2020 - 2021 ASAHP Live Virtual Series – Concurrent Schedule
September 30, 2020 – March 24, 2021
1:00pm-2:00pm ET

WEDNESDAY, SEPTEMBER 30, 2020 (1:00pm-2:00pm)
CURRICULUM INNOVATIONS RELATED TO COVID-19

1A. (1:00pm-1:15pm): CLINICAL EDUCATION TASK FORCE COVID-19 WEBINAR SERIES: UTILIZATION, EVALUATION, AND PLANNING; Robert McLaughlin (Baylor College of Medicine); Laura Daily (Kindred Healthcare); Julie O'Sullivan Maillet (Rutgers)
Just weeks after the shutdown of many educational activities due to the COVID-19 pandemic, the Clinical Education Task Force conducted the first in a series of national webinars on behalf of ASAHP for healthcare systems and education leaders facing unprecedented challenges to clinical curriculum delivery. Facing uncertainty about the virus—means of transmission, morbidity, and treatment—and its impact on higher education, ASAHP leaders and administration along with CETF members initiated the series, framing our initial response around CETF recommendations the Journal of Allied Health recently published promoting strategic academic and health care partnerships to prioritize evolving needs for current and future healthcare. Broad participation prompted further sessions on reintegrating clinical students, educational accreditors accommodations to the crisis, and integrating telehealth into healthcare curricula. More than 1000 unique participants joined the first four sessions. The presenters describe planning and implementation to date, participants, and evaluation of the webinars, and seek input on further topics and processes to extend this innovative learning platform.

1B. (1:20pm-1:35pm): IMPLEMENTATION OF A VIRTUAL INTERPROFESSIONAL OSCE; Kathryn Bell (Pacific University); Pauline Cawley (Pacific University); Talina Corvus (Pacific University); Saje Davis-Risen (Pacific University); Matthew Hunsinger (Pacific University); Mónica Sarmiento (Pacific University)
Issue to be addressed: The purpose of this project was to investigate the feasibility of interprofessional (IP) objective structured clinical encounters (OSCEs) as a learning activity and assessment mechanism in an interprofessional education program.
Method: Originally designed for simulation rooms, the OSCEs were implemented using Zoom due to COVID-19 in April 2020. Students completed three McMaster-Ottawa TOSCE stations (20 mins per station), followed by a debrief for all participants. A validated, abbreviated version of the McMaster-Ottawa scoring rubric was utilized by faculty observers, and individual student scores were submitted using a Google form.
Outcomes: Positive student feedback highlighted the event's usefulness, effective delivery, and the importance of voluntary participation. Kruskal-Wallis tests suggested differences on the collaborative patient performance item between the pediatric and diabetes cases only, with higher performance on Pediatric cases ($M = 2.60$, $SD = .48$) compared to Diabetes cases ($M = .2.30$, $SD = .60$), $t(62) = -4.08$, $p < .001$. There were no significant differences across year in program, $ps > .05$.
Conclusion: The IP OSCE was feasible to implement and a valuable learning experience.

1C. (1:40pm-1:55pm): CLASSROOM CONNECTIVITY IN A COVID CLIMATE; Melissa Duckett (Jacksonville State University)
Relational connections are important in all learning environments. These connections between faculty and their students can be difficult in routine face-to-face classroom settings. Within a COVID climate, these connections become even harder to make and sustain.
Utilizing the educational model of a flipped-classroom approach, lectures can be delivered through audio recordings in shorter segments to hold the students' attention. By dividing the class into smaller groups, the students are safely brought into the physical classroom to maintain contact between instructors and students safely and participate in active learning through activities and interactive question and answer sessions.
Students who feel there is a connection with their instructors have increased satisfaction, enhanced learning, and improved student performance. There is also a reduction in the student's feelings of isolation, which can lead students

to feel less accountable for their learning. By maintaining classroom connectivity between students and their instructors, a feeling of normalcy can be obtained for our students that are threatened within this current climate.

WEDNESDAY, OCTOBER 14, 2020 (1:00pm-2:00pm)
MODELS OF EXCELLENCE FOR ENHANCING DIVERSITY, EQUITY, AND INCLUSION

2A. (1:00pm-1:15pm): THE FIGHT AGAINST BIAS IN ACADEMIA AND HEALTHCARE: STUDENT ACTIVISM LEADS TO NEW ANTI-BIAS COURSE; Shweta Harvi (Pacific University); Marjorie Edwards (Pacific University); Saje Davis-Risen (Pacific University); Kathryn Bell (Pacific University)
Issue to be addressed: Following George Floyd's murder, graduate students of health professions at a private university wanted to address the systemic racism in healthcare and their education.
Method: Student leaders developed and distributed a survey to assess how systemic racism and bias in healthcare are taught in their programs, identify the ways that marginalized people experience racism and oppression on campus, and demand change. Questions included respondent role, program, need for a new course, topics for inclusion, and whether it should be mandatory.
Observations/outcomes: 850+ people from 10+ programs completed the survey and agreed with the call to action. 170 respondents provided additional comments and examples of bias. Following these results, student leaders collaborated with the university's administration to develop a course to run in fall 2020 .
Conclusion: The need for improvement in creating a culture of equity, diversity, and inclusion was demonstrated. These issues can be best addressed when student leaders and university administration work together.

2B. (1:20pm-1:35pm): THE A.B.L.E. MODEL FOR ENHANCING DIVERSITY, EQUITY, AND INCLUSION; Nathan Johnson (University of Arkansas Medical Sciences); Jason Key (UAMS, CHP, Lab Sciences)
Hypothesis: The lack of practicing clinical laboratory professionals in the United States is alarming. Lab training programs have experienced stagnant or a reduction in class sizes with unfilled training seats. It was with this backdrop that the Medical Laboratory Sciences (MLS) Program at UAMS instituted the A.B.L.E. principles to increase class size and diversity of its MLS program. The A.B.L.E. principles were obtained by the Department Chair during his time in laboratory leadership roles in the Department of Defense. The A.B.L.E. principles include Attitude, Belief, Labor, and Equity. It was hypothesized that the UAMS MLS could grow in size and diversity using these principles.
Method: The A.B.L.E. principles include Attitude, Belief, Labor, and Equity. The A.B.L.E. principles aligned with the overall UAMS and College of Health Professions Core Values.
Observations/Outcomes: Utilization of the A.B.L.E. method were critical to enhancing our program's growth, retention of students, increase in test scores, an increase in the diversity, and drove a commitment to better support the underserved areas of lab medicine.
Conclusion: Our department has become a model program by using the A.B.L.E. method.

2C. (1:40pm-2:00pm): EXPLORING PERCEPTIONS AND EXPERIENCES OF CULTURAL COMPETENCE IN A SHORT-TERM STUDY ABROAD COURSE; Ireliam Guadalupe (Florida Gulf Coast University); Sarah Manspeaker (Duquesne University)
Issue to be addressed: Cultural competence (CC) is a set of behaviors, attitudes, and policies that enable a healthcare system to function effectively in transcultural interactions. Development of CC is critical in treating diverse patient populations to minimize healthcare disparities. Immersive study abroad experiences may offer cultural experiences to develop CC.
Method: Multistage mixed-methods design.CC scores were collected from 12 students enrolled in a study abroad course using a validated instrument. Perceptions of CC were collected via interviews and analyzed qualitatively using constant comparative analysis.
Outcome: Students increased CC scores from pre-survey to post-survey. Themes for perceptions of CC were identified as:1) patient-centered care,2) expansion of cultural perspective, and 3) peer collaboration during clinical encounters.
Conclusions: Students demonstrated an increase in CC levels following a study abroad course. Results support that culturally authentic clinical experiences expand students' cultural perspectives and subsequently may better prepare them to care for diverse patient populations while positively impacting inequities and healthcare disparities.

WEDNESDAY, OCTOBER 28, 2020 (1:00pm-2:30pm)
INTERPROFESSIONAL EDUCATION AND PRACTICE PRESENTED BY ASAHP AND THE
UNIVERSITY OF CINCINNATI

3. Welcome: University of Cincinnati

3A. (1:10pm-1:25pm): Texas Tech University Health Sciences Center (Lubbock, Texas)
Interprofessional practice and education (IPE) is a powerful tool to establish links between the education system and the health care delivery system. As a leader in health care education, Texas Tech University Health Sciences Center's (TTUHSC) overarching goal for IPE is to inspire and transform future healthcare professionals through collaborative learning of interprofessional methods in student education, faculty development, and preceptor training. Classroom instruction alone is not enough is to prepare all learners for deliberately and collaboratively working together to reach the goal of high quality patient-centered care. To this end, we implemented an institutional IPE Core Curriculum. The IPE Core Curriculum is composed of two components including successful completion of a non-credit online course and successful participation in at least one registered IPE learning activity. Additionally, multiple academic programs require that students participate in more than one registered activity based on accreditation and curricular standards. Currently, TTUHSC has 59 registered IPE learning activities, which are offered across schools and campuses, including distance education environments. The number and diversity of registered IPE learning experiences ensure that our learners will be able to work effectively in teams, as we educate them in learning environments where the model is interprofessional collaborative care.

3B. (1:25pm-1:40pm) Indiana University –Purdue University Indianapolis (Indianapolis, Indiana)
IU graduates most of health science, medical, public health, and social work professionals in Indiana. Hence, the reach and impact of curricular transformation across these schools on 8 campuses is truly state-wide enterprise. In 2013, IU faculty leaders released a concept paper calling for the development of the IU Interprofessional Practice and Education Center (IU IPE Center); approved in 2014, the center brings together faculty, students and communities to implement, integrate and evaluate interprofessional education programs and innovative team practice models. The purpose of the IU IPE Center is to provide prepare the future healthcare workforce for interprofessional collaboration and teamwork. Working strategically with academic, practice, and community partners, it plays a significant role in defining Indiana's future health and healthcare outcomes. More than 10,000 learners, faculty, staff, clinical practitioners, and community members work together each year through education, practice, service, community outreach, leadership development, and scholarship. Together, our goal is to improve the experience of care for providers and patients/clients, improve the overall health of populations, and reduce per capita cost while forming an active learning community that uses around team care to help support the well-being of healthcare students, faculty, and practitioners.

3C. (1:40pm-1:55pm) Seton Hall University (South Orange, New Jersey)
Seton Hall University, School of Health and Medical Sciences Center for IPE (SHMS CIEHS IPE), guided by adult learning theory, employs structured immersion experiences to promote a culture of professional discourse and reflection essential to attain a cohesive, collaborative person-centered plan of care. The Center's "journey of professional transformation" model has embedded IPE experiences longitudinally over a 2-year period into our professional program curricula. Using this incremental progression, rather than an "add-on" or "one and done" experience approach, provides the continuous development of interprofessional competence by students as part of the overall learning process. The SHMS CIEHS IPE initiatives represent a school-wide curricular experience which includes participation in 9 diverse but interrelated IPE learning experiences; 5 Core Signature IPE Experiences and 4 Online Asynchronous Learning Modules. Our

intention is that our IPE experiences support student individual growth in what many perceive as "soft skills" - teamwork, communication, collaboration, and the appreciation of the diverse roles and responsibilities across health professions. This presentation will provide an overview of the SHMS CIEHS IPE Journey of Professional Transformation and offer data supporting its effectiveness in promoting the soft skills needed by all health care professionals seeking to promote person-centered care.

3. Panel discussion (2:00-2:30pm)

WEDNESDAY, NOVEMBER 11, 2020 (1:00pm-2:00pm)
CURRICULUM INNOVATIONS RELATED TO COVID-19

4A. (1:00pm-1:15pm): TAKING CLINICAL INSTRUCTORS OUT OF THE CLINIC: VIRTUAL SMALL GROUP DISCUSSIONS; Darryl Young (SUNY Upstate Medical University); Marissa Hanlon (SUNY Upstate Medical University)
The terminal clinical experience for the DPT Class of 2020 was postponed due to COVID-19. The situation required a solution to address lost clinic time while providing students with clinically relevant material to address their knowledge gaps and improve their clinical reasoning skills. The course was revised to include virtual clinical instructor (CI) led small group discussions, 1-2 times a week, for 9 weeks. CIs implemented 1-hour sessions, with guidance from the academic faculty, that were setting-specific and individualized to the objectives for the student group. A survey was sent to student and CI participants to gather feedback about the effectiveness of the discussions after 9 weeks. Students and CIs agreed that the small group sessions were helpful in developing the students' clinical reasoning skills (86% and 100%) and in identifying setting-specific student knowledge gaps (75% and 100%). Additionally, 80% of CIs indicated that the sessions were helpful in further developing their skills as a CI and 61% of students recommended that similar sessions be incorporated into the curriculum for future cohorts. CI guided small group sessions may be an effective way to engage and prepare students for future clinical experiences.

4B. (1:20pm-1:35pm): TRANSITION OF AN IN-PERSON CULINARY PROGRAM TO REMOTE DELIVERY DURING THE COVID-19 PANDEMIC FOR ADOLESCENTS WITH AUTISM SPECTRUM DISORDER; Jeanette Garcia (University of Central Florida); Keith Brazendale (University of Central Florida); Eunkyung Lee (University of Central Florida)
Issue addressed: Five student researchers and four faculty members collaborated with a Central Florida school to deliver an 8-week culinary course to high school participants (n=11) with Autism Spectrum Disorder (ASD). The course consisted of two sessions per week of nutrition education and cooking demonstrations. The COVID-19 pandemic ended the in-person program after six weeks; however, after a 2-week preparation period, the team transitioned the remaining sessions to Zoom.
Methods: To assess program feasibility, participants, their teacher, and the student researchers completed interviews and surveys.
Outcomes: The participant attendance rate was 97% over four weeks, with 91% reporting an interest in participating in a similar program format in the future. The teacher noted that the transition to Zoom was particularly beneficial for participants who displayed high levels of anxiety during the pandemic. All student researchers reported that the transition provided them with a better understanding of the need to adapt community programs and the importance of strong community partnerships.
Conclusion: Delivering remote culinary sessions during the pandemic was feasible and beneficial for both participants and student researchers.

4C. (1:40pm-1:55pm): IMPLEMENTATION OF AN INTERPROFESSIONAL 1-800-COVID-19 HOTLINE CALL CENTER TRAINING SIMULATION; Layla Simmons (University of Arkansas Medical Sciences); Karhryn Neill (University of Arkansas for Medical Sciences); Jared Gowen (University of Arkansas for Medical Scicences); Kristen Sterba (University of Arkansas for Medical Sciences); Megan Lane (University of Arkansas for Medical Sciences)
On March 13th, 2020 an academic health center suspended onsite classes due to the first confirmed case of COVID-19 in the state. Faculty across 5 colleges and the graduate school rapidly implemented alternative methods of instruction to complete coursework for the spring semester. Concurrent to suspension of onsite classes, the health center instituted

a 1-800 COVID-19 Hotline to support the public health emergency. The hotline provided rapid access to a health screening algorithm via a telehealth platform. On-campus IPE simulations were converted to an online platform and a new simulation was developed to address COVID-19 disease information, screening algorithm and decision tree tools, and telemedicine care. The simulation format consisted of orientation, IP team review of screening algorithm and decision tree for preparation for patient encounter, standardized patient interaction, and debriefing. Three trainings were completed via Zoom™ with 95 interprofessional students. Evaluation metrics include pre/post Interprofessional Collaborative Competencies Attainment Survey (ICCAS), evaluation of learning objectives via Likert scale, and identification of themes from qualitative response items. Descriptive statistics will be shared.

WEDNESDAY, NOVEMBER 18, 2020 (1:00pm-2:00pm)
MODELS OF EXCELLENCE FOR ENHANCING DIVERSITY, EQUITY, AND INCLUSION

5A. (1:00pm-1:15pm): HEALTH CARE DISPARITIES, BIAS AND DIVERSITY: HOW TO AFFECT CHANGE; Saje Davis-Risen (Pacific University); Brandy Pestka (Pacific University); Bjorn Bergstrom (Pacific University)
Issue to be addressed: The purpose of this study was to evaluate the impact of an online diversity course on physician assistant student bias and cultural competency.
Method: Pre/Post survey scales were used to asses for change in cultural attitudes and competency of 54 PA students: Healthcare Professionals-Student Version (IAPCC-SV). Demographic, personality and critical thinking scales were utilized to evaluate group level factors that may moderate group outcomes. To evaluate this further the following assessments were used: NEO Five-Factor Inventory (NEO-FFI-3), Watson-Glaser II (WG-II), Curiosity Scale (CEI-II), Ethnocentrism Scale, Dogmatism Scale (DOG Scale), and self-report on qualitative questions and course outcome evaluations.
Outcomes: The average score on the CEI-ii was Moderately Curious. Variables evaluated for moderation did not appear to impact course outcomes. Qualitative responses indicated a decreased self-perception of being culturally agile, while also endorsing greater intentionality for cultural agility. Objective assessment results indicate that there was an aggregate improvement from "Culturally Aware" (CA) to "Culturally Competent" (CC) as measured on the IAPCC-SV.
Conclusion: Results indicate

5B. (1:20pm-1:35pm): JUMP INTO HEALTH CARE (JIHC): DESIGN OF A PROBLEM-BASED SUMMER ENRICHMENT PIPELINE PROGRAM; Katherine Beissner (Upstate Medical University); Eunice Choe (Upstate Medical University); Danielle Fuller-Sincock (Upstate Medical University); Deashia McAlphine (Upstate Medical University); Jisung Shin (Upstate Medical University)
Hypothesis/Issue: The healthcare workforce does not reflect the racially/ethnically diverse US population, contributing to disparities in health care outcomes. Schools in Syracuse, NY serve a diverse student body, including potential future therapists, nurses, physicians and other health professionals.
Method: JIHC uses a clinical vignette-style curriculum to expose students to the range of health professions while building knowledge, introducing clinical skills and improving learning strategies. Due to the pandemic the inaugural program offering was canceled, so the JIHC team created manuals to guide future program offerings. Patient cases developed to require student-directed problem solving, interprofessional perspectives and public health content are augmented by ancillary learning opportunities (e.g., job shadows, simulations). Over the summer 4 students from the target population worked through the program with the JIHC team.
Observations/Outcomes: Student feedback helps to refine case materials to ensure appropriate levels of complexity and clarity of writing.
Conclusion: Engaging enrichment programs for diverse minority students may increase academic skills, and broaden perspectives of potential health care careers.

5C. (1:40pm-1:55pm): INCLUSION OF MARGINALIZED GROUP IN NURSING EDUCATION; Laura Barrow (Jacksonville State University); Serena Gramling (Jacksonville State University)
The diversity is today's general population produces students who present to healthcare programs with value systems differing from their predecessors. Those values may include issues such as religious preferences, ethnicity, and sexual orientation. Faculty are often limited in their understanding of the diverse background of their student population and

that diversity's influence on how students view the world. The challenge for faculty to help these students grow in their ability to develop a moral guide based on the ethical principles of healthcare providers, instead of outside forces, is larger than ever. It is essential for educators to acknowledge and address this issue in a proactive manner in order to meet the demands of the future.

This is an educational model that can be adopted by institutions of higher learning in order to promote inclusion and positive student outcome. This will result in providers who are more capable of caring for the current population. This discussion addresses only a few of the marginalized groups within the population and expresses the need for inclusion and celebration of those groups. It will provide readers with an understanding of evolving faculty requirements.

WEDNESDAY, DECEMBER 2, 2020 (1:00pm-2:00pm)
CURRICULUM INNOVATIONS RELATED TO COVID-19

6A. (1:00pm-1:15pm): A MULTI-LAYER MODEL OF CLINICAL SKILL TRAINING USING VIRTUAL SIMULATION TECHNOLOGY; Natalie Neubauer (Seton Hall University); Vikram Dayalu (Seton Hall University); Caryn Grabowski (Seton Hall University)

This presentation describes a virtual simulation curriculum supporting final semester SLP masters students in attaining clinical competency for entry-level practice in lieu of in-person clinicals during COVID-19. Group 1 (>30 hours needed) & Group 2 (< 30 hours needed): Over 8 or 6 weeks, respectively, students completed virtual assessments, "task trainers", and interventions. Extent of case practice was contingent on prior skill exposure and hours needed. Group 3 (Required no clinical hours): Student teams completed cases aligned with clinical externship caseload (e.g. adult vs. pediatric). SLP's lead collaborative student debriefs focused on peer modeling, problem-based and reflective learning. Formative assessments included simulation "scores", clinical documentation, and case discussions. A summative competency assessment was used to measure student clinical skills (e.g. interprofessional practice, differential diagnosis) for pediatric and adult cases. All students met or exceeded competencies required of entry level clinicians. A prescriptive virtual simulation curriculum supplementing in-person skill learning proved to be effective for students to meet program completion and professional credentialing requirements.

6B. (1:20pm-1:35pm): IMPLEMENTATION OF HYFLEX PROFESSIONAL PHYSICAL THERAPY EDUCATION WITHIN THE COVID-19 BLINDSPOT; Lisa Dorsey (Saint Louis University); Ginge Kettenbach (Saint Louis University), Carol Beckel (Saint Louis University), Tricia M. Austin (Saint Louis University)

Issue: The COVID-19 pandemic ignited rapid change in higher education (ed) delivery. Physical Therapy (PT) ed faced the challenges of pivoting to remote pedagogy for didactic coursework and interruption of clinical ed. Immediate items to address during change included maintaining shared governance, Program strategic plan alignment and trust of university leadership for flexible curricular delivery.

Method: Implementing HyFlex curricular models for professional courses including didactic and clinical experiences for over 240 PT students in three cohorts. Unique scheduling of courses allowed for complementary timing between didactic and clinical courses.

Outcomes: Continued cohort progression toward on-time graduation occurred, in part, due to strong clinical partnerships, university-level collaboration, and collective faculty and staff willingness to quickly pivot and consider all options in our professional curriculum.

Conclusion: The silver lining to crisis management was the opportunity for innovative faculty thought around curricular delivery, creating a technologically sophisticated educational model that may continue to prevail in the coming years, complementing traditional psychomotor skill development and delivery.

6C. (1:40pm-1:55pm): THE COVID-19 IPE PIVOT: BUILDING INTERPROFESSIONAL TEAMS THROUGH ONLINE NON-TECHNICAL SKILL (ONTS) SIM-IPE; Judi Schack-Dugré (University of Florida); Jennifer Jordan Utley (CIPE); Karen Snyder (University of St. Augustine for Health Sciences)

Hypothesis: COVID-19 forced a pivot of IPE to online delivery globally. Online non-technical SIM-IPE is a scalable, low-cost educational strategy that lacks representation in the literature. This study measured the effectiveness of online non-technical skill (ONTS) SIM-IPE to change attitudes toward interprofessional teams and team approach to care.

Methods: A quasi-experimental pre/post-test design using the SPICE-R2 explored the effectiveness of ONTS SIM-IPE to change attitudes toward team-based care in graduate health professions students.
Outcomes: Post-test scores on the SPICE-R2 revealed significant differences in the following subscales: Roles/Responsibility (Z=-.313, p<.002), Patient Outcomes (Z=-.347, p<.001).
Conclusion: Based on these results, ONTS SIM-IPE is an effective instructional method that is scalable to meet the global needs of contemporary graduate health professions' education. The novel nature of these results leads to the need for standardization in ONTS SIM-IPE pedagogies and research designs. This pedagogical agenda is a necessity as global health crises requires social distancing in the delivery of interprofessional education.

WEDNESDAY, DECEMBER 16, 2020 (1:00pm-2:00pm)
CURRICULUM INNOVATIONS RELATED TO COVID-19

7A. (1:00pm-1:15PM): COVID-19 RELATED INNOVATION: JOURNAL CLUB ASSIGNMENTS; Gail Orum (Keck Graduate Institute School of Pharmacy and Health Sciences)
Hypothesis/Issue to be addressed: The issue was to develop a journal club assignment using Zoom rather than face-to-face, to improve students' presentation skills and prepare them for advancement to the Advanced Pharmacy Practice Experiences (APPE).
Methods: The PHAR 588 Geriatric Patient Care elective course enrolled 32 third year (P3) pharmacy students in Spring 2020.   Due to the online format, the journal club assignment was modified to two journal club assignments in teams, with pre-selected articles. The presentation rubrics included written and presentation skills totaling 36 points. Teams had ten minutes for presentation and five minutes for question and answer. Each student was required to speak. There were four teams total.
Observations/Outcomes: The class mean between the first and second journal clubs was 28/36 and 31.75/36, respectively. Teams that performed poorly in the first journal club, demonstrated the greatest improvement in the second. For example, team A scored 20/36 on the first journal club, but scored 33/36 on the second. Teams with high scores in the first journal club, showed 1-2 point drop in scores.
Conclusion: Virtual journal clubs can be effective in improving students' presentation skills.

7B. (1:20pm-1:35pm): FOSTERING INTRA-PROFESSIONAL TEAMWORK AND COMMUNICATION THROUGH A COLLABORATIVE, VIRTUAL SIMULATION EXPERIENCE FOR DPT AND PTA STUDENTS; Jillian Duff (Seton Hall University); Marcia Downer (Seton Hall University)
Purpose: Evaluate effects of a virtual intra-professional simulation experience on perceptions of PTA roles and collaborative competency in DPT and PTA students.
Methods: A cohort of DPT and PTA students received a synchronous online lecture on the Role of the PTA followed by a training session on the use of the SBAR (Situation-Background-Assessment- Recommendation) tool and orientation to the EHRgo Case platform. Small groups of students worked together to virtually manage the care of two concurrent patient cases during a subsequent remote simulation event.
All students completed the PTA Roles Survey prior to and on completion of the sevent. Students also completed the Interprofessional Collaborative Competency Attainment Survey (ICCAS).
Pre and post test data from the PTA Roles Survey will be analyzed using t- tests (p < .05). Non parametric Mann Whiney / Wilcoxen tests will be used to analyze the ICCAS responses (p < .05).
Results: A pilot study found significantly increased DPT student scores on a PTA roles test (p < .02). 88% reported the experience contributed to their ability to communicate and practice collaboratively. Unfortunately, COVID 19 caused postponement of the 2020 event and data analysis is ongoing.

7C. (1:40pm-1:55pm): INTERINSTITUTIONAL SIMULATED TELEMEDICINE COLLABORATION TO PROVIDE ATHLETIC TRAINING CLINICAL EXPERIENCES; Dorice Hankemeier (Ball State University); Stacey Gaven (University of Indianapolis)
Issue to Be Addressed: The COVID-19 pandemic called for new modes of clinical education; simulated telemedicine encounters allowed students to utilize their clinical skills while adjusting to new methods of patient care delivery.

Method: Two athletic training programs worked together to create standardized cases for a variety of medical conditions including orthopedic, general medical, and psychosocial. Students from one institution were trained to serve as a standardized patient for students from the other institution. Students were then given the contact information for their patient and set up a telemedicine consult. Students conducted patient evaluations via a telemedicine platform and created a plan of care for the patient.

Outcomes: Students were able to demonstrate patient care skills in a telemedicine encounter and also learned by serving as the patient. Student self-reflection indicated that they learned the importance of clear communication when unable to physically evaluate a patient.

Conclusion: Collaboration among programs at different institutions allows students to interact with each other and allowed them to learn as both the patient and the clinician.

WEDNESDAY, JANUARY 13, 2021 (1:00pm-2:00pm)
CURRICULUM INNOVATIONS RELATED TO COVID-19

8A. (1:00pm-1:15pm): WORKFORCE READY SOLUTIONS TO TREATING PATIENTS POST COVID-19; Bari Hoffman Ruddy (University of Central Florida); Vicki Lewis, MS CCC-SLP

A new course titled: Clinical Practice in Medical Speech-Language Pathology was developed at the University of Central Florida geared toward preparing workforce ready professionals to meet the complex needs of medically compromised patients, including those with COVID-19. The purpose of the course was to prepare both students enrolled in the Master's program in Communication Sciences and Disorders at UCF and community-based certified speech-language pathologists with a foundation to work as part of an interdisciplinary team with complex patients in various medical settings throughout the continuum of care. A foundation of applied physiology and the impact of impairment on communication, breathing and swallowing function was covered. Medical interventions across complex medical conditions was emphasized along with palliative care and ethical concerns infused across the curriculum. This fully online course implemented simulation activities mailing enrolled students a 'kit' to practice tracheostomy, speaking valve care and infection prevention. Discussion focuses on course development, outcomes and workforce ready solutions.

8B. (1:20pm-1:35pm): INFUSING VIRTUAL STANDARDIZED PATIENT SIMULATIONS INTO A MASTERS SLP CURRICULUM FOR PEDIATRIC DIAGNOSTIC SKILL PRACTICE; Natalie Neubauer (Seton Hall University); Jennifer McCarthy MAS, NRP, CHSE

This presentation will discuss the framework of a virtual pediatric diagnostic Standardized Patient (SP) simulation designed for SLP graduate students. This activity was intended to measure student's application of principles learned in the diagnostic course related to administering a portion of the CELF-5 language assessment section. Students gathered data independently from their SP encounter, then worked in dyads to score, interpret test data, and complete a written clinical evaluation summary. This allowed for demonstration and practice of test execution skills, identification and analysis of assessment performance and synthesizing data into written form. Strategies for feedback included SP verbal feedback on professional interaction skills, a faculty rubric evaluating assessment competencies and student self-reflection via a plus delta form. The virtual simulation proved successful in providing a controlled atmosphere to evaluate student's diagnostic skills both in real time and through recordings. Students reported increased confidence in conducting assessment procedures through the use of remote simulation and the benefits of peer learning through collaboration. Prior video modeling also supported performance accuracy.

8C. (1:40pm-1:55pm): IMPACT ON THE HEALTH AND WELLNESS OF FACULTY AND STUDENTS DURING THE COVID-19 PANDEMIC; Ronda Sturgill (The University of Tampa); Suzanne Ensmann (The University of Tampa); Lina Gomez-Vasquez (The University of Tampa); Aimee Whiteside (The University of Tampa)

This presentation discusses the impact on health and wellness of faculty and students transitioning to remote learning during the COVID-19 pandemic. Faculty (N=242) and students (N=711) at a mid-sized southeastern private institution were surveyed midway through the Spring 2020 semester. Using exploratory research, participants answered closed and open-ended questions related to health, wellness, and overall experience. After the semester, faculty (34%) and students (46%) reported being worried, struggling, or in a dark place. Stress coping mechanisms, tools to support physical health and mindfulness strategies varied. A faculty member stated, "We had 2 different group

projects across different student groups in my course to foster connections, and their exit essays identified that for most students, these groups were essential to managing their mental health as connected study groups." A student responded, "When we did more discussions during video sessions, I felt more mentally engaged in class and less distracted by being home". Only 37% of faculty and 29% of students used wearable technology (Fitbits) to support physical activity and mindfulness. Recommendations to support wellness in remote learning will be provided.

WEDNESDAY, JANUARY 27, 2021 (1:00pm-2:00pm)
LEADERSHIP DURING CRISIS & ADVOCACY

9A. (1:00pm-1:15pm): STRATEGIC PLANNING IN THE MIDDLE OF COVID-19; Caroline Mallory (Indiana State University College of Health and Human Services); Whitney Nesser (Indiana State University College of Health and Human Services)
Issue: Strategic planning (SP) is difficult, but the COVID-19 pandemic further complicates efforts and jeopardizes the outcome. What is the best way to accomplish SP during the COVID-19 crisis?
Method: Indiana State University College of Health and Human Services developed a strategic plan in 2018. Using the Strengths, Opportunities, Aspirations, Results framework the College will revise the plan this year. Anticipated challenges to SP include the stress response of faculty, staff, and students that reduces efficiency and effectiveness, fewer resources and an increased workload, competing priorities, and perceived relevance of SP in the midst of overwhelming uncertainty. We will work to overcome these challenges by engaging our colleagues early, recognizing the challenges, adopting a solutions focused attitude, limiting the workload associated with SP, and implementing a practical project plan.
Outcomes: Our goal is to have a strategic plan approved by the College by April 2021.
Conclusion: The short-term (hopefully) COVID-19 pandemic cannot be allowed to derail our vision and mission. SP in an uncertain environment offers up a unique opportunity in which new ideas can form, mindsets can change, and innovation is accelerated.

9B. (1:20pm-1:35pm): LEADING AND MANAGING CHANGE WITH RESILIENCY AND OPTIMISM; Lori Anderson (Western Carolina University)
Issue to be addressed: Leading and managing change is challenging and appears to be becoming more of the norm rather than a unique circumstance. Leaders need to be equipped with a variety of skills that they can draw upon at a moment's notice when faced with change. Change can manifest as something minuscule or colossal and when encountered can propel even the most experienced leader into a tailspin.
Method: The application of various frameworks and strategies when faced with change assist a leader to embrace and manage change. Realistic Optimism is a fundamental trait that leaders possess, and influences actions taken.
Outcomes: The purpose of this presentation will be to describe and share one leader's perspective on how change has been embraced and the lessons learned from colossal events such as a consolidation and the pandemic. The importance of Realistic Optimism will also be explored as it relates to the foundational principles of resiliency for leaders.
Conclusion: Change is inevitable, yet when encountered, a leader must be strong and equipped to lead and manage. Acquiring and applying proven lifelong skills and strategies to assist in handling change are essential for a leader today and the future.

9C. (1:40pm-1:55pm): TRAUMA INFORMED EDUCATION; Jessica Varghese (New York Institute of Technology)
Prolonged exposure to stressors can impact a student's ability to learn and process information properly. As the global pandemic and racial tensions rise in the United States, it becomes important for educators to be better prepared to understand trauma informed teaching and trauma informed learning.
The impact of trauma on child development has been studied a great deal. However, trauma can follow a person well into adulthood. The Adverse Childhood Experiences Study (ACES) found that persons who had more ACES events in childhood also had more health problems as adults. Traumatic events have lingering implications whether the trauma happened in childhood or adulthood.

Understanding the various types of trauma is critical for the faculty. Faculty need to be aware of common manifestations of trauma in both a classroom and clinical setting. Faculty will be better equipped with some trauma informed teaching practices. Small changes in how we interact can make a big difference to students who have experienced trauma in their lives. Faculty need the tools necessary to be able to identify and adequately empower students who have been impacted by trauma. Trauma informed teaching practices need to become part of our professional toolkit.

WEDNESDAY, FEBUARY 10, 2021 (1:00pm-2:00pm)
SELECT TOPICS IN ALLIED HEALTH

10A. (1:00pm-1:15pm): INTEGRATING COVID-19 PREVENTION INTO YOUR CLINICAL RESEARCH; Laura Bilek (University of NE Medical Center); Kara M Smith (University of NE Medical Center); Melissa Cole (University of NE Medical Center)
Issue: Reducing COVID risk in your human-subjects research
The development of a research study requires investigators to minimize risk to human subjects. With the outbreak of COVID-19, this challenge is expanded.
Methods: Our Spry Belt study utilizes visits to a hospital-based radiology clinic and includes imaging, blood draws and an office meetings with a coordinator. To improve safety, the research team integrated clinic COVID-19 requirements and expert recommendations to prevent the spread of COVID.
Observations/Outcomes: Specific changes implemented include sending the COVID-19 symptom screening questionnaire to the subject the day prior to the study visit, minimizing face-to-face time between participant and coordinator, adding PPE for specific study events, and implementing enhanced, detailed cleaning protocols. Study visits were resumed upon permission from the university regulatory affairs office. Thirty-six in-person study visits were successfully completed within two weeks using the revised study protocol.
Conclusion: Detailed planning, teamwork, and quality COVID resources provided a smooth transmission to conduct safe clinical trial study visits. Subjects reported comfort with participation.

10B. (1:20pm-1:35pm): EXTENT OF INFLUENCE THAT PERSONAL AND PROGRAM FACTORS HAVE ON HEALTH PROFESSION STUDENTS' ACADEMIC PROGRESS; Matthew Munyon (University of Central Florida)
Nationally, higher education expects undergraduate students to complete their degrees within six years. Some states shifted this expectation to four years. Further, some states base their funding of four-year, public universities on how well they meet this time-to-degree metric. Students' personal factors (e.g., demographics, academic level, financial aid, FTIC vs transfer status, GPA) and colleges of health program factors (e.g., course type, course modality) influence students' academic progress relative to time-to-degree. The purpose of this study was to examine institutional data from a college of health professions at a large metropolitan university in the southeastern United States to determine to what extent personal and program factors influence health students' time-to-degree. A partial least squares structural equation model was used to analyze the conceptual framework. Findings, academic and operational implications, and future research opportunities are discussed.

10C. (1:40pm-1:55pm): THE USE OF EPORTFOLIOS AND DIGITAL STORYTELLING AS TOOLS TO IMPROVE PRE-HEALTH PROFESSIONS STUDENTS' REFLECTIVE LEARNING AND CAREER READINESS; Suha Saleh (University of Central Florida)
Purpose: Digital resources including ePortfolios and reflective digital stories were utilized to build professional development skills among pre-health professions students.
Method: A capstone experience with focus on professional development/career readiness was created for Health Sciences seniors. Students received individualized mentoring and each prepared a professional

ePortfolio and digital story where they reflected on their experiences, highlighted their skills and connected these experiences with their professional goals.

Observations: A total of 319 seniors completed the capstone experience and developed ePortfolios and digital stories. In their feedback, 82% reported significant improvement in their ability to self-reflect and prepare for their professional goals. 72% reported significant improvement in their confidence and ability to articulate their strengths and qualifications for their career path. Overall, 71% of students expressed that participation in this course significantly improved their professional preparation.

Conclusion: Reflective learning and utilization of digital tools such as ePortfolios and digital storytelling are useful in improving professional competence of pre-health professions students.

WEDNESDAY, FEBURARY 24, 2021 (1:00pm-2:00pm)
CURRICULUM INNOVATIONS RELATED TO COVID-19 & SELECT TOPICS IN ALLIED HEALTH

11A. (1:00pm-1:15pm): HEALTH PROFESSIONS STUDENTS TRANSFORM COVID-19 LEARNING CHALLENGES INTO INNOVATION; Melanie Austin (New York Institute of Technology)
Issue: The COVID-19 pandemic required an immediate curriculum modification to address local, national, and international health promotion objectives. Amid the societal crisis, health profession students explored prevention, health promotion, socio-cultural, social justice, and health disparities factors, as they designed innovative e-health literacy resources in alignment with societal health needs.
Method: An e-health literacy model coupled with high impact teaching and learning practices included evidence-based community-centered frameworks for students to create e-health education COVID-related resources that meet the diverse needs community and campus programs.
Outcome: Students designed and presented innovative e-health education COVID related resources for community and school-based populations across the lifespan. The materials addressed timely topics on; Hand Washing Skills for Pre-Schoolers, Hair Salon Workplace Safety for Business Owners, Opioid, Vaping & e-Cigarette Resources for Young Adults and Student-Athletes, Preparing Healthy Fruit Salad for School-Age Youth, Dementia & Alzheimer's Healthy Aging Tips.
Conclusion: Curriculum modifications related to COVID-19 coupled with high impact teaching and learning

11B. (1:20pm-1:35pm): INTEGRATING CLINICAL RESEARCH INTO THE UNDERGRADUATE PRE-HEALTH PROFESSIONS CURRICULUM; Suha Saleh (University of Central Florida)
Purpose: Clinical research was integrated into the undergraduate pre-health professions curriculum to build connection with innovations in clinical practice.
Method: A group project that focus on clinical trials was designed for Health Sciences seniors. Students utilized the national clinical trials database to perform quantitative and qualitative analysis on a selected topic within clinical trials. The goal was to better understand the connection with and relevance to clinical practice. At the end of the project, students completed a reflective assignment to provide feedback.
Observations: Out the 319 students who engaged in this experience, 59% reported significant improvement, and 38% reported slight improvement in their critical thinking/clinical reasoning skills. 61% reported significant improvement, and 35% reported slight improvement in their collaboration/team building skills. Open ended responses support the pedagogical gains and better understanding of clinical trials within the practice of health professions.
Conclusion: Students engaged in this undergraduate pedagogical experience gained important skills that are directly applicable to the needed skills and overall scope of practice of healthcare professionals.

11C. (1:40pm-1:55pm): DELIVERING SEMI-SYNCHRONOUS CORE CURRICULUM FOR DISTANCE LEARNING; Alyssa Quinlan (St. John's University)

The COVID-19 pandemic created a significant shift in the delivery of core didactic courses in healthcare professional education. Introductory and requisite courses that have never been intended for distance learning required an immediate shift. The challenges relating to assessing engagement, encouraging interactive learning and evaluating understanding of material can be addressed by delivering a semi-synchronous course with both live virtual and recorded lectures along with concomitant multimodality assignments and assessments. The purpose of this presentation is to discuss the delivery of the aforementioned educational model and to share experiences with various technologic tools and software programs. We will discuss the lessons learned, challenges, strengths and improvements that can be applied to this type of distance learning. Student and faculty feedback will be shared. Additionally, alternative methods for delivery of core curriculum in didactic education will be explored. Open discussion is welcome in order to create a forum for sharing experiences and to further develop strategies for delivery of virtual content in this new COVID learning environment.

WEDNESDAY, MARCH 10, 2021 (1:00pm-2:00pm)
SELECT TOPICS IN ALLIED HEALTH

12A. (1:00pm-1:15pm): PERCEIVED STRESS AMONG MEDICAL LABORATORY SCIENCE STUDENTS: A COMPARISON OF FACE TO FACE VERSUS ONLINE STUDENTS; Cherika Robertson (University of Arkansas Medical Sciences)
Objective: Perceived stress levels among medical laboratory sciences (MLS) students is unknown. The primary purposes of this study were to: (a) measure perceived stress among MLS students and (b) identify sources of stress.
Methods: Participants completed the Perceived Stress Scale (PSS) and the Undergraduate Sources of Stress (USS) questionnaires. A paired t-test compared the mean difference in the total PSS score between face-to-face and online students. Linear regression examined the correlation between age and PSS.
Results: The median years of age among face-to-face students was 26 compared to 29.5 among online students ($P = 0.20$). The mean PSS score was 22.4 among face-to-face students compared to 17.7 among online students ($P = 0.20$). Both of these scores indicate a moderate level of stress. A trend existed for age to correlate with PSS score ($P = 0.00$).
Conclusions: Study results demonstrate perceived stress is present among MLS students and is higher among face-face students, who tended to be younger than online students.

12B. (1:20pm-1:35pm): INTERPROFESSIONAL "POP-UPS"; FOSTERING RELEVANCE THROUGH THE POWER OF NATURAL PARTNERSHIPS; Saje Davis-Risen (Pacific University); Alison McLellan (Pacific University)
Issue to be addressed: Support of Interprofessional Education (IPE) by health care systems, has led many health professions accreditation organizations to establish IPE standards, yet challenges remain to the integration of IPE into profession-centric curricula and to implement IPE into already dense curricula. Also, resources for IPE are difficult to secure and scheduling barriers further limit opportunities.
Method: Despite University wide support for IPE and an IPE curriculum that is delivered to all students, students still struggled to see and understand the relevance of IPE to their future practice. IPE "Pop-ups", case based activities utilizing standardized patients, were developed with Pharmacy, Audiology and Dental Hygiene to address shared accreditation standards.
Observations/Outcomes: These cases highlighted natural patient centered partnerships, outlined shared and distinct roles and responsibilities, encouraged professional communication and fostered student understanding of the relevance of IPE on their future practice.
Conclusion: These "Pop-ups" are easily reproducible, quick and easy to implement, require little faculty development time, and limited resources.

12C. (1:40pm-1:55pm): CLINICAL EFFECTIVENESS SURVEY; Elizabeth Simon (New York Institute of Technology)
Clinical experience is the heart of the health professions education. Appropriate facilitation by the Clinical Instructor enhances professional socialization and inter-professional skills also. Identification of factors that influence clinical education outcome is important. (Abey et al., 2015., Biffu et al., 2018). An accurate feedback from the students can be challenging (Chaou, et al. 2017). Yet, to improve quality of clinical education, School of Health Professions (SHP) Clinical Affairs Committee (CAC) purposed to discover the commonalities and difference among four disciplines: Nursing, Physician Assistant (PA), Physical Therapy (PT), and Occupational Therapy (OT). During Fall 2020, a 13- item survey developed by CAC, approved by the Internal Review Board was sent to graduating seniors. Approximately 200 received the surveys and 81 responded: Nursing 45.7 %, PT 22.7%, PA, OT 13.6 % each. Results showed overall satisfaction about the effectiveness of clinical education among SHP students. There is no choice for PA students for the clinical site selection. The responses from the OT students are different from the rest and that requires further exploration. Future studies will focus on the reasons behind Physician

WEDNESDAY, MARCH 24, 2021 (1:00pm-2:00pm)
CURRICULUM INNOVATIONS RELATED TO COVID-19

13A. (1:00pm-1:15pm): INCORPORATING TELEHEALTH IN CURRICULUM; Allison Crabtree (Jacksonville State University)
Telehealth offers one solution to client care and student clinical experiences during times of social distancing. High-risk client populations, such as those with chronic lung diseases, benefit from remotely supervised pulmonary rehabilitation while limiting the risk of infection transmission. Virtual care allows students to obtain clinical experiences in alternative methods of care delivery. An interdisciplinary approach enables students from health-related majors to develop critical thinking, increase communication skills, and examine the roles of other disciplines. This innovation prepares students for positions in the emerging models of healthcare delivery. A partnership between the university and an outpatient rehabilitation center resulted in the implementation of a 9-week interdisciplinary pulmonary rehabilitation program. Virtual visits enabled high-risk clients to continue care safer at home while allowing students in exercise science, respiratory therapy, and nursing majors to continue practicums. As members of an interdisciplinary team, this innovation allowed students in health-related majors to safely engage in relevant learning experiences in a real-world environment while incorporating technology into curriculum.

13B. (1:20pm-1:35pm): AN INTERPROFESSIONAL GLOBAL HEALTH COURSE SERIES: A MODEL FOR ENGAGING STUDENTS AND FACULTY IN IPE; Saje Davis-Risen (Pacific University) Nicola Carter (Pacific University) Mike Miller (Pacific University) Sigrid C. Roberts (Pacific University) Ruth Zuniga (Pacific University) Brandy Pestka (Pacific University) Bjorn Bergstrom (Pacific University) Danielle Backus (Pacific University) Rebecca Reisch (Pacific University) Halley Read (Pacific University)
Hypothesis: These electives are an introductory interprofessional (IP), global health series. By replacing silo'd School courses with a college level series, we are better able to meet growing student demand for global health education and engage faculty with global health expertise in IPE.
Method: Faculty who taught individual courses collaborated to create two electives: one on global public health, one on global citizenship/travel pragmatics. Seats are held for each profession, courses are taught by IP faculty, and delivered via a blended module based format. Faculty are recruited for global health knowledge and diversity of profession.

Observations/Outcomes: Since opening 220 students have taken the electives. In addition to 10 founding faculty, 8 IP faculty from across the College have joined the courses. Two Schools have made the travel pragmatics course mandatory for students participating in international fieldwork.

Conclusions: These courses are meeting a growing student demand for global health education, with a unique IPE lens, by leveraging the expertise of a diverse group of allied health faculty. With attention to recruitment and scheduling, this model is easily reproducible at other institutions.