare Education, Research & Practice
University of Kentucky

Author #4
Cathy Catlett, MSN, RN
College of Nursing
University of Kentucky

Author #5
Mandy Jones, PharmD, PA-C, BCPS
College of Pharmacy
University of Kentucky

Author #6
David W. Rudy
College of Medicine
University of Kentucky

Author #7
Elaine Wittenberg-Lyles, PhD
Markey Cancer Center and Department of Communication
University of Kentucky

Background: Interprofessional collaborative practice is emerging as a preferred model for healthcare delivery and health professions curricula are gradually moving to include opportunities to teach students how to work together. Yet little has been done empirically to help us understand how students learn to become effective team members and hence, many curricular interventions designed to do this are grounded in reasoned guesses at best. This study used qualitative methods to learn more about how students form teams while participating in an interprofessional activity early in their educational programs.

Methods: Students (N=344) from the Colleges of Medicine, Pharmacy and Nursing worked in teams to interview, examine, and plan next steps with a patient in a patient-centered medical home 1 week after discharge from the hospital. Interactions within and across teams were audiorecorded and subsequently analyzed.

Results: Preliminary analysis revealed two overarching themes: 1) Peer support contributes significantly to early team formation; and is manifested through accolades, positive student to student feedback and empathy expressed when sharing concerns about their abilities to perform clinical activities. 2) Patterns of successful team communication were established early through student introductions; sharing what had been learned in previous coursework, prior clinical exposure or simulated experiences, and from others about IPE activities and similar experiences.

Focus groups following the interprofessional activity confirmed these themes as central to students' perceived value of the benefit of working across disciplines. Specific examples described by the students of the immediate impact they enjoyed after the activity included multiple patterns of social networking outside the classroom.

Conclusions: Interprofessional team care is once again emerging as the preferred patient-centered model of care (Mendez, et al, 2008). This study provides preliminary insights into the process through which students learn to be part of an interprofessional team within the context of a simulated patient encounter.

H12ii (20-minute Oral Presentations; Presentation Theme: Team & Partnership/Community & Leadership)

Collaborating Across Indiana: Academic and Community Partners in IPE

Author #1
Lynn T. Olszewski, RN, MSA
Northwest Indiana Area Health Education Center/Purdue University Calumet

Author #2
Sandra Behrens, RN, MBA
Consultant

Author #3
Jennifer Anderson, LCSW, MAC
Indiana University Northwest

Background: Indiana AHEC is a leader in facilitating community academic partnerships that bring student learners together simultaneously from multiple health professions training programs in ambulatory care settings. With the emerging emphasis on IPE, a 4-week clinical rotation was developed with support from each academic partner and implemented in a community health center.

Objectives:

1. Describe a successful multi-institutional IPE ambulatory clinical model in an underserved CHC setting
2. Hear voiced feedback from students, faculty, site providers and staff
3. Discuss the National AHEC Organization's commitment to develop IPE Certified Clinical Sites

Methods: Over a one month period during clinical placements for medical, dental, master in social work, family nurse practitioner, nursing, and Pharm-D health professions training programs, students were collectively oriented to IPE with a focus on its core competencies. Students were charged with conducting self-directed IPE care conferences. Each student took turns researching and introducing actual patient cases at the clinic. Another student facilitated the discussion. All students were charged with developing and sharing a plan of care for each patient from their health discipline's perspective. Students evaluated themselves and the process on an ongoing basis.

Results:

- Each student documented and verbalized the value of participating
- Students voiced an increased understanding and respect for the other disciplines
- Students indicated they would purposefully incorporate consultations wit h other disciplines once in practice knowing it would improve the quality of care
- An increased awareness of the value of collaboration was demonstrated by providers and staff at the health center

Conclusions:

- Multi-institutional IPE in a community-based setting has positive benefits for students, faculty, and staff that outweigh the challenges
- Future experiences will be enhanced by coordinating IPE curricular and preceptor/faculty development and by applying appropriate criteria to enable Certification of Ambulatory Clinical Training Sites

H12iii (20-minute Oral Presentations; Presentation Theme: Team & Partnership/Community & Leadership)

Evidence of an Interprofessional Culture in the Writing of Health Professsional Students: A Qualitative Content and Rhetorical Analysis

Author #1
Tom G. Smith
Center for Academic Excellence/Writing Center
Medical University of South Carolina

Author #2
Amy V. Blue
Provost's Office
Medical University of South Carolina

Background: MUSC's effort to teach students to be effective interprofessional team members is called Creating Collaborative Care(C3), a quality enhancement plan (QEP). C3 aims to alter educational practices and clinical care environments; success includes the goal of shifting the institutional culture toward interprofessionalism. Traditional assessments can measure students' knowledge, attitudes, or behaviors regarding interprofessionalism. However, despite their importance and necessity, these assessments do not suggest the degree to which students adopt interprofessionalism as a value of their professional culture. Qualitatively assessing an existing cultural production—student texts written for reasons unrelated to interprofessional education—yields a more "natural" assessment of the impact of C3 on institutional culture.

Methods: With IRB approval, student writing samples were submitted annually for three years, anonymously and voluntarily. Texts were written as part of routine pre-professional activity(e.g. residency personal statements). Students were aware the data were collected for a writing study , but not to answer a research question related to interprofessional education.

Results: De-identified data were qualitatively analyzed using rhetorical and content analysis methods. The incidence of discussion of interprofessional issues within the "natural" writing showed student endorsement and concern for IP work environments. The prevalence and depth of such comments changed over the study period. These qualitative changes indicate a potential evolution toward culture-wide appreciation of interprofessionalism among students.

Conclusions: We found qualitative evidence of C3 culture change in natural student writing. This presentation offers a novel qualitative means for assessing interprofessional education programs' impact on institutional culture.

Objectives:
1. Consider alternative routes to IP assessment.
2. Learn rhetorical content analysis methods for assessment of IP learning.
3. Understand how values are reflected in health professional writing.

H12iv (20-minute Oral Presentations; Presentation Theme: Team & Partnership/Community & Leadership)

A Comparison of Four Methods of Teaching Professional Roles and Responsibilities

Author #1
Ginge Kettenbach, PhD, PT
Program in Physical Therapy and Center for Interprofessional Education and Research
Saint Louis University

Author #2
Irma Ruebling, MA, PT
Center for Interprofessional Education and Research
Saint Louis University

Author #3
Alfred Frager, MS(R)
Center for Interprofessional Education and Research
Saint Louis University

Author #4
Nina Westhus, PhD, RN
School of Nursing and Center for Interprofessional Education and Research
Saint Louis University

Author #5
Rebecca Banks, MA, MSW, ACSW
School of Social Work and Center for Interprofessional Education and Research
Saint Louis University

Author #6
Kathy Kienstra, MAT, RT(R)(T)
Radiation Therapy Program and Center for Interprofessional Education and Research
Saint Louis University

Background/Rationale: Knowledge of health professional roles and responsibilities in patient care is a primary student learning outcome of interprofessional education (IPE). A case-based questionnaire, the Professional Roles Questionnaire, was developed to assess the effectiveness of four educational interventions in teaching students health professional roles and responsibilities. We hypothesized that differences would exist between the standard and experimental teaching interventions and that use of all of the interventions would be the most effective in teaching professional roles.

Methods/Methodology: This research is a quasi-experimental, pre-test – post-test design. The experimental interventions included 1) a standard teaching methodology including interprofessional (IP) Grand rounds (all groups received this methodology), 2) the addition of weekly quizzes alone, 3) the addition of a written assignment to select professions most likely to perform a task in a case scenario, 4) the use of all interventions mentioned above. SPSS 19.0 was used to analyze data.

Results: With examination of the results it is evident that certain professions received greater amounts of change after the course than others. A repeated measures ANOVA was used to analyze data. Results indicated a significant interaction between intervention type and time, $F(3, 475) = 6.78$, $p<.001$, as well as main effects for time alone $F(1, 475) = 72.48$, $p<.001$. Comparisons of the different interventions were then run using a Tukey adjustment.

Conclusions: These results suggest that the different interventions had differing effects on the students. This has implications for identifying best practice in teaching IP roles and responsibilities.

Objectives: After attending this presentation, the conference attendee will be able to:

1. Describe the standard and additional educational interventions used to teach students professional roles and responsibilities.
2. Describe the quasi-experimental design used in this study.
3. Describe the results of the various educational interventions used to teach professional roles and responsibilities.