

## 2019 ASAHP Annual Conference – Concurrent Schedule

### WEDNESDAY, OCTOBER 16, 2019 (1:00pm-3:00pm)

#### EMERALD 1

#### **CONCURRENT SESSION A: INNOVATIONS IN REHABILITATION & SELECT TOPICS IN ALLIED HEALTH**

**A.1 (1:00pm-1:20pm): ENHANCING OUTCOMES BY BRIDGING THE GAPS IN ENGAGEMENT THROUGH REHABTRACKER;** Tammy Graham (Kindred Healthcare); Matt Sivret (Kindred Healthcare; VP Quality & Systems)

RehabTracker positively impacts Kindred Healthcare's engagement with new avenues of advanced technology for the patient, their families and our treating clinicians. RehabTracker shares just the right information to suit the specific needs of each participant in the rehab journey addressing the issues of: Aging Populations & Technology, Complex Rehabilitation Networks and Data Overload.

**Method:** Through live observation, routine data analysis and continuous collaboration with patients, families and clinicians, RehabTracker is designed and built to suit the changing needs and desire of the users, creating a more robust and engaging experience.

**Outcomes:** RehabTracker provides positive clinical and operational impact. In a recent study, facilities with higher adoption of the tool show higher quality scores, FIM gains, length of stay efficiency, and discharge to community.

**Conclusion:** Communication barriers from technological age gaps, rehab network complexity and data overload can cause us to derail from the primary focus of quality engagement. RehabTracker helps us to embrace these changes as a means to nurture engagement and enhance outcomes. The world will continue to evolve. The way we care for our patients should too.

**A.2 (1:25pm-1:45pm): UNDERSTANDING THE SCOPE: OFFICIAL AND UNOFFICIAL FACULTY WORK IN A MATURE INTERPROFESSIONAL EDUCATION PROGRAM;** Kathryn Bell (Pacific University); Saje Davis-Risen (Pacific University)

**Hypothesis/Issue to be addressed:** This study was to assess the scope of faculty participation in interprofessional education (IPE) at Pacific University including: training in facilitation; types of activities; and perceived enablers and barriers to IP work. We hypothesized that faculty members participated in IPE work outside the formal IPE program.

**Method:** An initial questionnaire was sent to the entire faculty assessing history of participation in IPE and willingness to participate in a longer subsequent survey. Forty-six faculty members were sent a detailed follow up questionnaire.

**Observations/outcomes:** Faculty (n=16, response rate of 35%) reported wide variation in IPE training. Work outside the formal IPE program included laboratory and service-learning activities. Faculty reported recognition for IPE work as scholarship (13%), service (13%), teaching (6%), and “none” (13%). Enablers of IPE programming included administrative support (81%), available schedule/calendar (81%), and positive faculty attitudes (81%). Barriers included lack of financial resources (56%), problems with the schedule (63%), and student acceptance (56%).

**Conclusion:** A formal training program and discussions about faculty recognition are needed.

**A.3 (1:50pm-2:10pm): INCREASING FALL TO SPRING RETENTION IN FIRST-YEAR UNDERGRADUATE STUDENTS;** Lauren McCants (University of Cincinnati)

The University of Cincinnati has consistently high retention rates among first-time full-time freshmen enrolled in the College of Allied Health Sciences (CAHS). While about 90% of CAHS students were retraining at the larger university, CAHS observed that first-year students were leaving CAHS for other university programs at higher rates after just one semester. In late Fall 2017, this melt rate reached 33% with some individual programs losing over 50% of students who had enrolled just a few months earlier.

With an array of majors and programs, there were several areas for improvement including curriculum design, admissions standards, early assurance pathways, and an expanded first-year academic support model for a group of at-risk students. These adjustments and changes resulted in substantial improvement in retention the following academic year. Specifically, CAHS retained 88% of the first year students from Fall 2018 into Spring 2019. This rate was up from 67% the year prior and surpassed a five-year average of 78%. In this session, we will outline the factors that contributed to melt and the changes that were made which significantly improved Fall to Spring first-year student retention.

**A.4 (2:15pm-2:35pm): PREDICTORS OF PERFORMANCE ON MEDICAL COLLEGE ADMISSION TEST (MCAT) FOR POST-BACCALAUREATE PRE-MEDICAL STUDENTS: ANALYSIS OF EDUCATIONAL METRICS;** Yuliya Dobrydneva (GWU School of Medicine and Health Sciences); Rohini Ganjoo (GWU School of Medicine and Health Sciences); Lisa Schwartz (GWU School of Medicine and Health Sciences)

Post-baccalaureate pre-medical programs are intended to provide prerequisite coursework for non-life science majors who want to become physicians. Students entering these programs generally do not have previous exposure to natural sciences, such as physics, chemistry, biology and biochemistry. Thus, post-baccalaureate programs are searching for criteria that can predict the likelihood of success in academics and eventually, on Medical College Admissions Test (MCAT).

**Education need:** this pilot study aims to determine characteristics of scientifically naive, career changer pre-medical students that predict the outcome of their MCAT.

**Method:** Educational data were obtained from student's records. Statistical analysis was conducted on the demographics/educational metrics, including undergraduate major, SAT (Scholastic Assessment Test), undergraduate GPA, and MCAT.

**Results and conclusion:** There is a moderate positive correlation between SAT and MCAT performance, as well as correlation with other educational data. However, other non-quantitative traits reflecting applicant's aptitude for medicine, should be considered alongside with standardized scores as predictors of future success in medicine and health professions.

**A.5 (2:40pm-3:00pm): AREAS OF STRENGTH AND OPPORTUNITIES FOR IMPROVEMENT HIGHLIGHTED BY A MAYO CLINIC SCHOOL OF HEALTH SCIENCES STUDENT SURVEY;** Ryan Prigge (Mayo Clinic School of Health Sciences); Stacey Rizza (Mayo Clinic School of Health Sciences); Ruth Bello (Mayo Clinic School of Health Sciences); Ryan Prigge (Mayo Clinic School of Health Sciences)

**Hypothesis/Issue to be addressed:** The Mayo Clinic School of Health Sciences (MCSHS) investigated the status and usefulness of school-provided resources, well-being domains, and other factors that could impact students and their learning environments.

**Methods:** A 20-question survey was sent to 526 active learners at the MCSHS. The survey remained open for one month, resulting in a 30% response rate.

**Observations/Outcomes:** The following responses were relevant to MCSHS learners:

95% of learners agreed that MCSHS provides a supportive learning environment.

61% of learners noted orientation was the preferred method for receiving resources and information.

60% of learners identified financial stresses as a major hurdle to success.

33% of learners cited Mayo Clinic's reputation as the reason they chose MCSHS.

10 % of learners have witnessed or experienced a discriminatory act

**Conclusion:** 96 % of MCSHS learners would recommend the School to others. By far, orientation was the most useful channel of reaching students with key information. Unfortunately, 10% of MCSHS learners witnessed/experienced discrimination in their educational experience. The survey was invaluable in identifying strengths, opportunities, and challenges.

## **EMERALD 2**

### **CONCURRENT SESSION B: LEADERSHIP**

**B.1 (1:00pm-1:20pm):** STUDENT PREFERENCES IN THE SELECTION OF A GRADUATE HEALTHCARE MANAGEMENT PROGRAM: A CONJOINT ANALYSIS STUDY; Matthew Anderson (UT Health Science Center San Antonio)

**Issue:** As the healthcare landscape rapidly changes, graduate healthcare management programs are required to position themselves to educate the next generation of healthcare leaders in a highly competitive landscape.

**Method:** We surveyed all applicants in the 2018 admissions cycle (n=512) to determine which attributes were most important in choice of a graduate healthcare management program. We utilized conjoint analysis to estimate the utilities and importance scores of six different attributes: US News & World Report (USNWR) Ranking, Cost, Work Experience, Geography, Distance to Home, and Salary. We then conducted a market simulation to predict relative market share of academic programs.

**Outcomes:** The most important attribute to prospective healthcare management students was the projected starting salary, with USNWR ranking and tuition cost serving as the second and third most important attributes, respectively. Each attribute was relatively inelastic respective to cost.

**Conclusion:** While future leaders placed the most value on future earnings when selecting a program, they also valued rankings and cost. By focusing on these attributes, programs can adjust to recruit the best potential future healthcare leaders.

**B.2 (1:25pm-1:45pm):** UTILIZING SHARED EXPERTISE ACROSS CONTEXTS TO ENGAGE IN MULTI-INSTITUTIONAL INTERPROFESSIONAL SCHOLARSHIP; Anthony Breitbach (Saint Louis University); Kelly Lockeman (Virginia Commonwealth University); Tina Gualdo (Louisiana State University Health Sciences Center-New Orleans); Karen Pardue (University of New England); Kathrin Eliot (University of Oklahoma Health Sciences Center); Amanda Goumas (Louisiana State University Health Sciences Center-New Orleans); Ginge Kettenbach (Saint Louis University); Sharon Lanning (Virginia Commonwealth University); Bernice Mills (University of New England)

**Hypothesis/Issue:** Research in IPE most often occurs in single institutions/contexts with unique/single assessment tools. Comparing pedagogical approaches and assessment tools across contexts and learner levels are necessary in the preparation of “collaborative-ready” health professionals. Introductory IPE learning experiences are a common thread that introduce students to the basic tenets of professional roles, communication and collaboration. The Interprofessional Education Collaborative (IPEC) competencies and Donabedian’s quality improvement (QI) model can provide a framework for collaborative scholarship. **Method:** The IPE Research Collaborative (IPE-RC) brought together researchers from four universities that deliver introductory interprofessional learning experiences. The IPE-RC operationalized the IPEC competencies in their collaboration using Donabedian’s QI model.

**Observations/Outcomes:** The IPE-RC formed a team to successfully co-create a large scale multi-institutional research project.

**Conclusion:** The IPE-RC demonstrates, using a systematic approach mirroring IP practice, how researchers from multiple institutions can study introductory IPE learning experiences across different contexts and learner levels.

**B.3 (1:50pm-2:10pm):** LEADERSHIP PIPELINE DEVELOPMENT: OUR MODEL OF BUILDING SUSTAINABLE LEADERSHIP; Harold P. Jones; Janelle M. Chiasera (University of Alabama at Birmingham)

**Issue:** In any organization, the loss of key talent or failure to fill critical roles efficiently can delay or derail an institution’s trajectory. Some organizations have implemented succession planning, a long-term framework for developing leadership successors, to assure the right people are ready to fill roles when vacancies arise. Although the benefits of succession planning are well described, it is not a practice widespread within higher education.

**Method:** We implemented a school-based leadership program to develop leaders at all levels for succession planning purposes. Three cohorts of faculty and staff participated in the program. The curriculum spanned two years and included five components: leadership principles, organization specific

topics, self-assessments, individual development plans, and a mentored leadership project.

**Observations:** Twenty-six participants completed the program from 2009-2016. Fifty percent of participants attained advanced leadership positions and 62% of those who assumed advanced positions were internal to our University.

**Conclusion:** A concerted effort in leadership development provided a pipeline of internal candidates ready to assume leadership positions within and outside the university

**B.4 (2:15pm-2:35pm): BE A CHAMELEON -- AVOID LEADING FROM ONE COLOR;** Lisa Dorsey (Saint Louis University); Chris A. Sebelski (Saint Louis University); Vicki L. Moran (Saint Louis University); Jessica A. Perolio (Northeastern University)

**Issue:** The connection of leadership and confidence is well known. Similarly, a causal relationship exists between the level of self-efficacy possessed and the achieved outcome (McCormick et al, 2002). This study connects three influences to leadership: self-efficacy, current research, and self-identified leadership philosophy.

**Method:** This was a mixed methods study of women leaders with and without a titled position in higher education. Participant's completed a survey of their leader self-efficacy beliefs (Hannah et al, 2012) and a one-on-one semi-structured interview. The validated leadership self-efficacy instrument was scored for each section: action, means, and self-regulation efficacy. Additionally, an iterative review of the transcripts identified thematic leadership elements.

**Outcomes:** Overall, 85.9% (n=61) reported moderate to high leadership self-efficacy in each section of the instrument. Qualitative analysis revealed that participants identify as leaders even without a titled position and reported a multi-dimensional leadership approach. Conclusion - The presenters take an innovative look at intentional faculty leadership development by focusing on the need to engage multiple leadership theories in practice.

**B.5 (2:40pm-3:00pm): MEETING MANIA: A NEEDS ASSESSMENT OF MEETING QUALITY IN A SCHOOL OF HEALTH PROFESSIONS;** Aimee Gardner (Baylor College of Medicine)

**Introduction:** We performed a School-wide needs assessment of meeting quality.

**Methods:** All faculty/staff within the School of Health Professions (SHP) completed an anonymous, 31-item meeting quality survey along five factors: pre-meeting activity, time dynamics, interpersonal dynamics, discussion dynamics, and post-meeting activity. An overall average was calculated to represent the wasted-time index, with scores above 41% indicating substantial wasted time.

**Results:** Over half (53%) of all faculty/staff completed the survey. The overall wasted-time index was 39%. Areas that substantially contributed to the overall wasted-time index included pre-meeting activity, time dynamics, and post-meeting activity. The majority of respondents reported that their meetings lacked: input for the agenda (62%), distribution of necessary materials in advance (55%), efficient use of time (56%), engaged attendees (54%), clear action items after the meeting (51%), leader follow-up (54%), and opportunities for evaluating meeting quality (78%).

**Discussion:** Meetings within our School have a wasted-time index typical of those in business settings, with areas related to pre and post-meeting activity and time dynamics most ripe for improvement.

### **EMERALD 3**

#### **CONCURRENT SESSION C: MODELS OF EXCELLENCE AND CREATIVE APPROACHES FOR ENHANCING IPE/IPA**

**C.1 (1:00pm-1:20pm): USING A STUDENT LED RESEARCH PROJECT TO BUILD UNDERGRADUATE TEAMWORK AND CRITICAL THINKING SKILLS THROUGH DESIGN OF A NUTRITION CURRICULUM FOR EARLY CARE AND EDUCATION CENTERS AND HOME SETTINGS;** Brenda Bertrand (University of Alabama at Birmingham); Elizabeth Kroeger (University of Alabama at Birmingham)

**Issue:** Students of allied health disciplines need opportunities to develop critical thinking and teamwork. We describe a problem-based approach for a team based nutrition project in UAB's School of Health

Professions honors program with a faculty mentor and community partner.

**Method:** A team of undergraduates worked with Childcare Resources of Central Alabama to identify a nutrition-related problem in early care and education (ECE) centers. Students then designed a nutrition curriculum as the intervention, which will be pilot tested in eight ECE centers. Project progress was presented each semester at a research symposium.

**Outcomes:** Low intake of fruit and vegetables of children within ECE centers was the identified problem. Using social cognitive theory, the students developed the "Traveling Chef" curriculum, which targets three influential groups: teachers, children, and their parents. Students will pilot test the curriculum in eight classrooms and assess teacher/parent perceptions of the curriculum Fall 2019.

**Conclusion:** Students identified a real world problem, planned an intervention, and assessed its effectiveness, while developing critical thinking and teamwork skills essential for allied health disciplines.

**C.2 (1:25pm-1:45pm): ALL SEATED AT THE TABLE: IPE DINNER CONVERSATIONS WITH ALLIED HEALTH STUDENTS AT FAMILY HOUSES;** Brenda Mitchell (University of North Carolina at Chapel Hill); Lisa Cremeans (University of North Carolina at Chapel Hill); April Sawyer (University of North Carolina at Chapel Hill); Sascha Eisenstein (University of North Carolina at Chapel Hill)

As IPE expectations place greater demands on clinicians to work effectively with professionals, clients, and families, the realization is that students need additional experiences to prepare for these IPE encounters. They are expected to navigate various communication styles, levels of expertise, family dynamics and cultural preferences without extensive training or exposure. Engaging in informal conversations in addition to formal clinical arrangements is very important to develop effective clinical dialogue with individuals.

A six week model was created to allow groups of Allied Health students to engage in conversations with chronically ill individuals and their families during the dinner time at local family houses. The purpose of this experience was to provide students an opportunity to practice effective communication strategies between health care professionals and their patients/clients, actively listen to their concerns, and reflect. Weekly journaling helped them to process what they heard and saw then to share their observations with one another. The model utilized and journal themes will be shared and discussed highlighting the benefits and challenges and to encourage replication at other universities.

**C.3 (1:50pm-2:10pm): PREDICTORS OF STUDENT SATISFACTION WITH THE QUALITY OF HEALTH PROFESSIONS EDUCATIONAL PROGRAMS;** David Shelledy (University of Texas Health Science Center at San Antonio); Venessa Kodosky (UT Health San Antonio), Matthew Anderson (UT Health San Antonio), David Henzi (UT Health San Antonio)

We sought to identify predictors of students' satisfaction with the quality of their educational program upon graduation across six allied health professions.

**Method:** Exit surveys (n=992) were completed over 5-years. Graduates rated 40 statements about achievement of program competency goals, educational experiences, and satisfaction with the university. Predictor variables were entered into a forward stepwise regression analysis to determine their ability to predict satisfaction with the quality of the educational program.

**Results:** Survey participation rate was 94.8%. Independent variables predicted 79% of the variation in satisfaction with the quality of the program ( $R = 0.89$ ,  $R^2 = 0.79$ ,  $p < .0001$ ). The strongest predictor variables ( $p < .05$ ) were quality of instruction, acquiring needed competencies, use of effective teaching/learning methods, communication of academic policies, preparation for board examinations, faculty up-to-date, academic advising, IT support, curriculum, cultural competency, and admissions office.

**Conclusion:** Students' satisfaction with their health professions program was associated with high quality, up-to-date instruction, delivering the needed professional competencies and board exam preparation.

**C.4 (2:15pm-2:35pm): INTERPROFESSIONAL EDUCATION ACTIVITIES BETWEEN PHYSICAL THERAPY LEARNERS AND OTHER PROFESSIONS AT MAYO CLINIC;** Dave Krause (Mayo Clinic); Darren Calley (Mayo Clinic)

**Issue to be addressed:** Formal IPE experiences between PT and other professions have been conducted since 2007.

**Methods:** First year PT and MD students participate in two IPE sessions during anatomy. During year two, PT students work with 4th year MD students in a musculoskeletal case based workshop. PT residents share learning experiences with OT fellows during residency training. Assessments of IPE experiences include the Readiness for Interprofessional Learning Scale (RIPLS) and free response questions.

**Observations/Outcomes:** With the first year anatomy experience, responses were positive with 92% agreeing that IPE would help them interact with the other profession in the future. With the case-based workshop, post-workshop RIPLS scores were higher among PT students compared to MD students (86.3, SD 6.5 vs. 80.3, SD 8.8;  $p < 0.001$ ). Open-ended questions generated criticisms over timing, content and delivery. PT resident and OT fellow interactions were reflected in positive clinical experiences.

**Conclusion:** Positive IPE experiences can be conducted both early and later in professional education. The timing, content and delivery of IPE should be considered especially as learners progress to the later stages of training.

**C.5 (2:40pm-3:00pm): AN INTERPROFESSIONAL CAREGIVER INTERVIEW EXPERIENCE;** Nancy Carson (Medical University of South Carolina); Helen Martin (Medical University of South Carolina); Holly Wise (Medical University of South Carolina)

Many people serve as caregivers. To provide effective patient/family-centered care, clinicians need to understand caregiver challenges. An interprofessional (IP) student experience is provided to increase caregiver awareness, promote compassionate care, and build team-based skills to support patient/family-centered care. Occupational therapy, physical therapy, and physician assistant students are organized into IP groups of 3-4 students and each group interviews a caregiver. Each group meets with two other groups to share their interview experience and synthesize what they learned from the caregiver. These larger groups work together to reflect on the challenges and benefits of the caregiver role and design a presentation using the humanities to illustrate their findings. Quantitative data supports student participation in this experience to promote changes in attitudes that might lead to caring and compassion when interacting with caregivers and the recipients of their care. The use of the humanities enriches students' capacity to listen, interpret, and communicate effectively. This project is an example of an effective IP experience that broadens the students' view of healthcare and contributes to compassionate care.

## **OPAL TWO**

### **CONCURRENT SESSION D: MODELS OF EXCELLENCE AND CREATIVE APPROACHES FOR ENHANCING IPE/IPP**

**D.1 (1:00pm-1:20pm): A MULTI-INSTITUTIONAL EXPLORATION OF THE PROCESS AND IMPACT OF INTRODUCTORY INTERPROFESSIONAL EDUCATION;** Karen Pardue (University of New England); Kelly Lockeman (Virginia Commonwealth University); Anthony Breitbach (St. Louis University); Tina Gualdo (Louisiana State University Health Sciences Center, New Orleans); Kathrin Eliot (University of Oklahoma Health Sciences Center); Amanda Goumas (Louisiana State University Health Sciences Center); Ginge Kettenbach (St. Louis University); Sharon Lanning (Virginia Commonwealth University); Bernice Mills (UNE)

**Hypothesis:** Early Interprofessional Education (IPE) piques student interest and builds skill for team-based care, but faculty are challenged translating IPE competencies into curricular objectives, teaching methods and assessment. Further obstacles include diverse students (undergraduate vs. graduate), varying accreditation and instrumentation debate. This study explored IPE for meaningful outcomes with novice students and examined instruments to establish evidence for use with early learners.

**Methodology:** Students enrolled in introductory IPE experiences at 4 universities (N = 1756) in 2018-19

were invited to participate by completing pre and post-experience surveys which included demographics, open-ended questions of IPE learning and 3 validated tools common to IPE. Inferential analyses included paired t-tests, bivariate correlations and ANOVA. Open-ended responses were thematically analyzed.

**Outcomes:** 385 students completed both pre/posttest surveys. Only 1 measure demonstrated significant pre-post change; 2 showed evidence of convergent validity. Qualitative data highlights effective pedagogy/outcomes.

**Conclusion:** This is the first-known introductory IPE study comparing outcomes and instruments across diverse settings/students.

**D.2 (1:25pm-1:45pm): ENGAGING AND SUSTAINING MUTUALLY BENEFICIAL COMMUNITY AND CLINICAL PARTNERSHIPS FOR ENHANCED INTERPROFESSIONAL LEARNING EXPERIENCES;** Katie Sniffen (Saint Louis University); Jessica Barreca (Saint Louis University)

**Issue:** Providing interprofessional learning experiences for allied health students to observe and apply collaboration skills in the context of community and patient-centered team-based care requires collaborative relationships with community and clinical agencies. These partnerships are most successful when they ensure that the learner experience also strengthens the agency's functional capacity.

**Method:** The SLU Center for Interprofessional Education and Research (CIER) has developed a cyclical engagement process for establishing lasting collaborations of mutual benefit with community and clinical partners. The process enables long-term conversations for continuous improvement of the partnership.

**Outcomes:** Outcomes are collected across multiple stakeholders (students, site coordinators, community members, and patients). Outcome measurements assess achievement of learning outcomes, satisfaction with collaboration processes, and impact of team-based services.

**Conclusion:** Strategic building and maintenance of community and clinical partnerships with a client-centered approach can create meaningful interprofessional learning environments for students while also contributing to the positive health outcomes of the population.

**D.3 (1:50pm-2:10pm): BUILDING AFFECTIVE DOMAIN SKILLS IN HEALTHCARE STUDENTS: A COLLABORATION BETWEEN MUSC AND THE GIBBES MUSEUM OF ART;** Cynthia Dodds (MUSC); Brooke Mulrenin (MUSC); Carrie Cormack (MUSC); Lisa Kerr (MUSC)

**Hypothesis:** Students will demonstrate improved observation skills, nonverbal behaviors, and readiness for interprofessional learning following museum-based visual thinking strategy instruction in a museum setting.

**Methods:** To improve observation, communication, and interprofessional readiness (Bloom's Taxonomy Affective Domain Skills), 25 interprofessional students participated in small and large group activities within a museum setting involving healthcare and museum education faculty over 8 sessions.

**Outcomes:** Pre- and post-test outcomes measured included an observation-based assessment and the Readiness for Interprofessional Learning Scale. Based on review of video recordings of museum sessions, repeated measures outcomes included the Nonverbal Checklist completed by enrolled students and museum educators.

**Conclusions:** Findings indicate that art-based instruction may improve observation skills, nonverbal communication, and interprofessional readiness of future health professionals. Museum-based instruction using visual thinking strategies in a museum setting provides a model for developing affective domain skills in interprofessional healthcare students.

**D.4 (2:15pm-2:35pm): "ARE YOU SURE YOU DON'T WANT TO BE PT?": USE OF INTERPROFESSIONAL EXPERIENCES TO IDENTIFY AND CLARIFY MYTHS OF THE PROFESSION FOR PRE HEALTHCARE STUDENTS;** Gunnar Fillerup (Western University of Health Sciences); Denise Schilling (Western University of Health Sciences)

Participation in a brief 6-week interprofessional program can identify and address common misconceptions of the role of Physical Therapy (PT) and change one's career choice. The Summer Health Professions Education Program (SHPEP) provides an educational model for undergraduate students to

learn about PT, Osteopathy, Podiatry, Pharmacy, Dentistry, Nursing, and Optometry. Students were exposed to and participated in a 6-week interprofessional (IP) program. Students were provided lecture and laboratory-education to a different profession each week in addition to an IP component. At the completion of the PT weekly experience students were queried via survey regarding their knowledge of the professions and perception of the PT experience. Qualitative and quantitative data suggests a 6-week program can identify common misconceptions regarding PT and influence career decisions which affirm their elected profession or promote a change in occupational preference. Student feedback indicated enhanced knowledge of the profession and an increased interest in exploring PT as a career. A brief IP academic and clinical experience with a 1-week exposure to PT can identify and address misconceptions as well as a potential change in career choice.

**D.5 (2:40pm-3:00pm): PROBLEM-BASED LEARNING IN INTERPROFESSIONAL EDUCATION: AN INNOVATIVE APPROACH;** Robbya Green-Weir (Florida Agricultural & Mechanical University)

**Hypothesis/Issue to be addressed:** Educational Need - To prepare graduates in health profession programs to work effectively in multidisciplinary teams.

**Method:** Educational Model - a table-top disaster simulation to foster students' critical thinking about a hospital's response to a pandemic H5N1 event (emergency preparedness).

**Observations/Outcomes:** Posttest scores improved 10%. Program evaluation results are available.

**Conclusion:** The table-top exercises allowed for constructivist learning, knowledge transfer, the ability to compare/contrast clinical and non-clinical professional roles, and foster shared learning at an early stage in professional development.

**BLUE TOPAZ**

**CONCURRENT SESSION E: NEW MODELS FOR HEALTH PROFESSIONS EDUCATION AND PRACTICE**

**E.1 (1:00pm-1:20pm): GLOBAL CITIZENRY: EXTENDING THE AHE CURVE ABROAD THROUGH INTEGRATION OF COMPARATIVE HEALTHCARE SYSTEMS AND PUBLIC HEALTH COMMUNICATIONS;** Pauline Hamel (Northeastern University)

**Issue:** Keeping ahead of the curve in today's healthcare climate requires that AHPs understand their role as global citizens and their impact on global HC system delivery. This case examines how AH students can benefit from studying comparative public health systems in the US and UK in tandem with public health communications education/practice.

**Method:** Two HS courses taught in the UK to 32 AH students provided didactic content, experiential interaction with IP experts and exposure to cultural/historical venues to reinforce the evolution of public health through the ages. It emphasized how public health communications enhance policy, regulation, advocacy, health promotion and community partnerships. Students were evaluated via reflections, quizzes, group presentations and papers integrating public health principles/functions with communications strategies to solve current health issues (US/UK.)

**Observations:** Student feedback demonstrated how comparative international IP experiences can provide students with advanced critical thinking skills, personal growth, and global-awareness as a foundation for successful AH careers.

**Conclusion:** Exposure to creative learning models may foster global mindsets, IP dialogue and leadership skills.

**E.2 (1:25pm-1:45pm): IMMERSIVE STUDENT-LED LEARNING POSITIVELY IMPACT OUTCOMES IN EXERCISE SCIENCE COURSES;** Cassandra Ledman (Purdue University)

**Issues to be addressed:** Identifying educational methods that enable students to obtain knowledge and skills that are transferrable to the exercise science professional practice. Creating opportunities within undergraduate courses that integrate real-life scenarios to enable mastering of skills essential to the profession is needed.

**Methods:** Health & Kinesiology(HK) students in a Strength & Conditioning Instruction class meet with



a Physical Education Skills class(PES). HK students are paired w/ PES students to serve as a coach throughout the semester. Class meets 2 x weekly in a supervised Strength&Cond lab on campus. HK students practice skills in program design, implementation, and one-on-one coaching.

**Outcomes:** Significant growth in interpersonal, professional and industry-specific skills are noted on student evals and feedback.

**Conclusion:** Immersive applicable learning is imperative for optimal student outcomes. The set-up of the Strength&Cond class is one model that could be used to incorporate skill mastery of exercise science students and benefit the campus community by improving health of other students (the PES class). Students leading/coaching other students provides a benefit to both classes of students.

**E.3 (1:50pm-2:10pm): COMMUNITY-BASED EXPERIENTIAL LEARNING: USING AN INTERPROFESSIONAL STUDENT-RUN FREE CLINIC TO ENHANCE STUDENT COLLABORATION AND CRITICAL THINKING;** Amanda Giles (Medical University of South Carolina); Megan Lebov (Medical University of South Carolina); Stacie McLamb (Medical University of South Carolina); Emily Harrison (Medical University of South Carolina); Karen Wager (Medical University of South Carolina); Patricia Coker-Bolt (Medical University of South Carolina); Sara Kraft (Medical University of South Carolina); Tambra Marik (Medical University of South Carolina); Gretchen Seif (Medical University of South Carolina); Craig Velozo (Medical University of South Carolina)

**Issue to be addressed:** Student-Run Free Clinics (SRFC) are a rising trend in health professions education that bridge the gap between the classroom and the clinic. The CARES SRFC is a well-established, non-profit, SRFC that has been offering physical therapy and occupational therapy services to uninsured and underserved individuals for over nine years. The purpose of this study was to collect student perceptions of the impact of participation in the CARES SRFC.

**Method:** Occupational therapy (OT), physical therapy (PT), and health administration (MHA) students completed an anonymous, online survey related to the benefits of participation in the SRFC as well as areas for improvement.

**Outcomes:** Survey responses were analyzed using descriptive statistics and thematic content analysis to reveal student perceptions on the impact of participation in the CARES SRFC on confidence, leadership, clinical reasoning, interprofessional collaboration, and understanding of the health care needs of the underserved population. Specific areas for improvement were also recognized.

**Conclusion:** Participation in a SRFC can improve student clinical skills needed for future practice through hands-on treatment with patients in need of therapy services.

**E.4 (2:15pm-2:35pm): A COMPREHENSIVE MODEL FOR IPE/IPP EDUCATION;** Mary Jo Guglielmo (Rush University); Jan A Odiaga (Rush University); Chris Bruti (Rush University); Steve Taylor (Rush University); Grisel Rodríguez-Morales (Rush University); Theresa Gierlowski (Rush University); Gabriella Cs-Szabo; (Rush University)

**Issue:** Effective patient-centered interprofessional health care teams are necessary to meet the IHI's quadruple aim. Rush University created a novel first-year Interprofessional Patient-Centered curriculum (IPE-502) for all Rush students including: Audiology, Biomedical-Tech, Clinical Nutrition, Health Sciences, Health Systems Management, Imaging, Medical Laboratory Science, Medicine, Nursing, Occupational Therapy, Cardio-Vascular Perfusion, Physician Assistant Studies, Respiratory Care, Speech-Language Pathology, and Vascular Ultrasound. Rush also enrolled pharmacy students from another university.

**Method:** IPE-502 involves 6 team-based workshops with online pre-work. Students stay with their team and are assigned a Community Health Mentor (CHM), an individual with a chronic disease, to work with over the year. They develop health goals with their CHM and a community advocacy proposal.

**Outcomes:** 703 students participated during 2019-20. Quantitative and qualitative data was collected. Students developed competency in all IPEC domains.

**Conclusion:** Implementation of an IPE curriculum was full of lessons learned. Understanding needed resources and logistical issues will enable this program to be adapted at other universities.

**E.5 (2:40pm-3:00pm): INCORPORATING A RESEARCH EXPERIENCE INTO A PROFESSIONAL GRADUATE PROGRAM;** Valerie Herzog (Weber State University)

**Hypothesis/Issue to be Addressed:** Health care students must be able to analyze and synthesize evidence from research studies in order to effectively practice evidence-based medicine. One way for students to learn how to evaluate the quality of evidence is participating in a research experience.

**Method:** This presentation will provide an overview of the benefits and the challenges associated with including a research experience of varying degrees for both faculty and students, including the different issues that need to be considered such as credit hours, faculty load, resources required, IRB timelines, curriculum structures, etc.

**Observations/Outcomes:** Participants will be able to: explain the benefits and challenges of incorporating a research experience into a professional graduate program; create discussions at their institutions to determine if incorporating a research experience is feasible and/or advisable based on resources, faculty expertise, university culture, curriculum, etc.

**Conclusion:** Incorporating a research experience into a professional graduate program may not be feasible for all programs, but some may find it to be beneficial in teaching evidence-based practice to their students.

**YELLOW TOPAZ****CONCURRENT SESSION F: NEW MODELS FOR HEALTH PROFESSIONS EDUCATION AND PRACTICE****F.1 (1:00pm-1:20pm): ADDRESSING THE GLOBAL NEED FOR REHABILITATION SERVICES;** Rich Oliver (University of Missouri); Julia To Dutka (CGFNS International, Inc.)

**Hypothesis:** There is an increasing need for rehabilitation services across the globe that requires new approaches to education, practice, and certification/assessment.

**Method:** The WHO projects that there are more than one billion people with disability in the world. The WHO goals include: removing barriers and improving access, strengthening and extending rehabilitation and support services and collecting internationally comparable data on disability and related services. A small work group composed of members from ASAHP's International Task Force has come together to study this need and to provide practical solutions.

**Observations/Outcomes:** This presentation will outline the scope and challenges of this need for rehabilitation services and present some recommendations from the working group as to how ASAHP institutions and international partners can work toward addressing this need. Particular attention will be given to certification on a global scale as a possible incentive needed for health workers to pursue education/training.

**Conclusion:** The WHO has recognized the universality of disability and that it is a global public health and human rights issue. New creative approaches are now required to address this need.

**F.2 (1:25pm-1:45pm): TRANSFORMING HEALTH PROFESSIONS EDUCATION THROUGH PLANETREE HIGHER EDUCATION CERTIFICATION;** Summer McGee (University of New Haven); Sara Guastello (Planetree International); Renee Prajer, RDH, MS (University of New Haven)

**Hypothesis:** The University of New Haven School of Health Sciences is developing an innovative educational model to train health professionals who are more caring, resilient, and prepared for the challenges of 21st century healthcare delivery. Through pursuit of certification by Planetree International, an international organization focused on promoting person-centered care, We hypothesize that this Planetree certification both will result in healthcare professionals who are more caring and resilient and will also improve key academic student outcomes.

**Method:** We will explain how Planetree International adapted its certification criteria apply in academic organizations. We will show how we have incorporated Planetree into our strategic plan, structures, operations and processes across the School of Health Sciences.

**Observations/Outcomes:** We will share the measurable outcomes we will use to assess the higher

education certification criteria. Preliminary reflections and recommendations for other academic institutions who may consider higher education certification will be discussed.

**Conclusion:** Application of Planetree principles and criteria in an academic setting has the potential to transform the health professions education.

**F.3 (1:50pm-2:10pm): INTEGRATING TELEHEALTH INTO HEALTH PROFESSIONS**

**CURRICULUM;** Dawndra Sechrist (Texas Tech University Health Sciences Center); Traci Carroll (Texas Tech University Health Sciences Center); Wade Redman (Texas Tech University Health Sciences Center); Taryn Richardson (Texas Tech University Health Sciences Center); Lori Rice-Spearman (Texas Tech University Health Sciences Center)

**Issue:** Telecommunication and information technologies have prompted the development of an emerging model of healthcare delivery called telehealth, which encompasses healthcare services, information, and education. The Health Resources and Services Administration defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, streaming media, and wireless communications. Educators need to find innovative ways to train students in telehealth within the scope of licensure and/or certification requirements.

**Method:** The creation of a telehealth educational model which incorporates a Telemedicine Certificate Course and applies the skills within a clinical setting.

**Outcomes:** Counseling and physician assistant programs are currently piloting the model to determine benefits of telehealth education.

**Conclusion:** Telehealth can assist providers expand access to and improve the quality of rural healthcare. Health professions students need to be trained and challenges for providing telehealth services identified.

**F.4 (2:15pm-2:35pm): USING “DESIGN THINKING” METHODS IN CURRICULUM DESIGN;** Linn Wakeford (University of North Carolina at Chapel Hill)

Concepts and processes inherent in Design Thinking can provide a strong intentional and user-oriented foundation for the creation of Allied Health curricula. Elements of Design Thinking were used to guide planning of a clinical doctorate program in occupational therapy; those elements included identifying the design challenge, empathizing with intended users in order to understand potential user experiences, creating, and prototyping. Three types of users were considered: students, employers, and clients. The Design Thinking process facilitated faculty discussion of guiding philosophies and program goals, core themes of the curriculum, needs of potential students, intentional focus on diversity, and varied pedagogical approaches. Results of the process cannot be evaluated fully until at least one cohort has completed the program, but results to date include courses that reflect the innovative intent of the program and the desired focus on inclusion of inter-professional opportunities and community-based practice. This session will include a brief review of current research about Design Thinking for educational purposes and articulation of the concepts and process, using the OT curriculum as an example.

**THURSDAY, OCTOBER 17, 2019 (1:45pm-4:10pm)**

**EMERALD 1**

**CONCURRENT SESSION A: LEADERSHIP**

**A.1 (1:45pm-2:05pm): STARS: A MODEL FOR ALLIED HEALTH PROGRAM ASSESSMENT;** Marjorie McNeill (Florida A&M University)

**Issue:** A major goal of assessment at any university is to support its mission and demonstrate accountability to internal and external stakeholders by emphasizing the importance of systematically planning, implementing, analyzing, documenting, and reflecting on results to improve student outcomes. This presentation will address the need for such a process to ensure that student learning expectations and accreditation standards are met by enhancing the educational support structure that leads to continuous

quality improvement of academic programs.

**Method:** Five-step STARS assessment model:

S: Strategic and student learning outcomes

T: Target performance levels

A: Analysis of results

R: Reflect on results

S: Strengthen programs

**Outcome:** Participants will understand the

- Philosophy of assessment
- University assessment infrastructure and methodology
- Five steps of STARS assessment approach
- Relationship of STARS model to program evaluation plan
- Community of interest response

**Conclusion:** Strategies to satisfy regional and specialized accreditation requirements and achieve student success are presented. One university's infrastructure and best practices will be shared for implementation in other academic programs.

**A.2 (2:10pm-2:30pm): CONVERTING CLINICAL EDUCATION (CE) RECOMMENDATIONS INTO ACTIONS;** Julie O'Sullivan-Maillet (Rutgers – SHP); Robert J. McLaughlin (Baylor College of Medicine); Christopher O'Brien (King's College); Mari Knettle (Cleveland Clinic); Laura Dailey (Kindred); Annie Roden (Kindred); Sue Sisto (University at Buffalo); Clotilde Dudley-Smith (Sacred Heart University)

**Issue to be addressed:** Converting Clinical Education (CE) Recommendations into Actions

**Method:** This year, the Clinical Education Task Force (CETF) crafted 5 recommendations for educators and health systems and consolidated effort toward 3 of those recommendations: develop strategic academic-healthcare partnerships, advocate for interprofessional practice (IPP), and promote scholarly activities. This presentation will review these efforts and encourage participants to share strategic approaches to promote effective CE for each recommendation.

**Outcomes:** CETF prepared a manuscript on "Clinical Education in Transition: Recommendations and Strategies" for the Journal of Allied Health. Members introduced the Association of Academic Health Centers Global Forum on Strategic Partnerships to the critical challenges facing CE and obtained interest from participants to partner. CETF joined the ASAHP Interprofessional Education group to conduct a Health Interprofessional Summit framed around the Recommendations and Strategies to promote local action.

**Conclusions:** Outreach to professional practice partners is essential to improving CE through advocacy and partnerships. Future work remains to translate further recommendations to actions.

**A.3 (2:35pm-2:55pm): ACADEMIC CAPITALISM AND RESEARCH CULTURE: IMPLICATIONS FOR SCHOOLS OF ALLIED HEALTH;** William Siler (Saint Louis University)

**Hypothesis/Issue to be Addressed:** Schools of Allied Health Professions have long worked to expand research productivity. There is little evidence of substantive change as a result of those efforts. This paper will discuss the implications of Academic Capitalism and the Prestige Economy for Allied Health. My hypothesis is that it is the appeal of the health professions for incoming students and institutional fiscal realities that limit the ability of Schools of Allied Health to grow research productivity.

**Observations/Outcomes:** The absence of a research culture is frequently blamed for the struggles in growing research. Academic capitalism theory poses an explanation for the evolving fiscal realities and institutional strategies for high education. According to prestige economy theory, units best positioned to win research dollars rise to favored status. Units that are primarily tuition generators underwrite the pursuit of research funds and the perceived growth of prestige but have lesser standing.

**Conclusion:** Schools of Allied Health are critical revenue streams for our institutions and are valued by our students, not our research. Academic capitalism has important implications for Schools of Allied

Health.

**A.4 (3:00pm-3:20pm): PERCEIVED BARRIERS, CHALLENGES, SUCCESSES, AND REWARDS OF LEADERSHIP POSITIONS IN SCHOOLS AND COLLEGES OF HEALTH PROFESSIONS IN HIGHER EDUCATION – A SURVEY OF FEMALE ADMINISTRATORS;** Ericka Zimmerman (Western Carolina University); Francine M. Seruya (Mercy College); April L. Harkins (Marquette University); Ericka P. Zimmerman (Western Carolina University); Rafael E. Bahamonde (Indiana University Purdue University Indianapolis)

**Abstract:** This study explored perceived barriers, challenges, successes, and rewards of leadership positions in schools of health professions from a female administrator's perspective.

**Method:** The study utilized an exploratory, survey design with convenience sampling, electronically disseminated to academic representatives in the 115 ASAHP member institutions.

**Results:** 310 responses were collected, 268 participants completed the entire survey and 95 participants identified as current female administrators. Top perceived barriers were time demands, concerns about increased workload, lack of financial gain, family obligations, and lack of mentoring. Faculty personnel issues, time management/workload demands, resource constraints, maintaining research responsibilities, and clinical partnerships reported as the top perceived challenges. Confidence, experience, and enjoying the responsibilities of the position were primary perceived successes associated with leadership. The most rewarding responsibilities included making an impact, advancing department/school/institution, and collaborations with new colleagues.

**Conclusion:** Institutions should consider professional development on personnel issues, time management, and workload demands.

**A.5 (3:25pm-3:45pm): IMPACT OF DISC ON ORGANIZATIONAL CLIMATE;** Jon Williamson (UT Southwestern Medical Center)

Organizations with the best service outcomes, lowest employee turnover, highest levels of innovation, best clinician attitudes towards evidenced-based practice and highest service quality are those associated with a positive organizational climate. The purpose of this study was to determine if the DISC behavioral style assessment supplemented with brief training designed for employees could improve ratings for organizational climate in a school of health professions. An initial climate survey was administered to employees (n = 109) using a five point Likert scale (from 1 – strongly disagree to 5 – strongly agree). The DISC assessment and training was provided to faculty and staff (n = 109, 78% participation) during a 90 minute “lunch and learn” session; the post-DISC survey (n = 102) was administered six months later. Pre-DISC and post-DISC survey data were compared using a Wilcoxon ranked sums test; there were significant increases for the overall survey ratings (3.98 +/-0.68 to 4.24 +/-0.59; p < 0.003) following DISC training. Findings suggest that DISC assessment and training can facilitate improvements in organizational climate, making the DISC an attractive intervention for the academic environment.

**A.6 (3:50pm-4:10pm): SERVANT LEADERSHIP: A MODEL OF INFLUENCE FOR HEALTH PROFESSIONS;** Elizabeth Simon (New York Institute of Technology)

Health Professionals are committed to serve. Their educators inculcate virtuous strength to influence future world. Greenleaf's theory of servant leadership is about leaders serving their followers. Servant leadership focuses on leader's character and commitment to serve the community and desire to place their followers' needs above all. In this style of leadership, there are functional attributes such as vision, honesty, integrity, trust, service, modelling, pioneering, appreciation of others and empowerment delineated by Russel & Stone (2002). These characteristics are shared in ethical leadership, emotional intelligence concepts as well as lean leadership styles (Lumpkin & Achen, 2018., Aij & Rapssaniotis, 2017). Servant leadership is expected to the work-related needs satisfaction of autonomy, competency and relatedness (Lapointe & Vandenberghe, 2018). Servant leadership is in its infancy and there is room for research studies. Appropriate instruments measure the application of servant leadership. Educators must apply servant leadership principles to all aspects of education such as advising, teaching, providing

practicums and outcome evaluation. Focus is on contemporary styles, current research, and application in academia.

## **EMERALD 2**

### **CONCURRENT SESSION B: MODELS OF EXCELLENCE AND CREATIVE APPROACHES FOR ENHANCING IPE/IPP & SELECT TOPICS IN ALLIED HEALTH**

**B.1 (1:45pm-2:05pm): USING ROLE REVERSAL IN AN IPE EXPERIENCE WITH OT AND MEDICAL STUDENTS;** David Henzi (UT Health San Antonio); Bridgett Piernik-Yoder (UT Health San Antonio)

It is imperative to facilitate IPE experiences with OT and medical students as future practitioners who will be coordinating care for patients. To date, there is limited research regarding IPE with OT and medical students, and none related to the use role with these groups.

This approach was piloted in a case-based, IPE workshop conducted in one day with second-year Master of Occupational Therapy (MOT) students and second-year medical students (MSII). The purpose of this study is to present the outcomes of this IPE learning experience.

The case was of a patient with stroke preparing for discharge from an acute care setting. The refined IPEC Competency Self-Assessment Tool<sup>4</sup> was used as the pre and post-test assessment measure.

The students were pre-arranged into teams of 10. In every group, one MSII student was assigned the role of the OT and the OT was assigned the role of the physician. Other team roles to which students were assigned included a nurse, social worker, psychologist, pharmacist, physical therapist while faculty facilitators played the role of the patient.

Eighty-four percent (n = 227) students completed both the pre and post-test. There was a significant difference in the pre-test scores (M=33.17, SD=4.28)

**B.2 (2:10pm-2:30pm): FACULTY DEMOGRAPHIC FACTORS ASSOCIATED WITH IMPROVED ALLIED HEALTH COURSE EVALUATIONS;** Venessa Kodosky (UT Health Science Center San Antonio); David C. Shelledy (UT Health San Antonio); Matthew M. Anderson (UT Health San Antonio); David L. Henzi (UT Health San Antonio)

**Introduction:** We compared standardized student course evaluations (IDEA, Manhattan, KS) of allied health faculty for differences associated with faculty characteristics over a five year period.

**Methods:** Course evaluations (n=11,236) across seven different allied health professional programs were compared by faculty age, gender, ethnicity, years of experience, and highest degree. Students rated courses and instructors based on 18 statements reflecting best teaching practices. Mean scores for categorical variables were compared for significant differences (p< 0.05) using ANOVA with post hoc follow-up testing (Scheffé). Correlations between faculty age, years of experience and evaluation scores were reviewed for significance.

**Results:** 11,236 course evaluations of 108 allied health faculty were reviewed. Female faculty summary scores were significantly higher than male faculty and there were significant differences by program, faculty members' highest degree, age and faculty race/ethnicity.

**Conclusions:** Overall course evaluations were higher for female faculty, older faculty, and those holding a professional doctoral degree. Faculty from diverse ethnic backgrounds sometimes, but not always scored higher.

**B.3 (2:35pm-2:55pm): CONNECTING ACADEMIC PROGRAMS AND CLINICAL PRACTICE TOGETHER TO INFORM SYSTEM IMPROVEMENT;** Anthony Breitbart (Saint Louis University); Barbara Wallace (Kindred Healthcare), Carol Beckel (Saint Louis University), Andrew Butler (University of Alabama-Birmingham), Laura Dailey (Kindred Healthcare), Kathrin Eliot (University of Oklahoma Health Sciences Center), Annie Roden (Kindred Healthcare), Debra Rudder Lohe (Saint Louis University), Elizabeth Adams (University of South Alabama), Lisa Dutton (St. Catherine University)

**Issue:** Health care system improvement requires a shared commitment from academic programs and the healthcare industry. However, developing solutions/strategies collaboratively has logistical challenges.

This project connected stakeholders from both academia and industry co-creating strategies to enhance health professions education and improve the health of persons, communities and the population.

**Method:** Academic and healthcare industry professionals completed an electronic survey on perceived importance, personal interest and engagement with ASAHP's 5 Clinical Education Task Force (CETF) recommendations. Demographic factors on professional role and profession/discipline were included. Survey participants had the opportunity to participate in a face-to-face summit.

**Outcomes:** 349 persons responded to the survey. 25 persons participated in the summit reacting to the survey results identifying strategies for action in personal, professional role and systemic contexts.

**Conclusion:** The project provides academic and healthcare industry stakeholder feedback on the ASAHP CETF recommendations with implementation strategies for both academic and clinical practice settings to inform system improvement and provide quality health outcomes.

**B.4 (3:00pm-3:20pm): AN EFFECTIVE MODEL FOR AN INTERPROFESSIONAL CLINICAL EXPERIENCE INCLUDING TRANSITIONS OF CARE IN HIV/AIDS;** Kim Krumwiede (UT Southwestern Medical Center); Amneris Luque (University of Texas Southwestern Medical Center); Henry Pacheco (South Central AIDS Education & Training Center); Kathryn M. Daniel (University of Texas Arlington); Susan Sheriff (Texas Woman's University); Ashley Higbea (Texas Tech University Health Sciences Center); Lona Sandon (University of Texas Southwestern Medical Center); Robert Drake (University of Texas Southwestern Medical Center); Lindsey Prihoda (South Central AIDS Education & Training Center); Cora Giddens (University of Texas Southwestern Medical Center)

**Issue to be addressed:** Providing interprofessional clinical experiences for trainees in healthcare is challenging for institutions. We have created an innovative two-week rotation enabling students (medical, nursing, pharmacy, clinical nutrition, and rehabilitation counseling) from four different institutions the opportunity to explore the concept of collaborative practice between health care providers through the context of HIV care.

**Methods:** This model is unique in two ways. First, it is structured to follow a patient through his/her journey within the health care system, and not primarily focus on the provider's perspective. Second, it includes both an inpatient and an outpatient component to allow a student opportunity to understand transitions of care from the hospital to the ambulatory system.

**Outcomes:** In four years we have had 30 small groups of students for a total of 120 participants. Pre/post surveys indicate positive gains in both interprofessional and HIV-related competencies. Feedback has been extremely positive and a post graduate survey shows a number of the participants practicing in the HIV/AIDS area.

**Conclusion:** This innovative clinical rotation model is effective for interprofessional education.

**B.5 (3:25pm-3:45pm): BEST PRACTICES FOR CLINICAL EDUCATION BASED ON PERSPECTIVES OF MEDICAL DOSIMETRY GRADUATES;** Mahsa Dehghanpour (UT MD Anderson Cancer Center); Dr. Jamie Baker (UT MD Anderson Cancer Center)

Medical dosimetry educational programs provide clinical and didactic teaching to students. Students attend classes to gain the fundamental information of medical dosimetry and apply this knowledge in a clinical setting as they learn treatment planning, professionalism, patient care, and clinical radiation oncology operations. Faculty and clinical preceptors work together to integrate students into the clinic and seek best practices for student education in the clinical environment.

To aid faculty and clinical instructors in establishing best practices for clinical education, faculty at the University of Texas MD Anderson Cancer Center initiated an IRB-approved research study. Researchers solicited the perceptions of graduates who completed a JRCERT-accredited medical dosimetry program between 2013 and 2017 about their clinical education. Program directors from JRCERT-accredited medical dosimetry programs were sent a survey and sent the link to their 2013 – 2017 graduates. Medical dosimetry graduates were asked about areas including 1) clinical learning opportunities; 2) involvement in specific learning activities; 3) interaction with clinical instructors; and 4) positive and negative aspects of their clinical education.

**EMERALD 3****CONCURRENT SESSION C: MODELS OF EXCELLENCE AND CREATIVE APPROACHES FOR ENHANCING IPE/IPP**

**C.1 (1:45pm-2:05pm): IMPLEMENTATION OF INTERPROFESSIONAL COLLABORATIVE PRACTICE IN ATHLETIC TRAINING EDUCATION;** Ryan Krzyzanowicz (University at Buffalo); Sarah Krzyzanowicz (University at Buffalo)

Athletic training education is undergoing a significant change which require interprofessional education and collaborative practice. Educators needs to be made aware of strategies for implementation within their curriculum.

Didactically, two large interprofessional forums are held each academic year to allow health professions students the ability to educate each other on their respective profession and begin a dialogue on a mock patient scenario. Clinically, athletic training students participate in a marathon where they work in interprofessional collaborative teams to provide medical care for about 7,500 runners.

Didactically, students completed the ICCAS pre- and post-forum. We found differences in students' ability to using IP team approach with the patient to provide whole person care, seek out IP team members to address issues and more. Clinically, observations made included improved teamwork, communication and patient outcomes including satisfaction.

The impact of an interprofessional forum seems to be greater the first-time students attended.

Improvements on the ICCAS were found in numerous areas and students were able to implement skills from the forums into a collaborative practice event.

**C.2 (2:10pm-2:30pm): A SUCCESSFUL APPROACH TO ADDRESSING MENTAL HEALTH IN A COLLABORATIVE IPE ENVIRONMENT;** Gideon Labiner (University of Cincinnati); Jill Boone (University of Cincinnati); Chalee Engelhard (University of Cincinnati); Ruth Anne Van Loon (University of Cincinnati)

**Hypothesis:** There is currently a growing mental health crisis in the US and incorporating IPE units educating students on the statistics and stigmas associated with mental health is imperative, yet challenging. We describe a unique model to address this issue.

**Method:** A live musical theater performance was delivered to health care majors across the campuses of the Univ. of Cincinnati. The cabaret styled show, She's Crazy educated and engaged the audience by providing an authentic patient narrative. The performers shared their experiences living with and recovering from mental illness. Post show facilitated IPE discussions were also incorporated into each event.

**Outcomes:** Students from 12 majors participated and 157 students completed the 11 question assessment using Likert scale (1-SD to 5-SA). Responses averaged 4.7/5.0. Remarks by students included "this was an incredible different perspective in mental health education" and "this experience changed my view about mental illness".

**Conclusion:** Providing creative approaches for IPE engages learners in a meaningful way. Students overwhelmingly agreed that the "Performance content was practical and an effective way to learn about mental health" amidst other healthcare learners.

**C.3 (2:35pm-2:55pm): IPE: INTERPROFESSIONAL EVOLUTION;** Kimberly McCullough (Appalachian State University); Gary H. McCullough (Appalachian State University); Marie Huff (Appalachian State University)

IPE is becoming required for most clinical professions, but academic institutions were not set up to naturally accommodate working across disciplines, across faculty, and outside the traditional credit hour model.

Over the past four years, IPE has been evolving in our college. Though it has been a deliberate effort spawned by research, countless meetings, and requests for resources, the pathway has been a challenge to map and pave. Variable responsiveness of faculty with heavy loads, rigid curricula, credentialing



requirements of programs, and limits on allowable credit hours have served as naturally occurring barriers to construction. Then there is the challenge of applying the medically-driven IPEC core competencies in a rural and allied-health academic setting. We continue to navigate the boundaries of education inside and outside of the traditional academic framework.

IPE is not something that can be forced into an existing academic structure. Each university, college, and department may require different timelines and processes in adopting IPE.

IPE has to be researched, planned, and nurtured; Administrative support is critical for success. Challenges and solutions on the IPE evolution road will be addressed.

**C.4 (3:00pm-3:20pm): ENHANCING PACIFIC UNIVERSITY'S CONCENTRATION IN INTERPROFESSIONAL EDUCATION THROUGH TECHNOLOGY INTEGRATION;** Amber McIlwain (Pacific University); Saje Davis-Risen (Pacific University); Kathryn Bell (Pacific University)

**Issue to be addressed:** Pacific University's Concentration in Interprofessional Education (IPE) recognizes students who gain competence in IPE through completion of core IP curricula. The culminating application is a reflection on IP experiences completed and competencies gained. Updates were required to support the growing popularity of the Concentration among students and increasing enrollment targets. Technology integration, specifically development of an e-portfolio system to support reflective practice and assess learning outcomes, provided the needed update.

**Method:** The original paper-based portfolio design was the framework for creating the e-portfolio. The assessment and development plan included self-assessment by the Concentration coordinator and analysis of student evaluations, evidence of learning outcomes, and faculty/peer assessment.

**Outcomes:** Critical reflection promoted student learning and development of IPE competence. Technology integration supported expansion of the Concentration and addressed issues that resulted from its growth and increased demand. Conclusion: Transitioning to an e-portfolio increased accessibility, enhanced interaction among faculty and students, and improved management of the Concentration.

**C.5 (3:25pm-3:45pm): NORTH CAROLINA PRESENTS BEST PRACTICES FOR IPP;** Brenda Mitchell (University of North Carolina at Chapel Hill); Judy Schmidt (University of North Carolina at Chapel Hill); Duane Akroyd (North Carolina State University); Nancy Smith (Winston Salem State University); Rita Darby (Winston Salem State University)

Multiple benefits of interprofessional education have been identified by researchers from across disciplines including but not limited to increased knowledge of other professionals' roles, collaboration skills, and positive attitudes toward other professionals (Buring, 2009; Ateah, 2011). Despite these benefits, the diverse methodology, participants, and goals of current and previous IPE programs makes it difficult to identify specific factors leading to positive student outcomes. In addition, few recent manuscripts were found that were written by Allied Health Professionals.

**Method:** A panel of NC Allied Health professionals will share highlights of IPE/IPP strategies successfully utilized including benefits and challenges of each effort.

**Observations/Outcomes:** The goal of this presentation is threefold: (1) to share successful strategies used by universities in North Carolina, (2) to foster communication among Allied Health Professionals and (3) to expand and document efforts across the country to showcase additional benefits/challenges of IPE/IPP. At the conclusion of this session, participants will recognize best practices used by NC Universities and identify possible areas of exploration at their universities.

**C.6 (3:50pm-4:10pm): UB INTERPROFESSIONAL COLLABORATIVE PRACTICE MICRO-CREDENTIAL – SKILLS YOU NEED, PROOF YOU HAVE THEM!;** Patricia Ohtake (University at Buffalo); Janice Tona (University at Buffalo); Jessica Kruger (University at Buffalo); Kimberly Krytus (University at Buffalo)

**Issue:** Micro-credentials (MC) are increasingly used to demonstrate skill attainment. We describe the University at Buffalo (UB) Interprofessional Collaborative Practice Micro-credential (IPCP-MC), a novel credential for students to verify their IPCP skills.

**Method:** In 2018, the UB IPE Leadership Team created the IPCP-MC for health professions students to develop the IPEC core competencies and serves to meet participating programs' accreditation criteria. The IPCP-MC includes three digital badges (DB): IPCP Foundations, IPCP Communication and Teamwork, and IPCP Healthcare Practice. Upon completion, students are awarded DB-specific hyperlinks to include in resumes and social media, such as LinkedIn, to document their IPCP skill attainment.

**Outcomes:** The IPCP-MC soft launch during 2018–2019 resulted in 141 graduating students earning at least one DB. Starting Fall 2019, all 12 health professions will include the IPCP-MC in their education programs.

**Conclusion:** The UB IPCP-MC provides health professions graduates with a unique credential to distinguish themselves as interprofessional collaborative healthcare practitioners. This credential verifies the IPCP skills they need and the proof they have them.

## **OPAL TWO**

### **CONCURRENT SESSION D: NEW MODELS FOR HEALTH PROFESSIONS EDUCATION AND PRACTICE**

**D.1 (1:45pm-2:05pm):** EDUCATING HEALTHCARE STUDENTS ON THE SOCIAL DETERMINANTS OF HEALTH: EXPERIENTIAL LEARNING ACTIVITIES WITHIN AN INTERPROFESSIONAL COMMUNITY PRACTICUM COURSE; Jessica Barreca (Saint Louis University); Katie Sniffen, MS, ATC (Saint Louis University)

**Issue:** A key component of interprofessional (IP) education is to prepare a healthcare workforce to provide integrated patient-centered, community-engaged services across the healthcare continuum. A shift in the design of educational activities is required to address the comprehensive health needs of communities.

**Method:** Community-engaged experiential learning activities, reflection, and structured mentoring give healthcare students enrolled in an IP Community Practicum the opportunity to apply the skills needed to address population health. These activities guide students to identify and address the social determinants that impact health in their assigned communities.

**Outcomes:** Outcomes are collected across multiple stakeholders (students, faculty advisors, community partners) and through multiple methods (surveys, critical reflections, team projects). Outcome measurements assess partnership goals, student learning outcomes, and demonstrable team behaviors.

**Conclusion:** Not all healthcare students are required to become public health specialists, but to improve population health outcomes students benefit from experiential learning activities in the community to deepen their understanding of the social determinants of health.

**D.2 (2:10pm-2:30pm):** CURVE BALL: CRISIS MANAGEMENT IN THE EVOLVING WORLD OF ALLIED HEALTH PROFESSIONALS; Tobe Berkovitz (Boston University)

**Issue:** TV and social/digital media are awash with stories about the latest crisis. The allied health industry and its professionals are not immune from this phenomenon. The best defense if crisis hits your organization is preparation, known as crisis management. Failure to have an effective plan in response to a crisis can cause irreparable harm to the business and reputation of an organization.

**Method:** This presentation is a guide how to develop a comprehensive crisis management plan. It includes the types of crises facing allied health, how crisis erupts in the 24/7 media environment, communication strategies during a crisis and analyzing target audiences for messaging.

**Outcomes:** Understanding crisis management will prepare allied health professionals for a variety of events that can adversely affect the industry, individuals, an organization, their reputation and the bottom line. This presentation will provide the fundamentals for surviving a crisis and the foundation for the development of crisis preparation for professionals and organizations.

**Conclusion:** Being prepared is the best defense against irreparable damage caused by a crisis. This presentation explores crisis management for the allied health professional.

**D.3 (2:35pm-2:55pm): THE PLANETARY HEALTH DIET;** Lorraine Mongiello (New York Institute of Technology)

Unequivocally, diet has a critical impact on health. Evidence indicates that worldwide 11 million deaths annually are diet-related. Poor diets are not only detrimental to human health they are detrimental to the health of our planet. Food production is the single largest driver of environmental degradation and climate instability and cannot meet the nutritional demands of a growing world population without irreversibly damaging the environment.

Therefore, it is no longer sufficient for allied health providers to just think about how diet is effecting our individual patients; we must consider how it is effecting our planet. Most nutritionists now recognize that environmental considerations should be inherent in dietary guidance for individuals and in setting national dietary guidance goals. Fortunately, food choices that promote individual health also promote planetary health.

Scientific targets for healthy and sustainable diets based on the extensive literature on foods, dietary patterns and health outcomes will be presented. Specific dietary changes necessary to decrease the global burden of diet-related disease and achieve a sustainable food system that can deliver healthy diets for a growing population will be explained.

**D.4 (3:00pm-3:20pm): PREDICTION MODELING FOR ACADEMIC SUCCESS;** Scott Bruce (Arkansas State University)

**Context:** Predicting academic success has been challenging. Student selection is more difficult when the number of qualified candidates exceeds the number of available positions.

**Hypothesis:** The hypothesis was to identify factors that predict academic success in an allied health program from common applicant data is possible.

**Methods:** Design – cohort-based; setting – university professional masters of athletic training program (PMATP); participants – 119 students; data source – common data from subjects’ university and PMATP applications.

**Main Outcome Measure(s):** To determine the strongest set of predictors multiple logistic regression analyses and cross-tabulation calculations were used to yield sensitivity, specificity, odds ratio, and relative frequency of success; results – a 3-factor model for prediction of academic success found undergraduate GPA  $\geq 3.18$ , Graduate Record Examination quantitative score  $\geq 141.5$ , and taking calculus as an undergraduate. Odds ratio for students with  $\geq 2$  predictors was 17.94, and relative frequency of success was 2.13 for being successful in the PMATP. This model correctly predicted 90.5% of PMATP success.

**Conclusions:** It is possible to predict academic success based on common application data.

**D.5 (3:25pm-3:45pm): HEALTH INFORMATICS CORE COMPETANCIES FOR ALLIED HEALTH CURRICULA;** Stephen Burrows (Sacred Heart University)

Unlike other fields, health informatics (HI) does not have a common set of competencies for allied health professionals to ensure a common set of skills.

-A Survey of Current States and Needs of the eHealth Workforce gathered information from over 1,000 global experts representing 59 countries. 22 global case studies were compiled to capture examples from institutions and organizations and further identify & illustrate detailed descriptions of individual competencies.

-Findings from the TIGER (Technology Informatics Guiding Education Reform) Initiative’s International Competency Synthesis Project (ICSP) & EU\*US eHealth Work Project were executed to empirically describe and validate the TIGER framework of HI competencies for a broad range of health professionals and their interprofessional collaboration.

-Recommendation Framework 2.0 serves as a “a compass for teachers, students and healthcare organizations” offering practical advice to embed the competencies into curricula to assist with global workforce development.

-HI core competencies embedded in allied health curricula will prepare students for their use of

information & technology.

**D.6 (3:50pm-4:10pm): PROVIDING TEAM-BASED EXPERIENCES IN ALLIED HEALTH DISCIPLINES THROUGH UNDERGRADUATE RESEARCH;** Fred Bertrand (University of Alabama at Birmingham); Donna J Slovinsky (University of Alabama at Birmingham)

**Issue:** As patient care has become increasingly based on collaboration of teams of health professionals, each bringing different points of view and expertise to the patient experience, potential employers of graduates from allied health programs are seeking applicants with experience in teamwork and team-based project skills. Many undergraduate students experience group work or team-based learning, but few experience authentic team-based research in the allied health disciplines.

**Method:** To provide team-based experiences to our undergraduate majors, we redesigned our Honors Program to focus on community engagement through team-based research projects within allied health disciplines, blended with didactic courses in leadership and project management.

**Outcomes:** Eleven teams, mentored by eight faculty and involving state and local partners, performed research projects addressing community issues in nutrition, occupational therapy, physician assistants, nuclear medicine technology, health services administration, and interprofessional simulation.

**Conclusion:** Student learning analysis through IDEA indicates that most perceive they are learning teamwork and discipline specific skills in allied health professional practice settings.

### **BLUE TOPAZ**

#### **CONCURRENT SESSION E: NEW MODELS FOR HEALTH PROFESSIONS EDUCATION AND PRACTICE**

**E.1 (1:45pm-2:05pm): COMMUNITY-EMBEDDED POPULATION HEALTH PROGRAMMING: A TOOL FOR TEACHING AND RESEARCH IN POPULATION HEALTH;** Randy Leite (Ohio University)

With the rapidly-changing landscape of healthcare delivery, population health programming, and health-focused education and training, it is incumbent on colleges of health to develop new and innovative ways to prepare successful health professionals. For many institutions, the regions in which they are located represent an ideal laboratory to promote learning and research on population health issues and outcomes. Developing partnerships with networks of community organizations offers an opportunity to embed students in innovative models of population health programming in a way to promote a greater depth of understanding of best practice in population health intervention and programming. This session will describe a model of university-community population health collaboration and explore examples of specific programs that create inter professional education opportunities for students and promote enhanced population health outcomes for communities.

**E.2 (2:10pm-2:30pm): EVOLVING HIGH SCHOOL IMMERSION PROGRAM STUDENT SELECTION CRITERIA TO INCREASE ADMISSIONS OF STUDENTS WHO CURRENTLY ARE UNDERREPRESENTED IN ALLIED HEALTHCARE CAREERS;** Margaret Dougherty (Mayo Clinic); Ruth Bello (Mayo Clinic); Ryan Prigge (Mayo Clinic); Jolene Young (Mayo Clinic)

**Hypothesis/Issue:** Changing immersion program student selection criteria can increase admission of underrepresented students. **Method:** Measured how definitions of “underrepresented” influenced admitted students (143) across four years

**Observations/Outcomes:** Year 1, 26/40 admitted students underrepresented. In Y2 and Y3, 21 and 19 admitted students were underrepresented, respectively. 2019 also included students in specifically named programs, increasing admitted underrepresented students to 30/40.

Calendar year Program Year Definition used Diverse students admitted

2016 1 Self-identify (SI) 26

2017 2 SI; Future First Generation College Students (FFGCS); parent(s) in military (PIM) 21

2018 3 SI; FFGCS; PIM 19

2019 4 SI; FFGCS; academ/econom disadvantaged; PIM; program participants

**Conclusion:** More specific definitions of “diverse/underrepresented” increased underrepresented students representation by 58%.

**E.3 (2:35pm-2:55pm):** SYSTEMATIC APPROACH TO PREPARING TODAY’S MILLENNIALS FOR HIGH STAKES EVALUATION; Shandra Esparza (The University of the Incarnate Word); Reid Fisher (University of the Incarnate Word) Joanna Soles (University of the Incarnate Word)

Pressure on healthcare education programs to produce students capable of passing board examinations has increased. This lecture explores alternative methods to recognize deficits in educational programming to affect a positive change. Several techniques which have shown positive outcomes for athletic training student education at one university will be highlighted. First-time pass rates on the athletic training Board Of Certification increased from 0% to 100% within the first two years of implementation.

**E.4 (3:00pm-3:20pm):** OVERCOMING FIXEDNESS TO BEST MEET THE EDUCATIONAL NEEDS OF MULTIGENERATIONAL HEALTH PROFESSIONS’ STUDENTS; Jeffrey Etheridge (FAMU)

**Issue to be Addressed:** Beyond attempts to understand the individual characteristics of student generations, it is postulated that developing a mindset of creative flexibility combats fixedness and best prepares Allied Health educators for success in the academic role.

**Method/Educational Approach:** As generational demarcations evolve and blur over time, the approaches employed to meet the learning needs of the health professions’ students must be grounded in a mindset that is responsive, malleable and timelessly forward-thinking.

**Observations:** Fixedness in the context of the classroom, is viewed as a tendency to approach the educational process only as it has been viewed previously, potentially creating an absence of creative innovation. Teaching practices in the health professions must be adjustable, flexible, and culture-shifting.

**Conclusion:** Understanding the characteristics of specific generations of students is viewed as secondary to the Allied Health educator’s ability to develop a mindset that embraces continual environmental assessment and creative problem-solving. Practical themes to consider that are necessary for replacing fixedness with creative innovation in the health profession’s classroom will be discussed.

**E.5 (3:25pm-3:45pm):** TRACKING THE RISING TREND OF PRO-BONO CLINICS IN HEALTH PROFESSIONS; Amanda Giles (Medical University of South Carolina); Chandler Nash (Medical University of South Carolina); Shelby Davis (Medical University of South Carolina); Melissa Nettle (Medical University of South Carolina); Sanica Bendre (Medical University of South Carolina); Julianne Robertson (Medical University of South Carolina); Karen Wager (Medical University of South Carolina); Patty Coker-Bolt (Medical University of South Carolina); Tandra Marik (Medical University of South Carolina); Craig Velozo (Medical University of South Carolina); Sara Kraft (Medical University of South Carolina); Gretchen Seif (Medical University of South Carolina)

**Issue to be addressed:** Pro-bono clinics are growing in popularity due to the healthcare benefits to the underserved community and the experiential learning benefits to students. The purpose of this project was to collect information about the number and types of pro-bono clinics that include occupational therapy (OT) as a service, as this has not been identified in the literature.

**Method:** OT schools in the United States were contacted via phone using a standardized set of survey questions.

**Outcomes:** The following data will be presented regarding OT schools that use a pro bono clinic as part of their educational program: (1) organizational structure, (2) number of patients treated, (3) patient population, (4) faculty/clinician involvement, (5) resources including clinic space and equipment, (6) challenges and solutions, (7) start year, and (8) contact information.

**Conclusion:** Access to a database with the above information provides (1) instrumental resources to faculty and students who are looking to develop a new pro-bono clinic as part of the curriculum and (2) a guide to new and existing SRFC to promote problem solving and collaboration. Audience involvement and discussion will be strongly encouraged.

**E.6 (3:50pm-4:10pm): THE BENEFITS OF BEING PRESENT: ADDING A MINDFUL PRACTICE IN ALLIED HEALTH COURSES;** Kimberly Michael (University of Nebraska Medical Center); Tanya Custer (University of Nebraska Medical Center)

**Hypothesis:** The addition of a mindful practice at the beginning of Allied Health courses will improve student mindfulness as measured by the Mindfulness Attention Awareness Scale (MAAS).

**Method:** Imaging students at four Midwestern Universities attended a presentation on the benefits of mindfulness during program orientation and were invited to participate in a study practicing mindfulness in the classroom. Using the MAAS instrument, a mindfulness score was calculated before the first day of class. Throughout fall and spring semesters, a 3-minute Mindful Pause Practice was used at the beginning of select courses. The MAAS was administered again at the end of fall and spring semesters with additional questions on student perceptions of the Mindful Pause Practice.

**Outcomes:** 79% (27 of 34) of students had an increase in their mindfulness based on MAAS scores.

Emerging qualitative themes include changes in classroom perception, effects outside the classroom, and future recommendations.

**Conclusion:** The addition of a Mindful Pause Practice at the beginning of a course did improve MAAS scores for a majority of participants. Students enjoyed the addition of a mindful practice to their class and found it improved their focus.

### **FRIDAY, OCTOBER 18, 2019 (10:20am-12:20pm)**

#### **EMERALD 1**

#### **CONCURRENT SESSION A: MODELS OF EXCELLENCE AND CREATIVE APPROACHES FOR ENHANCING IPE/IPP & SELECT TOPICS IN ALLIED HEALTH**

**A.1 (10:20am-10:40am): HEALTHCARE CHAPLAINS: ARE WE AN ALLIED HEALTH PROFESSION?;** George Fitchett (Rush University Medical Center); Alexander Tartaglia (Virginia Commonwealth University)

**Issue Addressed:** The past 20 years have seen major changes in healthcare chaplaincy, including the emergence of an evidence-based practice paradigm. Is it time for a consensus on chaplains as allied health professionals?

**Methods:** We will review professional guidelines that call for attention to patient religious/spiritual (R/S) concerns as well as current chaplain education and certification requirements. Two case examples of chaplaincy programs in schools of allied health will be presented.

**Observations:** A growing body of research describes the role of R/S in maintaining health and coping with illness. Key professional organizations recommend attention to patients' R/S concerns (e.g., Joint Commission). Two-thirds of US hospitals have chaplains. For many years there have been chaplaincy departments in two schools of allied health. At Virginia Commonwealth University students earn a M.S. as part of their clinical training. The Department of Religion, Health and Human Values at Rush University Medical Center is one of the nation's leading centers for spiritual care research.

**Conclusion:** Including chaplaincy departments in schools of allied health can strengthen the training of chaplains and other allied health professions.

**A.2 (10:45am-11:05am): TO IMPROVE EMOTIONAL INTELLIGENCE THROUGH AN INTERPROFESSIONAL TRAINING PROGRAM;** Wei Li (University of Alabama at Birmingham); Tosi Gilford (University of Alabama at Birmingham)

**Hypothesis/Issue to be addressed:** Emotional intelligence (EI) was first introduced by Mayer and Salovey in 1990. EI is believed to be modifiable and has been shown to be associated with effective leadership, job satisfaction and career success. We hypothesize that students of allied health professions can get their EI improved through an interprofessional training program.

**Method:** This pilot study explored the possible effects of a professional development program on EI for graduate students enrolled in different professional programs (Biotechnology, Clinical and Laboratory Science, Genetic Counseling, Nuclear Medicine, and Physician Assistants). All students take one pre-

survey and one post-survey online before and after the 4-semester-long professional development program respectively.

**Observations/Outcomes:** The improvement of EI has been observed across most allied health professions. However, the EI improvement did not reach the level of significance for students from the Genetic Counseling program due to the low enrollment.

**Conclusion:** The interprofessional training program can improve EI for students with allied health professions although some possible confounding factors need be considered.

**A.3 (11:10am-11:30am):** INTEGRATION OF COMPETENCY-BASED SKILLS INTO AN EFFECTIVE INTERPROFESSIONAL CLINICAL EXPERIENCE IN EDUCATION; Leticia Bland (University Health Science Center San Antonio); Lark Ford (University of Texas at San Antonio, School of Nursing)

Faculty members from UT Health San Antonio - School of Health Professions/Physician Assistants Program and School of Nursing/Accelerated Track Nursing Program explored the opportunity to develop an interprofessional education pre-clinical skills lab experience for health professions students. Clinical learning objectives for the following skills: Blood Glucose Monitoring, Nasogastric Tube Insertion/Removal, Indwelling Catheterization Insertion/Removal, Injections, and Intravenous Therapy/Venipuncture Insertions were identified. A total of 85-first year health professions students (45-Physician Assistants and 39-Nursing students) participated in the inaugural pre-clinical skills lab in June 2018. The Interprofessional Collaborative Competencies Attainment Survey (ICCAS) was used for this experience. Students completed a pre-survey and post-survey following the skills lab. Students were paired into interprofessional teams; learned about roles, responsibilities, and teamwork as they applied these skills to collaborative patient care. Results of this collaborative clinical experience were positive. June 2019 marks the second year of implementation with 141 participants; approved as a permanent part of curricula in both programs.

**A.4 (11:35am-11:55am):** VALID AND RELIABLE HEALTH INFORMATION? THE ROLE OPIOID RESEARCH REPORTS HAVE PLAYED IN THE OPIOID EPIDEMIC; Michele Previti (Stockton University); Mary Gibson (Stockton University); Sandra Torcato Santos (Stockton University)

**Issue:** Assessing the validity and reliability of health information is an essential skill for allied health students. However, generating student interest in this topic can be challenging. Use of an authentic case study which analyzes opioid research reports and the role they have played in the opioid epidemic will engage student interest and promote development of this skill.

**Method:** Students engage in a case study which examines opioid research reports. While these studies have been relied upon by the healthcare industry to justify greatly expanded use of opioids, the validity and reliability of the studies and their subsequent interpretation have been challenged.

**Outcomes:** Through analysis of opioid research reports, students demonstrate the ability to assess the validity and reliability of health information.

**Conclusion:** A case study of opioid research reports is an engaging and effective method for developing and evaluating students' skills in assessing the validity and reliability of health information.

**A.5 (12:00pm-12:20pm):** ASSOCIATION BETWEEN INTERNET SEARCHES ORIGINATING IN STATES WITH HIGH PREVALENCE OF HIV/AIDS AND STATE DEMOGRAPHICS; Juliet Weaver (Florida A&M University); Marisa Lewis (Florida A&M University); Pia Woodley (Florida A&M University)

CDC data show that the rate of HIV/AIDS among African-Americans continues to increase despite decreased rates for other groups. One explanation for this pattern may be the lack of service access. Over the last decade analyzing internet searches has proven to be a method by which to ascertain public interest. This project seeks to determine if internet searches from 2004-2017 vary by state consistent with the prevalence of HIV/AIDS in that state and race/ethnic percentages. Google Trends (GT) data on nationwide internet search patterns was analyzed. GT allow users to explore fluctuations in search queries

by two delineators, time and location. The results show that: (1) overall searches for “HIV” is steadily increasing while searches for “AIDS” is decreasing; (2) searches are greater in states with high HIV/AIDS prevalence than in states with lower prevalence; and (3) states with greater HIV/AIDS prevalence had larger populations of minority individuals. We concluded that individuals may be using internet searches to complement or supplement access. This may be insufficient for African-Americans. In order to address prevalence rates, allied health practitioners should include social media, be culturally sensitive, and multilevel.

## **EMERALD 2**

### **CONCURRENT SESSION B: MODELS OF EXCELLENCE AND CREATIVE APPROACHES FOR ENHANCING IPE/IP**

**B.1 (10:20am-10:40am):** COMBINING INTEGRATIVE HEALTH AND INTERPROFESSIONAL PRACTICE FOR FIRST YEAR HEALTH PROFESSIONAL STUDENTS; Amy Vega (Carroll University); Audrey Brooks PhD (Andrew Weil Center for Integrative Medicine University of Arizona); Patricia Lebensohn MD (Andrew Weil Center for Integrative Medicine University of Arizona); Jane Hopp PhD (Carroll University)

**Hypothesis:** In the absence of a combined integrative health (IH) and interprofessional (IP) practice approach, this model prepares health professional students (physician assistant (PA), physical therapy (PT), occupational therapy (OT)) for team-based client-centered care through a case-based IP experience in an underserved Hispanic community.

**Methods:** First year graduate PA, PT and OT students engaged in an online IH curriculum, “Foundations in Integrative Health” from The Andrew Weil Center for Integrative Medicine, over 3 semesters. In the IH curriculum 2nd semester student IP teams began a case development experience with a senior client from the community. In the IH curriculum 3rd semester, the IP teams implemented an opportunity to enhance wellness intervention with their senior client.

**Outcomes:** The health professional students demonstrated significant increases in IH knowledge and attitudes from pre-test to final test after the 3rd semester. Student attitudes towards IP practice and perceived ability to practice IP significantly improved from pre- to final post-testing.

**Conclusion:** Results suggest that a combined IH and IP practice approach is successful in preparing practice-ready health professionals.

**B.2 (10:45am-11:05am):** USING DESIGN THINKING TO CREATE OPTIMAL INTERPROFESSIONAL LEARNING EXPERIENCES: ON CAMPUS AND OFF; Christopher Purdy (SmithGroup); Tricia Beck (SmithGroup); David Lang (SmithGroup)

The challenges in creating optimal environments for interprofessional learning require new strategies to foster innovation. Current drivers for a renewed focus: a) Changing care delivery settings and disconnects with education; b) The importance of learning in the clinical setting as noted in the recent National Collaborative for Improving the Clinical Learning Environment (NCICLE) report on Clinical Learning Environments (CLE); c) Changing accreditation requirements and guidelines.

SmithGroup is a leader in using Design Thinking methodologies to create interprofessional learning experiences in health sciences education and healthcare environments. In partnership with the National Center for Interprofessional Practice and Education (NEXUS) and Arizona State University faculty, Dr. Gerri Lamb, SmithGroup has co-lead workshops to bring Design Thinking into the specific context of IPE. Learning outcomes include: a) Translating design-thinking methodologies into healthcare education and delivery; b) Selection of the appropriate design thinking tools; c) Examples of innovations from NEXUS workshops.

This session will enable participants to use Design Thinking tools to address their own real-world IPE challenges.

**B.3 (11:10am-11:30am):** INTERPROFESSIONAL LEARNING THROUGH SERVICE IN RURAL



NORTH CAROLINA: STUDENT PERSPECTIVES; Meredith Braza (University of North Carolina at Chapel Hill School of Medicine); Hannah Siburt (University of North Carolina at Chapel Hill School of Medicine), Sonda Oppewal (University of North Carolina at Chapel Hill School of Nursing), Vicki Mercer (University of North Carolina at Chapel Hill School of Medicine)

**Issue addressed:** The purpose of this study was to examine the impact of an interdisciplinary service experience on allied health students' perceptions of interprofessional collaboration.

**Method:** Twenty-five students representing audiology, biology, nursing, and physical therapy participated in a service-learning course about the culture of health in rural communities. Participants reflected on the social determinants of health while planning and executing a five-day service trip to Tyrrell County, NC. Students completed the Readiness for Interprofessional Learning Scale (RIPLS) Questionnaire and the Interprofessional Collaborative Competencies Attainment Survey (ICCAS) about their perceptions of interprofessional collaboration both pre- and post-trip.

**Outcome:** Following the trip, students demonstrated increased appreciation for interprofessional collaboration and openness to such partnership. The greatest growth was observed in students' understanding of team functioning across disciplines.

**Conclusion:** Guided immersion into rural healthcare through service learning is effective in increasing allied health students' awareness of interprofessional education and ways in which overlapping scopes of practice improve patient care.

**B.4 (11:35am-11:55am): ENHANCING THE EXPERIENCE: TAILORING THE IPE CURRICULUM FOR DIAGNOSTIC IMAGING STUDENTS;** Layla Simmons (University of Arkansas for Medical Sciences); Lisa Rhoden (University of Arkansas for Medical Sciences)

Since the inception of the IPE curriculum on the UAMS campus in 2015, one area of weakness has been providing diagnostic imaging students a meaningful IPE experience. Due to the diagnostic nature of the imaging professions and scope of practice limitations, it can be difficult for this group of students to feel a vital part of the healthcare team. To address this need, a new version of the UAMS IPE Competence Workshop, with a functional anatomy focus, was developed to target diagnostic specific professions. The inaugural offering of the Functional Anatomy Competence Workshop was completed in spring 2019. The post-event survey data of the traditional competence workshop versus the functional anatomy competence workshop revealed imaging students largely felt they participated in a more meaningful IPE event that better highlighted their respective professions, while also enhancing their knowledge and skills related to interprofessional collaboration and teamwork. The importance of constant quality assessment and improvement is necessary in order to ensure all health professions students have an enriched IPE experience.

### **EMERALD 3**

#### **CONCURRENT SESSION C: NEW MODELS FOR HEALTH PROFESSIONS EDUCATION AND PRACTICE & MODELS OF EXCELLENCE AND CREATIVE APPROACHES FOR ENHANCING IPE/IPP**

**C.1 (10:20am-10:40am): MEETING CALIFORNIA'S NEED FOR A MASTER'S DEGREE IN RADIOLOGIC AND IMAGING SCIENCES;** Elwin R. Tilson (California State University, Dominguez Hills); M. Gary Sayed (California State University, Dominguez Hills)

**Issue:** In the state of California, there are 33,716 practitioners licensed in Radiologic and Imaging Sciences (RIS). Of this number, approximately 6772 possess only a baccalaureate degree. Currently, there are no master's degrees in California in Radiologic and Imaging Sciences. The state has 95 academic RIS programs with an aging faculty. A 2015 study found nationally the average age of RIS faculty to be 63 and a 2010 study found that 42% of all educators expected to be retired by 2020. This presents a looming faculty shortage.

**Method:** A master's degree in the discipline was developed at California State University, Dominguez Hills to help address this shortage. The degree will be an Executive Style degree with core RIS courses and elective tracks in RIS education and departmental management. An online version of the degree will

launch within the year also.

**Outcome:** A needs survey found a large number of practitioners were 'Interested' or 'Very Interested' in obtaining this new degree. The majority of the respondents indicated education as their preferred elective track.

**Conclusion:** This novel approach to increase the number of faculty in RIS has generated a high degree of interest among practitioners.

**C.2 (10:45am-11:05am): TEACHING THE TEACHER: ENHANCING CLINICAL EDUCATORS' SUPERVISORY ROLE USING AN INTERPROFESSIONAL CLINICAL EDUCATOR WORKSHOP;** Amanda Copes (Stockton University); Mark Adelung (Stockton University); Lee Ann Guenther (Stockton University); Jennifer Calabrese (Stockton University); Lori Prol (Stockton University)

A team of academic health professionals provide annual professional development workshops in clinical supervision and interprofessional learning opportunities to clinical educators in order to enhance supervisory skills.

**Issue:** This study explored the potential relationships of these workshops on the professional practice of the attendees. More explicitly, it investigated whether the content presented influenced the attendees' perception of their supervision performance in clinical practice.

**Method:** This descriptive study examined the attendees' perception of the workshops' influence on their supervisory role of students in the clinical setting. A survey was administered using Qualtrics.

**Outcomes:** Sixty-four participants from the four workshops held from 2014-2017 completed a descriptive survey. The majority of participants indicated that new knowledge was obtained and that it contributed somewhat/considerably to their supervision performance. The dominant theme emerging from the qualitative data was personal and professional growth.

**Conclusion:** The outcomes demonstrate the workshops influenced attendees' perceived supervisory performance through obtaining new knowledge and translating it into their professional role over time.

**C.3 (11:10am-11:30am): MEETING OUR MISSION THROUGH HOLISTIC ADMISSIONS;** Sarah McBrien (University of Nebraska Medical Center CAHP); Maggie Winnicki (University of Nebraska Medical Center), Sara Bills (University of Nebraska Medical Center), Kyle Meyer (University of Nebraska Medical Center)

**Issue:** We implemented holistic admissions, which considers applicants' experiences and attributes alongside their academic skills by de-emphasizing academic metrics in favor of applicants who, while still meeting academic requirements, better matched our College's mission.

**Method:** Applicants submitted short responses to eight prompts, each one focused on a noncognitive variable (positive self-concept, successful leadership experience).

44 readers were trained to score responses. Readers were members of our campus community and underwent training that included an overview of holistic admissions, diversity training, and scoring calibration. Each response was scored by two readers; a third reader was required where disagreement between initial readers occurred.

**Outcomes:** 815 applicant responses have been scored. NCV scores were poorly correlated with academic metrics. Correlations between NCV and undergraduate GPA for our selective programs ranged from 0.01 to 0.16.

**Conclusion:** Lack of correlation between NCV and GPA indicates we measured a construct different than academic performance. Balancing these measures may contribute to a diverse student body that will ultimately serve the medical needs of a diverse population.

**C.4 (11:35am-11:55am): ASSESSMENT OF ALLIED HEALTH STUDENT EMPATHY FOR THE PATIENT WITH SHORTNESS OF BREATH;** George Steer (University of Maryland Eastern Shore); Les Keniston (University of Maryland Eastern Shore); Jean Chappell (Piedmont Virginia Community College)

**Introduction:** Care provider empathy promotes patient:provider interaction and care outcomes. Empathy

for shortness of breath (SOB) is a meaningful trait.

**Methods:** Fifteen doctor of physical therapy students completed: a modified Interpersonal Reactivity Index (IRI), COPD symptom assessment (CAT), Clinical COPD Questionnaire (CCQ) and open-ended questions to establish baseline empathy. Subjects performed 2 six-minute walk tests without/with a diaphragmatic restrictive device (-/+6-MWT). Immediately post -/+6-MWT, empathy and COPD questionnaires were completed. Physiological stress was assessed via vital signs, inspiratory capacity (IC), rate of perceived exertion (RPE), exhaled carbon dioxide (ETCO<sub>2</sub>), and Borg dyspnea level (BD). **Results:** IC decreased by  $\approx$  40%. Post +6-MWT systolic/diastolic pressures and respiratory rate (RR) increased (6, 4.5, 26%) respectively, with a 1.4% increase in both RPE and BD. Changes in ETCO<sub>2</sub>, RR, BD, & RPE were significant. CAT & CCQ questionnaire results increased 45 & 653% respectively indicating symptoms of COPD. **Conclusion:** Empathy for SOB increased significantly after experiencing simulated COPD. An easily replicated activity may positively impact student learning and patient care.

## **BLUE TOPAZ**

### **CONCURRENT SESSION D: ALPHA ETA STUDENT RESEARCH PRESENTATIONS**

**D.1 (10:20am-10:40am):** POSTPARTUM U.S. WOMEN'S ORAL HEALTH KNOWLEDGE, ATTITUDES, AND PRACTICES DURING PREGNANCY; Armin B. Azarshahri (MCPHS University, Forsyth School of Dental Hygiene); Lori Rainchuso (MCPHS University, School of Health Business); Jared Vineyard (Idaho State University, Idaho Center for Health Research); Lori Giblin-Scanlon (MCPHS University, Forsyth School of Dental Hygiene)

**Background:** Immunological changes occurring during pregnancy increase a woman's susceptibility to developing various oral health-related infections. Furthermore, pregnant women with oral infections are at increased risk for having adverse pregnancy outcomes.

**Research Questions:** RQ1: What are U.S. women's knowledge and attitudes toward oral health, and daily oral hygiene practices? RQ2: What are the factors affecting women's dental service utilization during pregnancy?

**Method:** This quantitative, descriptive, cross-sectional study used non-probability, purposive and snowball sampling methods. The study used the KAP framework. Logistic regression was used to identify potential predictors of dental utilization during pregnancy.

**Results:** Approximately 56% had knowledge of the link between poor oral health and pregnancy complications. Women who were aware of the link between poor oral health and pregnancy related complications were more likely to visit the dental office during pregnancy (64%,  $P < .001$ ); however, only 11% obtained this knowledge from their OBGYNs and 10% from their dental offices.

**Conclusion:** Women were more likely to receive dental care during pregnancy when they were aware of an increased risk of pregnancy complications due to poor oral health.

**Pertinence:** Improving patient-provider communication on the importance of receiving dental care during pregnancy could improve women's overall health during pregnancy and after.

**D.2 (10:45am-11:05am):** AGE, REHABILITATION AND SURGERY CHARACTERISTICS ARE RISK FACTORS FOR RE-INJURY IN ADOLESCENTS WITH ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION; Emma M. Davis (Georgia State University); Macie M. Sims (Georgia State University); Mallory A. Law (Georgia State University); Grace M. White (Georgia State University); Christopher L. Hendley (WellStar OrthoSport Rehabilitation); Julie E. Johnson (Children's Healthcare of Atlanta); Liang-Ching Tsai (Georgia State University)

**Background:** Adolescents with anterior cruciate ligament reconstruction (ACLR) have a higher re-injury risk than adults. However, the factors leading to an elevated re-injury risk and adolescent patients' responses to current rehabilitation remain unknown.

**Question to be addressed:** To examine the effect of age on rehabilitation outcomes and determine the risk factors for re-injury in adolescents post-ACLR.

**Method:** 276 adolescents with unilateral ACLR were identified. Demographics, injury/surgery history, number of physical therapy (PT) sessions, and outcomes (e.g., pain, strength, hop tests) were extracted

from patients' medical records.

**Results:** Younger age (HR=1.25 per year decrease in age; P=0.013), receiving surgery within 1 month post-injury (HR=2.50; P=0.006), beginning PT within 3 days post-ACLR (HR=3.57; P=0.016), and decreasing the number of PT sessions (HR=1.12 per decrease of 3 sessions; P=0.012) increased re-injury risk. Age was not associated with any outcome measure (P>0.06).

**Discussion/Conclusions:** Adolescents who are younger, receive surgery and post-ACLR PT sooner, and attend fewer PT sessions may be at an increased risk for re-injury.

**Pertinence:** Age and characteristics of surgery/rehabilitation may help identify adolescents who are at high re-injury risk. The lack of association between age and outcomes indicate that current outcome measures are not adequate in identifying high re-injury risk patients.

**D.3 (11:10am-11:30am): HIP ABDUCTION FATIGUE, SINGLE LEG SQUAT AND HIP CONTROL TESTS- CONSTRUCT VALIDITY AND RELIABILITY IN PERSONS WITH LOW BACK PAIN;** Nora Osman (University of the Sciences), Eric Folkins (University of the Sciences), Samuel Faust (University of the Sciences), Michael Majekodunmi (University of the Sciences), Sheetal Pandya (University of the Sciences), Joshua Chu (University of the Sciences), Jessica Patel (University of the Sciences)

**Background:** Individuals with low back pain (LBP) have impaired hip muscular endurance and multiplanar lumbopelvic neuromuscular control. Limited studies exist to assess these parameters.

**Question:** The purpose of this study was to establish reliability and construct validity of the Hip Abduction Fatigue test (HAF), Hip Control Test (HCT) and Single Leg Squat Test (SLS) in persons with and without LBP.

**Methods:** Fourteen individuals with and without LBP performed HAF, HCT and SLS 2-7 days apart. Two raters scored HCT and SLS for inter-rater reliability. HAF was videotaped to determine inter and intra-rater reliability. HAF score of both sides was calculated for a total hip abduction fatigue (THAF) score.

**Results:** THAF dichotomous scoring (positive < 194, negative 2::194 seconds) inter-rater, intra-rater and test-retest reliability demonstrated perfect-moderate agreement. HCT test-retest and inter-rater reliability was good-excellent. SLS reliability demonstrated substantial-moderate agreement. A positive THAF was significantly related to presence of LBP (OR 13.44). Participants with LBP had no significant difference in HCT and SLS scores.

**Conclusion:** THAF +/- scoring demonstrated reliability and differentiated persons with and without LBP, whereas HCT and SLS tests did not discriminate between groups.

**Pertinence:** THAF test can evaluate hip endurance and lumbopelvic control in persons with LBP.

## YELLOW TOPAZ

### CONCURRENT SESSION E: LEADERSHIP SESSIONS

#### E.1 (10:20am-11:05am): CHANGE MANAGEMENT

David Shelledy, Ph.D., RRT, FAARC, FASAHP

- Dean, School of Health Professions, UT Health San Antonio

#### E.2 (11:10am-12:20pm): RECRUITMENT STRATEGIES AND CHALLENGES

Lori Gonzalez

- Provost, University of Tennessee Health Science Center in Memphis

Gary Sayed, Ph.D.

- Dean and Professor, College of Health, Human Services and Nursing, California State University

Claudia Teschky

- Consultant, Academic Medicine & Health Sciences Practice, WittKieffer