CONCURRENT SESSION A: IMPROVEMENTS IN THE CULTURE OF HEALTH

A.1 (10:15am-10:55am): MAKING THE HEALTHY CHOICE THE EASY CHOICE ON CAMPUS; Lorraine Mongiello (New York Institute of Technology)

Issue: As college students are making the transition from adolescence to adulthood their diet and activity levels change and they typically form long-lasting detrimental behaviors which are associated with chronic diseases. Today’s students have been obese from a younger age than at any time in history; likely leading to earlier and more severe health complications later in life.

Methods: Diabetes risk knowledge, risk perception and health behaviors were collected from 1,579 multiracial students.

Observations: Students have little knowledge of risk factors; identifying less than three of 10. More than one-third of students were identified as already having three or more factors. Among these high-risk students only 39% perceived that they were at high-risk for diabetes.

Conclusion: Action must be taken to reverse current trends and prevent the consequences of living with diabetes. Colleges are an ideal setting to reach a diverse population during a critical life-stage when long-lasting health behaviors are typically formed. Campus environments can either encourage or discourage health-promoting food and physical activity decisions; so, changes to the physical and social characteristics of institutions are likely to have greater impact than health education alone. Strategies for making the healthy choice the easy choice on campus will be discussed.

A.2 (10:55am-11:35am): HEALTH LITERACY ON THE FOREFRONT: PREPARING DOCTOR OF PHYSICAL THERAPY STUDENTS TO BE LEADERS IN PATIENT EDUCATION; Kelly Stephens (University of Missouri), Dana Martin (University of Missouri), Teresa Briedwell (University of Missouri), Stanton Hudson (University of Missouri)

Hypothesis: As key contacts in healthcare delivery, physical therapists can directly impact health literacy and health disparities that currently exist. Evidence suggests that efforts to address health literacy must include the preparation of the healthcare professionals equipped with the knowledge and skills to tackle this epidemic. The Doctor of Physical Therapy (DPT) Program along with University of Missouri Center for Health Policy created a simulation module to educate students about the issue of health literacy and how to address it.

Method: Following a didactic session, DPT student participated in an encounter requiring patient education related to a diagnosis. Students completed pre/post questionnaires to gauge knowledge and importance of health literacy.

Outcomes: The data were collected on 6 questions with student responses corresponding to level of knowledge and importance. Data were analyzed using Kolmogorov-Smirnov test and Wilcoxon non-parametric test. A statistically significant difference was found between pre and post surveys for 5 of 6 questions.

Conclusion: The explicit education of DPT students related to health literacy along with a carefully designed simulation activity can have a powerful impact on professional development. The inclusion of this material is critical to closing the gap of healthcare disparities that exist secondary to health literacy.

A.3 (11:35am-12:15pm): FRAMEWORK FOR DIVERSITY: A COMPREHENSIVE PLAN FOR INTEGRATING DIVERSITY AND INCLUSION AT THE COLLEGE OF HEALTH SCIENCES, RUSH UNIVERSITY; Laura Vasquez (Rush University), Constance Mussa (Rush University), Charlotte L. Royeen (Rush University)

Hypothesis: This abstract proposal is to promote and increase diversity among faculty, students, and staff to increasingly reflect the diverse communities we serve. The College of Health Sciences (CHS) Diversity Committee at Rush University has put forth recommendations to advance the colleges diversity and
inclusion interests. The recommendations for a comprehensive five-year diversity and inclusion strategic plan will be highlighted.

Method: A situational analysis of the college was conducted on student enrollment and faculty demographics. Enhancement of a diversity definition was performed.

Observations/Outcomes: The college’s goals, action items, anticipated outcomes and metrics will be highlighted.

Conclusion: Addressing compositional diversity requires proactive institutional support that seeks to develop and maintain a diverse faculty and student body. The college diversity committee charge is one that underpins many other tasks as the development and implementation of the diversity and inclusion strategic plan occurs. Inclusion is an important component of the college’s commitment to diversity. It is to be expected that comprehensive integration of program of diversity, and inclusion will develop a shared understanding of how diversity serves as an essential driver in achieving excellence.

A.4 (12:15pm-12:55pm): COMPOSITIONAL DIVERSITY: A STRATEGIC PLAN FOR RECRUITING AND RETAINMENT OF DIVERSE STUDENTS AT COLLEGE OF HEALTH SCIENCES, RUSH UNIVERSITY; Laura Vasquez (Rush University), Mary J. Guglielmo (Rush University), Charlotte L. Royeen (Rush University)

Hypothesis: The development and implementation of proactive institutional college policies associated with “pipeline” programs will significantly and positively affect compositional diversity within the student body in Rush University’s College of Health Sciences.

Method: Approaches to strengthen the effectiveness of outreach and enrichment activities were investigated. Methods to provide pre-health science advising, and academic preparation were also explored.

Outcomes: Results of the investigations revealed that there are opportunities for development and implementation of proactive college policies associated with pipeline programs in the College of Health Sciences.

Conclusion: Addressing compositional diversity requires fostering proactive adjustments for anticipated shifts in workforce composition. Focus has been placed on admissions policies, but to effectively attend to compositional diversity, committed efforts are required on several fronts prior to the admission process. In addition, for the diverse student body to flourish, academic and financial support must be woven into the entire fabric of the college.

Alamo Ballroom Salon F

CONCURRENT SESSION B: IMPROVEMENTS IN THE CULTURE OF HEALTH

B.1 (10:15am-10:55am): HOLISTIC ADMISSIONS: A STRATEGY TO INCREASE DIVERSITY IN ALLIED HEALTH EDUCATION; Amy Darragh (The Ohio State University), Deborah Larsen (The Ohio State University)

Issue: Quality healthcare is necessary for the achievement of health and well-being. Unfortunately, Implicit Bias impacts healthcare providers’ ability to deliver egalitarian care. Mitigation of implicit bias begins in academic programs. Programs must create diverse and inclusive learning environments for students. This session describes the Holistic Review approaches used in the School of Health and Rehabilitation Sciences (SHRS) at The Ohio State University and presents a case study of the Occupational Therapy program’s Holistic Review implementation and outcomes.

Method: A culturally competent and diverse workforce is critical for effective care, therefore, SHRS initiated a Holistic Review admissions process to attract and admit students with diversity of experience, background and thought. The holistic admissions process considers three equally weighted aspects of students’ applications: academic merit, attributes, and experiences. The OT division assesses applicants through review of paper applications and an interview.

Outcomes: Following the implementation of holistic admissions, representation from racial/ethnic groups other than white more than doubled (5% to 14%) and student academic credentials remained consistent. Gender distribution did not change.
Conclusion: Holistic Review successfully increased the diversity of the occupational therapy class. However, future efforts must include more effective recruitment to ensure a diverse pool of applicants to review.

B.2 (10:55am-11:35am): EDUCATION AND OVERWEIGHT OR OBESITY AMONG ADULTS SCREENED IN A MOBILE HEALTH CLINIC SETTING IN A SOUTHEASTERN REGION, USA; Elijah Onsomu (Windston-Salem State University), Peggy Valentine (Winston-Salem State University), Janice Collins-McNeil (Winston-Salem State University), Lenora Campbell (North Carolina A&T State University), Vanessa Duren-Winfield (Winston-Salem State University), Dasha Davis (Winston-Salem State University)

Background: Obesity prevalence and incidences continue to increase disproportionately among minorities particularly African-Americans. We examine the association between body mass index and education among adults being screened in a mobile health clinic setting.

Methods: Cross-sectional data were collected between September 2010-August 2012. Participants from the study service area aged e18 (n = 1,019) were retained for all analyses. Multivariate multinomial logistic regression was performed obtaining relative risk ratios and 95% Confidence Intervals.

Results: Overall, 30% participants were overweight and 46% obese. Among women, 58% (n = 169) were overweight and 73% (n = 328) obese, p < .001. Individuals with a graduate education were more likely to be overweight (uRRR = 2.04, p < .05) or obese (uRRR = 2.33, p < .01) compared to those with a high school education. After adjusting for other factors, this was (aRRR = 2.10, p < .05) and (aRRR = 1.99, p = .057) respectively.

Conclusion: Overweight or obese was inversely associated with having a college or graduate education. Timely preventive services such as screening, referrals and health education can improve health and quality of life among poor neighborhood residents irrespective of their level of educational.

Keywords: African-American, education, mobile clinic, obesity

B.3 (11:35am-12:15pm): FACTORS INFLUENCING CAREER CHOICE IN OCCUPATIONAL THERAPY; David Henzi (UT Health Science Center), Bridgett Piernik-Yoder (UT Health Science Center)

Schools of Allied Health receive applicants from many different backgrounds (cultural, experience, socioeconomics, etc.). The backgrounds lend to the diverse populations found in schools across the country. While occupational therapy is often included in schools of allied health, these students often times come from similar demographics. This session will discuss applicant trends found nationally in occupational therapy programs using information from a centralized applicant service. Following this discussion, themes from qualitative research will be shared from students in one program in located in Texas. Information shared will hopefully shed light on why these students selected occupational therapy and strategies which could be used to increase the diversity of this population of student.

B.4 (12:15pm-12:55pm): ATHLETIC TRAINING IN A SCHOOL BASED HEALTH CENTER: NEXT STEPS IN INTERPROFESSIONAL PRACTICE AND COMMUNITY HEALTH?; Kemba Noel-London (Saint Louis University), Leslie Hinyard (Saint Louis University), Anthony Breitbach (Saint Louis University), Kathrin Eliot (Saint Louis University)

Hypothesis/Objectives: School-based health clinics (SBHC) are an emerging model for community health. This project describes the process and outcomes of incorporation of an athletic trainer (AT) into an SBHC.

Method: An AT was added to the staff of an SBHC at an urban high school in St. Louis, MO, in August 2016. Prior to 2016, the clinic was staffed by a Nurse Practitioner, Behavioural Specialist, and Medical Assistant. In the SBHC, the AT was responsible for management of non-athletic related orthopaedic injuries. She also functioned as the schools primary response for athletic events.

Observations/Outcomes: After AT integration, new patients in the SBHC increased from 93 in 2016, to 114 in 2017. Physicals (both sports-related and general wellness) increased from 127 in 2016 to 186 in
2017. Students received rehabilitation services at school through the AT, allowing for quicker return to function. Concussion management now occurs through the clinic, ensuring compliance of student athletes with guidelines.

Conclusion: An AT is a valuable addition to the SBHC model of care; increasing available services and patient utilization. Integration of athletic training services into SBHCs is a novel idea that should be explored for its long-term impact and benefits.

Bowie

CONCURRENT SESSION C: NEXT STEPS IN INTERPROFESSIONAL EDUCATION

C.1 (10:15am-10:55am): GET FIT: AN IMMERSION INTERPROFESSIONAL EDUCATION ACTIVITY; Mary Kientz (Stockton University), Joan Perks (Stockton University), M. Alysia Mastrangelo (Stockton University)

Hypothesis/Issue: Get FIT @ Stockton is an exercise and nutrition program for individuals with intellectual/developmental (IDD) disabilities implemented by an interprofessional team of students, faculty and staff in the School of Health Science. This session will discuss the design, implementation, and outcomes of this innovative IPE experience.

Method: The interprofessional experience incorporates a train the trainer model from the occupational therapy, physical therapy, nursing, wellness and health science programs. The clinical approach includes student run interdisciplinary teams to work with clients on their personal fitness and nutrition goals two times per week. The educational approach uses scaffolding, kinesthetic methods such as “hands on”, use of pictures, and immediate feedback for the clients.

Observations/outcomes: Qualitative student feedback indicates Get FIT is an opportunity that allows students to learn about individuals with IDD and learn to collaborate as a team. Lessons learned and future directions will be discussed.

Conclusion: Get FIT @ Stockton is an innovative exercise and nutrition program for individuals with IDD implemented by an interprofessional team of students. Many of the 2016 IPEC Core Competencies are addressed in the program.

C.2 (10:55am-11:35am): CAN A CAREER IMMERSION PROGRAM INTEREST HIGH SCHOOL STUDENTS IN HEALTH SCIENCES CAREERS?; Margaret Dougherty (Mayo Clinic), Ruth Bello (Mayo Clinic), Nicole Schaub (Mayo Clinic)

Issue/Hypothesis: A decline in health science student applications raised future workforce readiness concerns. Could a career immersion program interest high school students in health science careers?

Method: Mayo created a career immersion program (CIP), a week-long exposure to 15 non-physician, non-nursing health science careers offered through Mayo Clinic School of Health Sciences (MCSHS). Non-traditional recruiting efforts yielded 133 applicants. Forty students were selected based on GPA, recommendation letter, and essay. MCSHS kept students' families engaged in the program via social media.

Observations/Outcomes: 36 students completed CIP 2016. Positive word-of-mouth, and community awareness driven by social media and media coverage created a 27% increase in 2017 applications. Faculty rate the program as "excellent," identifying CIP as the school's strongest recruiting tool.

Conclusion: Preliminary results for year one are favorable, with three students admitted to health science programs at MCSHS through June 2017, strong faculty support and increased application quantity.

C.3 (11:35am-12:15pm): CLINICAL EDUCATOR IPE WORKSHOPS: EFFECTIVELY ENHANCING INTERPROFESSIONAL COLLABORATIVE PRACTICE FOR CLINICIANS AND STUDENTS IN CLINICAL HEALTH SCIENCE PROGRAMS; Mark Adelung (Stockton University), Lee Ann Guenther (Stockton University), Amanda Copes (Stockton University), Joyce Welliver (Stockton University), Lynne Telesca (Stockton University); Jennifer Calabrese (Stockton University), Lori Prol (Stockton University)
Expectations for interprofessional education (IPE) in clinical curricula has increased due to accreditation standards (Zorek, 2013). To enhance IPE and practice during clinical education, an interprofessional team of faculty representing physical therapy, occupational therapy, speech-language pathology, and nursing have provided an educational seminar to their clinical educators.

Issue to be addressed: The need to expand effective IPE and interprofessional collaborative practice (IPCP) to clinical educators who assist Stockton University students is increasing.

Method: The faculty team has utilized a seminar format to promote IPE and IPCP for clinical educators for 3 years. In order to facilitate the achievement of IPE and IPCP core competencies, the faculty team facilitates group discussion and interaction including the application of the IPP core competencies to case studies.

Outcomes: This year, participants were surveyed regarding students’ preparedness for IPP, barriers to IPE and IPCP as well as recommendations for future seminar format. More than 50% of the participants, depending upon the topic in question, report students are well prepared for IPP. 95-100% do not perceive barriers working with the students or university faculty; and, almost all participants prefer “in person” seminars.

Conclusion: The continued use of this yearly IPE seminar effectively enhances IPCP according to participating clinical educators of the varied clinical health sciences.

C.4 (12:15pm-12:55pm): ELEVATING INTERPROFESSIONAL COLLABORATIVE PRACTICE: IMPROVEMENT AND INNOVATION; Sandra Bibb (Wichita State University)

Issue Addressed: The complexity and fragmentation of healthcare delivery in the 21st century has created an urgency for change in both how health care professionals are educated and how health care is delivered. Interprofessional Collaborative Practice is one approach to addressing this urgency in academic settings where the present and future health workforce is being developed. The challenge for academic institutions preparing health professionals for the 21st century healthcare workforce is how to integrate these competencies in a way that builds on existing discipline specific strategies (improvement) and introduces new cross-discipline experiences and opportunities (innovation).

Method: Employed both improvement and innovation in engaging faculty, staff, students, and community partners in and academic setting in establishing a culture of interprofessionality and institutionalizing the competencies for Interprofessional Education and Collaborative Practice: Values/Ethics for Interprofessional Practice; Roles/Responsibilities; Interprofessional Communication; and Teams and Teamwork.

Observation: Successful integration of competencies for interprofessional education and collaborative practice across the academic setting while building on existing discipline specific strategies (improvement) and introducing new cross-discipline experiences and opportunities (innovation).

Conclusion: Creating and sustaining a culture of interprofessionality requires improvement, innovation.

Milam

CONCURRENT SESSION D: NEXT STEPS IN INTERPROFESSIONAL EDUCATION

D.1 (10:15am-10:55am): CREATING AN INTERPROFESSIONAL EDUCATION BRIDGE BETWEEN COMMUNITY PRACTITIONERS AND ACADEMICS; Denise Bender (OUHSC), Lynn Jeffries (University of Oklahoma Health Sciences Center)

Hypothesis: During clinical experiences, occupational and physical therapy students must apply didactic information to meet the expectations for their clinical team. Despite this requirement, practitioners often have little input into the academic coursework content or timing decisions. Any disconnection between academic and community-based educators creates communication barriers that negatively impact students’ learning.

Method: The Department of Rehabilitation Sciences created a Program Advisory Board. Each semester, participants examined clinical and administrative coursework in musculoskeletal, neuromuscular, or acute care. The board included both faculty and invited physical and occupational therapy practitioners in
practiced areas related to the coursework. Meetings held via technology increased participation opportunities.

Observations: Practitioners’ understanding of student preparation increased after receiving information about curricular content and design. Their practical suggestions about modification of content both ensured individual discipline mastery and emphasized application in patient care.

Conclusion: Clinical education requires a partnership. Practitioners must understand the student preparation level and academicians must ensure that student content mastery is sufficient for the community practitioners. Engaging interprofessional stakeholders in ongoing discussions ensures that students are better prepared to participate on clinical teams.

D.2 (10:55am-11:35am): UTILIZING INTERPROFESSIONAL EDUCATION TO IMPROVE BIOSAFETY AND INFECTION CONTROL PRACTICES AMONG ALLIED HEALTH STUDENTS AT AN ACADEMIC HEALTH SCIENCES CENTER; Felicia Tardy (University of Mississippi Medical Center), Seena S. Edgerton, Sherry West, LaToya Richards Moore (University of Mississippi Medical Center)

Issue: Academic health science centers are unique entities composed of diverse populations. Accordingly, proper biosafety and infection control practices should be paramount in these settings. The purpose of this study was to utilize interprofessional education to evaluate the efficacy of decontamination procedures and identify potential infection control problems related to growth of microorganisms on nuclear medicine equipment at clinical affiliates.

Method: Nuclear medicine technology (NMT) and medical laboratory science (MLS) students at the University of Mississippi Medical Center engaged in a multi-phase collaborative study. During Phase I, NMT students swabbed nuclear medicine equipment at assigned clinical sites. Samples were inoculated to growth media, incubated, and evaluated by MLS students. Phase II consisted of resampling previous sites after decontamination procedures were performed.

Observations: Assessments from the study identified areas with increased numbers of potentially pathogenic bacteria and a need for improved infection control practices. Students also valued working as a healthcare team and demonstrated enhanced knowledge of interprofessional education.

Conclusion: Outcomes of this study support the seriousness of appropriate biosafety and infection control practices to reduce microbial growth and transmission. Future collaboration should focus on developing an infection control training module for students across multiple disciplines.

D.3 (11:35am-12:15pm): HEALTH PROFESSIONS STUDENTS' PERCEPTIONS OF INTERPROFESSIONAL GRAND ROUNDS: WHAT DO WE KNOW?: Jessica Hill (University of Cincinnati), Tracy Pritchard (University of Cincinnati), Denise K. Gormley (University of Cincinnati), Jahmeel Israel (University of Cincinnati), Myrna Little (University of Cincinnati)

Hypothesis: Interprofessional collaborative practice (IPCP), despite known benefits, is underutilized. One way to improve IPCP is to teach future health professionals the core competencies of interprofessional education (IPE). This project sought to determine perceptions of IPCP by health professions students after viewing an Interprofessional Grand Round (IPGR).

Method: Health professions students enrolled in an interprofessional healthcare course were provided the opportunity to view an IPGR, which focused on patient safety, communication and teamwork. Students were asked to write a reflective paper on their perceptions of the value of IPCP in patient care.

Reflections were analyzed for major themes.

Observations/Outcomes: Six themes were identified: benefits of IPCP for disciplines and patients, what IPCP looks like, roles and functions of an IPCP team, what is needed for IPCP, and changes in student knowledge, attitude, and behavior. Additionally, students reflected that they gained a greater appreciation of their own discipline after viewing the IPGR.

Conclusion: Participation in the IPE reflective essay project appeared to increase students’ awareness of their value as an interprofessional team member in healthcare. Our findings suggest that exposing
healthcare students to IPCP can foster an appreciation for that will potentially be used as they become practitioners.

D.4 (12:15pm-12:55pm): A FRAMEWORK FOR PROBLEM-BASED TEAM LEARNING IN ONLINE GRADUATE HEALTH PROFESSIONAL EDUCATION; Brenda Bertrand (University of Alabama at Birmingham)

Issue: It is increasingly important in healthcare environments to be an effective team player. The value of students working in a team is well recognized. For example, working in a team environment offers students the opportunity to develop interpersonal communication skills and collective critical thinking.

Method: This presentation will cover the process of redesign and deliver of an online graduate medical nutrition therapy course grounded in the theoretical framework of discovery learning, which is an inquiry-based constructivist learning theory that takes place in problem solving situations.

Outcomes: Online teaching design best practices will be discussed, particularly in the context of helping students to achieve the course learning objectives: apply habits of critical thinking in a team environment, demonstrate effective teamwork skills, and contributing to a classroom culture grounded in metacognition. Student perspectives about their learning will also be described.

Conclusion: Advancements in critical thinking and teamwork skills can be achieved in online graduate health professional education through problem-based team learning and employed in interprofessional education.

Travis

CONCURRENT SESSION E: INNOVATIONS IN REHABILITATION

E.1 (10:15am-10:55am): E-MEDICINE IN ALLIED HEALTH REHABILITATION; Albert Heuer (Rutgers School of Health Professions); Janet Reid Hector (Rutgers University), Simone Norsworthy (Rutgers University)

Issue to be addressed: An update on the latest E-medicine applications, which can be used to enhance the efficiency and effectiveness of allied health professionals in rehabilitation and non-acute care environments.

Method: A review, evaluation and synthesis of the literature that describe current and promising E-medicine applications used to enhance the efficiency and effectiveness of allied health professions in non-acute and rehabilitation environments. This review will include such applications described in journals indexed in PubMed, Cochrane, SCOPUS and EBSCO. Current and future E-medicine E-applications related to various allied health professions including physical therapy, physician assistant, nutrition and respiratory care will be described.

Outcomes: There is a spectrum of new e-medicine applications that are transforming the manner in which patient care is provided by allied health professionals in non-acute and rehabilitation settings. These include cutting edge computerized diagnostic and monitoring technology, digital tools for patient education and follow-up, interoperable electronic health records and health care mobile apps.

Conclusion: E-medicine has offered allied professionals and the patients we serve a new, and potentially more effective ensemble of digital tools. These tools offer great prospects to enhance the effectiveness and efficiency of care, especially in transitional and rehabilitative environments of care.

E.2 (10:55am-11:35am): RIDE-ON TOY CAR, AN INNOVATIVE AND FEASIBLE METHOD OF MOBILITY; Ana Allegretti (UT Health San Antonio), Karen Barnes (UT Health San Antonio), Andrea Berndt (UT Health San Antonio)

Introduction: Studies suggest independent mobility is essential to childhood development and that motor delays contribute to deficits. Ride-On Toy Cars (RTCs) are fun, ready to use and adapt, and inexpensive. It is hypothesized that RTCs will improve social, communication, and motor skills after 4 months of use.

Methods: Children with moderate to severe impairment were given an RTC modified to their postural and functional needs. The Battelle Development Inventory, 2nd edition (BDI-2) and the Peabody
Developmental Motor Scales, 2nd edition (PDMS-2) were administered at baseline, and 1 and 3 months after receiving cars. Data Analysis: Paired-t-tests examined significant changes in the BDI-2 or PDMS-2. Results: Over half (56%) of enrolled children completed pre and post assessments. Most children were male (56%) and Hispanic (47%) and age was (M = 34 months, SD = 18). Cerebral palsy was the most common diagnosis (50%). From baseline to 3 months, significant improvements emerged on the PDMS-2 motor domain, and on the BDI-2 adaptive, personal-social, communication, and motivation domains. No differences emerged from baseline to 1 month, or as a function of child gender, age, and ethnicity. Conclusion: Use of an RTC contributed to improvements in the children’s development.

E.3 (11:35am-12:15pm): INCREASING ACCESS TO COST EFFECTIVE HOME-BASED ROBOTIC TELEREHABILITATION FOR STROKE SURVIVORS; Andrew Butler (Georgia State University), Housley SN (Georgia State University), Garlow A (Georgia State University), Ducote K (Georgia State University), Howard A (Georgia State University), Thomas T (Georgia State University), Wu D (Georgia State University), Richards K (Georgia State University) Purpose: Stroke is a leading cause of long-term disability with an estimated 795,000 incidences in the United States annually. The aim of this study was to analyze the implementation of Home-Based Robot Telerehabilitation (HBRT) on functional outcomes and quality of life, access, utilization, cost, and participant satisfaction in stroke survivors. Methods: An HBRT device was deployed to 20 Veteran stroke survivors with upper or lower extremity motor impairments for three months, while a physical therapist remotely monitored progress. Baseline and follow-up outcome measures of function and quality of life were analyzed. The cost analysis of HBRT compared to clinic-based therapy was calculated. Results: Compared to baseline, significant improvement in upper extremity function (30.06%, p=0.046), significant benefits in gait speed (29.03%), improvement in depressive symptoms (28.44%) and distance walked (30.2%) were observed. Participants indicated satisfaction with the device. HBRT expanded access to post-stroke rehabilitation for 35% of the people no longer receiving formal services and increased daily access for the remaining 65%, with a potential to save $2,352 (64.97%) over the three months compared to clinic-based therapy. Conclusions: HBRT can elicit meaningful improvements in UE function, gait speed, walking distance, satisfaction, cost and quality of life for stroke survivors.

E.4 (12:15pm-12:55pm): POPULATION HEALTH AND THE REHABILITATION DISCIPLINES; Elizabeth Domholdt (Cleveland State University), Suzanne Giuffre (Cleveland State University), Jane Keehan (Cleveland State University), Beth Ekelman (Cleveland State University), Myrita Wilhite (Cleveland State University) Issue: Population health is becoming an increasingly important part of the health care delivery system of the United States, yet the rehabilitation disciplines are just beginning to examine their potential for engagement in population-based practice. Method: The purpose of this presentation will be to present two models that can be useful to rehabilitation practitioners and faculty members interested in expanding the role of rehabilitation professionals in population health: the Population-Based Practice Wheel (a modification of Keller’s public health nursing Intervention Wheel) and the Clinical Prevention and Population Health Curriculum Framework developed by the Association for Prevention Teaching and Research. Observations/Outcomes: Examples from the professions of physical therapy, occupational therapy, and speech language pathology will be used to illustrate the application of the models to rehabilitation practice and education. Conclusion: Population health models from the practice and education arenas can be a useful way for the rehabilitation disciplines to engage in a robust discussion of their current and future roles in population-based practice.
In order to educate competent health care professionals who value team-based care, we developed an IPE module, general enough to be included in any health professions program. A year-long process involving faculty from nine programs, and an instructional designer, led to a blended IPE module, then pilot-tested with health science and pharmacy students. The educational resources were provided to students through Blackboard learning management system, in advance of an in-person group session. The students solved a “health care” problem together by participating in online role-playing game developed for this module. Social Constructivism and Kolb’s Experiential Learning Theory were used to stimulate learning and attaining interprofessional competencies (roles and responsibilities, and interprofessional communication). Student and faculty feedback were subsequently collected about the process. The lack of a collaborating Medical Center, or an M.D. preparation in our university, perceived initially as a challenge, may have allowed for better attainment of an IPE competencies by students from our programs. The faculty that developed and implemented the module reported that teamwork being essential and effective was a rewarding interprofessional experience. The students’ responses, which were overwhelmingly positive, will be presented along with faculty observations. Tailored modules are the most meaningful teaching/learning experiences in IPE.

Hypothesis/Issue: Interprofessional education (IPE) is espoused as essential to connect disciplinary expertise and interprofessional practice (IPP). None-the-less, academic systems, program requirements, lack of specific interdisciplinary content and clinical practice confines often hinder the advancement of IPE.

Method: Interprofessional educational models were examined considering the literature and organizational practices.

Observations: IPE is touted by accreditation, governmental and health professions agencies, and healthcare professionals spanning the gamut of medicine, nursing, and allied health. Common content crosses many disciplines and can be identified through: collaborative approaches between disciplines, accreditation standards, relevance of curricula content, discipline specific competencies and IPP. IPE also advances critical thinking, which is an important in disciplinary education and practice, as well as in IPE and IPP.

Conclusion: Academic institutions are called to action to lead and hasten the progress of IPE. Educational leaders are charged with, and have the power to continually advance education, thereby influencing the overall quality and cost of healthcare. This presentation will address leading future directions of IPE utilizing areas of strategic emphasis, examination and realignment of administrative structures to allow IPE, flexibility and collaboration across disciplinary boundaries and concerted efforts with clinical affiliates.

Issue to be addressed: Historically, health education has been siloed by disciplines leaving little room for intentional interprofessional education. Driven by Interprofessional Education and Collaborative Practice (IPECP) guidelines, accreditation standards, and professional competencies, universities began
implementing steps to prepare students for collaborative practice. Further development of IPECP initiatives will require continued, deliberate efforts to affect change.

Method: In 2011, Kotter developed the “Accelerated Model for Change Management” (AMCM) which was designed to increase the rate and success of change in traditional and hierarchical organizations. Kotter’s business model centers on the “big opportunity to change” which is defined as the motivator for change. Circling the center are 8 energetic bodies, described by Kotter as “accelerators” that interact with various segments of the organizational structure of the university. These accelerators influence one another, form feedback loops and are essential for transforming the university culture.

Observations/Outcomes: Through the effective use of Kotter’s AMCM, an academic medical center changed their educational academic culture and implemented a robust year-long IPECP program that all university students complete.

Conclusion: Kotter’s Accelerated Model for Change Management is an effective catalyst for academic institutions to change culture and implement a robust institution-wide IPECP curriculum.

A.4 (3:15-3:55pm): DEVELOPING INTERPROFESSIONAL COLLABORATION ACROSS PHYSICIAN ASSISTANT, AUDIOLOGY, AND PHARMACY STUDENTS THROUGH CASEBASED ACTIVITIES; Jeremy Hughes (Pacific University), Craig Turner (Pacific University School of Physician Assistant Studies), David Fuentes (Pacific University School of Pharmacy), Saje Davis-Risen (Pacific University School of Physician Assistant Studies), Anne Hogan (Pacific University School of Audiology), John Begert (Pacific University School of Pharmacy), Jonathan Nguyen (Pacific University School of Pharmacy), Brandon Nuziale (Pacific University School of Pharmacy), Patrick Boyle (Pacific University School of Physician Assistant Studies), Brandy Pestka, Pauline Low (Pacific University School of Pharmacy), Danielle Backus (Pacific University School of Pharmacy)

HYPOTHESIS: If students work across professions to solve case-based activities, they will be introduced to the importance of collaboration when providing patient centered care.

METHOD: Case-based interprofessional activities were developed to improve the interprofessional awareness of audiology, pharmacy, and physician assistant students. Pre- and post-assessments were used to determine views on collaboration and comfort in assessing patient cases. Goals of the activities were to: 1.) Enhance understanding of commonalities and unique roles of each profession 2.) Improve student communication and collaboration in providing patient centered care 3.) Reinforce previously learned concepts using authentic scenarios.

OBSERVATIONS: Two case-based activities were developed to be completed by interprofessional student teams. Students used guided questions, lab values, and case information to develop: 1) a list of questions about the case, and 2) a prioritized list of interventions with treatment plans. Faculty introduced sessions, students worked through cases, and then reconvened for a debrief highlighting crucial elements. Post-assessments revealed that students placed a higher value on interprofessional collaboration and improved confidence in their ability to navigate an authentic scenario.

CONCLUSION: Case-based interprofessional activities allow faculty and students from multiple professions to effectively communicate, learn from one another, and resolve team conflicts.

A.5 (3:55pm-4:35pm): OUR CHILDREN, OUR SOURCE OF LOVE: VOICES OF AFRICAN AMERICAN MOTHERS REARING UNINFECTED PRESCHOOL CHILDREN; Ruth H. Muze (Winston-Salem State University)

Alamo Ballroom Salon F

CONCURRENT SESSION B: NEXT STEPS IN INTERPROFESSIONAL EDUCATION

B.1 (1:15pm-1:55pm): BEFORE THEIR TIME: PRE-PRACTICE, NOVICE LEARNERS GAINING IP COLLABORATIVE TEAM EXPERIENCE; William Gordon (Rosalind Franklin University of Medicine and Science), Yovanna Pamarro (Rosalind Franklin University of Medicine and Science)

Issue to be addressed: Pre-professional Health Sciences students are pre-practice, novice learners with team-based experience often limited to academic group projects or playing on a sports team. Rosalind
Franklin University utilizes the TeamSTEPPS shared framework for team-based care as part of its interprofessional focus. Students need exposure to these concepts in a context relevant to their understanding and experience.

Method: TeamSTEPPS concepts were introduced to the AY1617 cohort through three foci: 1) Communication, explored through cockpit recordings of the Hudson River landing of US Airways Flight 1549; 2) Leadership, through simple drawing exercises that shifted conditions and parameters; and 3) Team membership, focusing on the relative value of team constituents in an interprofessional case study. Activities also invoked large and small group discussions.

Outcomes: Students reported the interactive methodologies were enjoyable and effective for learning. Student engagement was notably high.

Conclusion: Pre-practice, novice learners with limited experience in collaborative, team-based enterprise need relevant interventions to understand concepts from the TeamSTEPPS framework and begin to grasp their relevance in interprofessional healthcare practice. Utilizing innovative, interactive experiences in the classroom encourages the assimilation of concepts whose direct application in student work may seem distant, but whose value is immediate.

B.2 (1:55pm-2:35pm): THE ONCE AND FUTURE IP AGENDA; William Gordon (Rosalind Franklin University of Medicine and Science)

Issues to be addressed: The unfolding relationship of Interprofessionalism to healthcare practice compels academic programs to prepare students for immediate concerns as well as those trending. Students must be able to address issues from the revised IPEC report while tackling emerging concerns that impact future healthcare practices.

Method: Rosalind Franklin University of Medicine and Science has a long-term commitment to Interprofessional education. We focus our efforts on the conceptual framework for Interprofessionalism outlined in the iterations of the IPEC report, recognizing it is also necessary to orient students to new ways to critically dialogue about social determinants of health, sociometric measurements of team interactions, adverse childhood experiences, and trauma-informed care.

Outcomes: Teaching andrologies must transform to include issues of trauma, social determinants of health (and related patient and population health issues,) and the emerging science of communication on effective teams, all of which will drive interprofessional practice moving forward.

Conclusion: Interprofessional education must encompass team structure and membership (including technologically advanced support for analyzing team interactions); factors impacting patient and population health; and the compelling body of evidence related to trauma, behavior, and the resulting specific health issues.

B.3 (2:35pm-3:15pm): IS THERE A DARK SIDE TO INTERPROFESSIONAL EDUCATION? AN EXAMINATION OF INTERPROFESSIONAL LEARNING ON SELF-COMPETENCY AND PERFORMANCE DURING CLINICAL TRAINING; Aimee Gardner (Baylor College of Medicine), Ashley Mullen (Baylor College of Medicine)

We examined the extent to which interprofessional education (IPE) opportunities impact self-competency and performance during clinical training. Methods: Orthotics-Prosthetics (OP) residents completed a 77-item self-competency assessment along dimensions of patient evaluation/assessment, formulation of treatment plan, communication, teamwork, and practice management on a 1 (not at all able) to 5 (very able) scale at three points (Time1, Time2, Time3) during an 18-month clinical rotation. Supervisor-rated performance (1-100; 100=highest) and educational interactions with other healthcare providers was collected at each time point. Results: Data from two cohorts (N=38) was reviewed. Performance and self-competency improved from Time1-Time3 of residency (91.11 to 93.65, p<0.05 & 4.13 to 4.36, p<0.01, respectively). IPE interactions did not have a significant impact on performance at any time point. However, increased IPE interactions adversely impacted trainee self-competency at both Time2 (4.38 versus 4.06, p<0.05) and Time3 (4.67 versus 4.28, p<0.05) of residency, but not Time1. Conclusions: Increased interprofessional interactions in the clinical setting do not improve performance and may
adversely impact trainee self-competency. These data suggest that self-competency may decrease as trainees interact with others and understand their role in the larger healthcare system. Future research should continue to explore the impact of authentic IPE interactions on trainee out

B.4 (3:15pm-3:55pm): INTENTIONAL INTERPROFESSIONAL STUDENT COLLABORATION: THE REWARDS AND CHALLENGES OF INTEGRATING DISTANCE EDUCATION AND FACE-TO-FACE STUDENTS; Dawndra Sechrist (Texas Tech University Health Sciences Center), Kathryn Panasci (Texas Tech University Health Sciences Center), Renee Bogschutz (Texas Tech University Health Sciences Center)

Issue: Implementing interprofessional education (IPE) can be challenging when institutions have both distance education (DE) and face-to-face students. Further, students enrolled in DE often report that distance learning does not provide the opportunity to build strong collaborative relationships with peers and instructors due to a lack of shared learning experiences.

Methods: During this intentional IPE activity, panelists from a variety of health professions, including athletic training, clinical laboratory science, physical therapy, rehabilitation counseling, and speech-language pathology, will discuss career development and foundations of teamwork/collaboration. Via the live audience and synchronous videoconferencing, all students will have the ability to view and interact with panelists and their student peers. Following the panel, DE and face-to-face students will break into pre-arranged IPE groups (8-12 students) to discuss together panel content and foundations of teamwork/collaboration via videoconferencing technology.

Outcome: Though data is forthcoming, similar pilot IPE programming has resulted in positive attitudes about the shared learning activity. Challenges and benefits of implementing this type of IPE activity will be discussed.

Conclusion: Through the use of technology, alternative IPE learning methods can be integrated into health professions curricula to inform and prepare both face-to-face and DE students to work collaboratively.

B.5 (3:55pm-4:35pm): LET’S START AT THE VERY BEGINNING: INTEGRATING IPE IN TO A FIRST YEAR EXPERIENCE; Karen Pardue (University of New England), Bernice Mills (Westbrook College of Health Professions)

Issue: Universities are encountering scrutiny regarding student retention/progression. First-year experience (FYE) courses provide structured opportunities for meaningful interaction, thereby promoting learner success, satisfaction, and retention. Health profession education is additionally challenged to incorporate interprofessional education (IPE). This paper presents an innovative FYE which utilized Interprofessional Education Collaborative practice competencies (2016) as a course organizing framework.

Method: Using appreciative inquiry, this FYE-IPE course was created involving faculty from 11 undergraduate/graduate health professions programs. High-impact learning strategies were used to address the IPEC competencies, thereby promoting knowledge of roles/responsibilities, communication, and teamwork. Ethics/values were introduced through a common reader: This I Believe: Philosophies of Remarkable Men & Women (Allison, 2006). A robust assessment plan including quantitative and qualitative approaches was used.

Outcomes: The FYE-IPE course enrolled 295 first year students representing nine health-related programs. Results of the qualitative and quantitative assessments will be presented with disciplinary comparison. Student visual depictions of the FYE-IPE will be shared.

Conclusion: The introduction of foundational IPEC competencies within a FYE provides sound underpinning for future academic and professional success. Multi-method assessments support academic excellence.

Bowie

CONCURRENT SESSION C: NEXT STEPS IN INTERPROFESSIONAL EDUCATION
C.1 (1:15pm-1:55pm): TEACHING UNDERGRADUATE RESEARCH: MOVING OUT OF THE SILO; Carole-Rae Reed (Stockton University), Luis I. Garcia (Stockton University)

Issue addressed: This presentation describes an undergraduate research course with an interprofessional collaborative approach. Research for the Health Sciences is required in our Bachelor of Science in Health Science program. The program is based on the Core Competencies for Interprofessional Collaborative Practice (IPEC 2011, 2016). Students aspire to careers in Physical Therapy, Occupational Therapy, Speech-Language Pathology, etc., but are not yet in these programs.

Method: The course outcomes address all 4 IPEC core competencies at different levels. Faculty include opportunities for collaboration within the course, and use illustrations from several disciplines to demonstrate research concepts. Assignments/examples will be presented to illustrate our approach. The capstone assignment is a collaborative research project. We use 2 models: 1. Faculty choose a topic with interest to all disciplines and conduct a brief survey. Students develop related research questions and write-up results. 2. Student groups develop their own topic/question and write a research proposal.

Outcomes & Conclusion: Students: 1. Developed universal research skills such as evaluating sources of information; 2. Developed an appreciation for research, teamwork, and collaboration with those from different backgrounds; 3. Were exposed to healthcare research from different disciplines. Student quotes are presented to validate the success of this approach.

C.2 (1:55pm-2:35pm): AN INTERPROFESSIONAL EDUCATION APPROACH TO TRAIN HEALTH PROFESSIONAL STUDENTS IN PUBLIC HEALTH EMERGENCY PREPAREDNESS; Eva Wong (Marshall B. Ketchum University), Judy Ortiz (Marshall B. Ketchum University College of Health Sciences), Patrick D. Yoshinaga (Marshall B. Ketchum University Southern California College of Optometry), Kimberly L. Clark (Marshall B. Ketchum University College of Health Sciences)

Hypothesis/Issue: In professional education programs, healthcare students receive limited training in public health and emergency preparedness. Healthcare providers can play an integral role in responding to public health emergencies. An interprofessional education approach can equip students with training and promote multidisciplinary teamwork to optimize delivery of care in emergency events.

Methods: At Marshall B. Ketchum University, health professions programs (Colleges of Optometry, Pharmacy, and School of Physician Assistant Studies) collaborated with community providers to provide an emergency preparedness and response simulation. Training comprised of Basic Life Support (BLS), active shooter preparedness, and Community Emergency Response Team (CERT) medical triage.

Students were randomized into teams with representation from each health profession and rotated through twelve tabletop exercises.

Observations/Outcomes: All health professional students (n=184) successfully completed training in emergency preparedness and response. All IPE student teams rotated through simulation exercise stations, completed triage forms and in-class quiz. A post-event debriefing discussion was provided to review core concepts.

Conclusion: There is a substantial community need to train the future healthcare workforce to prepare for public health emergencies; colleges/schools of health professions are well positioned to work together to support training in emergency preparedness.

C.3 (2:35pm-3:15pm): THE INTERPROFESSIONAL LEARNING CONTINUUM: LEARN IT, LOVE IT, LIVE IT!; Pauline Hamel (Northeastern University), Dierdre Jordan (Northeastern University)

Issue addressed: Students entering their first year of college are increasingly globally and technologically experienced, well-traveled and highly talented. At Northeastern Universitys Bouve College of Health Sciences, students arrive eager to participate in innovative, interprofessional (IPE) and experiential education courses.

Method: Beginning with Introduction to College and Professional Development courses, and in some cases, global health courses (Dialogue of Civilizations), first-year health professions students receive experiential education modules where they learn communications, professionalism and leadership skills to cultivate IPE competencies, skill development and relational learning early in the curricula through
didactic presentations, interprofessional CPR training and communication-based interprofessional simulation. These are followed by two professional experiences and a culminating Senior Capstone. Observations: Recent research findings (Kirwin, J. et al, 2016) indicate students who complete IPE modules show greater levels of agreement with self-efficacy statements in post-module surveys while rates of students responding with higher levels of confidence are similar or decreased if not exposed to the IPE modules. Conclusion: Early exposure to experiential activities, IPE modules and Co-operative education may positively impact health professions students' knowledge/skills needed for future interprofessional practice.

C.4 (3:15pm-3:55pm): A MODEL FOR EDUCATION TECHNOLOGY IN THE FUTURE OF INTERPROFESSIONAL EDUCATION (IPE); Kimberly Krumwiede (University of Texas Southwestern Medical Center)

Interprofessional education (IPE), a critical component in education for collaborative practice, has substantial logistical barriers that include accessibility, scheduling, space, and instruction within and across institutions. IPE has been integral to UT Southwestern School of Health Professions (SSHP) for over eight years. As IPE has evolved at the school, so has a unique model for the innovative use of educational technology in interprofessional learning. The model incorporates shared learning objects, learning management systems, online data capture, video lecture capture, situated online learning, clinical skills simulation, and computer supported team-based learning. The Interprofessional Development, Education, and Active learning (IDEAL) course is mandatory for first year health profession students. The IDEAL curriculum utilizes an active learning strategy to incorporate diverse active learning activities amongst a variety of health profession students across academic health profession programs within the SSHP, across UT Southwestern Medical Center, and with other institutions such as UT Arlington and Texas Woman’s University. The model included the innovative use of educational technology as it successfully supported diverse active learning activities amongst a variety of health profession students across a number of institutions. This educational model successfully addresses barriers to IPE and is adaptable as IPE evolves and new technologies emerge.

C.5 (3:55pm-4:35pm): CLOSING THE GAPS FOR CONTINUITY OF CARE THROUGH COLLABORATIVE VENTURE; Penny Rogers (University of MS Medical Center School of Health Related Professions); Mike Ketchum (UMMC School of Health Related Professions)

Issue: Good patient outcomes can be best be delivered through interprofessional collaboration and patient centered approaches. Through collaboration by two health related academicians on health care delivery and interprofessional education (IPE), a gap was discovered in understanding aspects of care between radiologic science technologists and occupational therapists. Methods: The academicians discovered a gap that could be bridged through collaborative education by demonstrating the skills acquired by each profession for patient care. A clinic table could provide evidence of the process from physician’s referral to radiological science professionals and finally the occupational therapist. A team of radiological science and occupational therapy students merged to review the literature and to provide a clinic table demonstrating the continuum of services by the individual disciplines. The team of health care professionals chose a specific diagnosis for demonstrating the continuum of care at a research event. Observation: Interprofessional education has proven added value for patients. Students provided discipline specific techniques utilized to insure proper diagnosis and to provide appropriate rehabilitation with expected outcomes of increased independence. Conclusions: Successful student leadership by IPE, guided by the academician, can yield enhanced benefits for the healthcare consumer. An investment by the academician can build bridges to close gaps.

Milam

CONCURRENT SESSION D: SELECT TOPICS IN ALLIED HEALTH
D.1 (1:15pm-1:55pm): A SCHOOL-WIDE NEEDS ASSESSMENT OF FACULTY DEVELOPMENT NEEDS; Aimee Gardner (Baylor College of Medicine), Vicki Waters (Baylor College of Medicine); Robert McLaughlin (Baylor College of Medicine)

Background: Teaching may be the one responsibility most distinctly identified with being a faculty member. Paradoxically, this central responsibility is typically one for which faculty is least prepared. We performed a needs assessment to better understand the educational needs of health professions faculty.

Methods: Core faculty were invited to complete a survey examining the extent to which they valued and felt competent in 36 education-related skills within categories of instructional methods, curriculum development, assessment, instructional design, learners and learning, and diversity and inclusion using a one (not at all valuable/competent) to five (extremely valuable/competent) scale.

Results: Ninety-five percent of faculty responded. Value means per topic included diversity and inclusion (4.61-0.65), instructional methods (4.60-0.28), learners and learning (4.60-0.34), assessment (4.54-0.31), instructional design (4.27-0.50), and curriculum development (4.21-0.28). Self-competence was highest for diversity and inclusion (4.18-0.76), followed by learners and learning (3.76-0.75), instructional methods (3.73-0.65), assessment (3.22-0.95), curriculum development (3.07-0.88), and instructional design (2.71-0.77). All competency value comparisons were significantly different (p<0.001 for each), with largest discrepancies in instructional design and assessment.

Conclusions: Opportunities exist to improve alignment between valued educator skills and competency levels.

D.2 (1:55pm-2:35pm): THE IMPACT OF CENTRALIZED APPLICATION SERVICE (CAS) ON APPLICANT VOLUME, QUALITY, AND CONVERSION IN A PHYSICIAN ASSISTANT STUDIES PROGRAM; Matthew Anderson (UT Health San Antonio), Alba Cook (UT Health San Antonio)

Issue to be Addressed: In recent years, many health professions programs have implemented Centralized Application Services (CAS). While administrative efficiencies can result through these systems, little data exists about the impact of a CAS on overall applicant quality, volume, and likelihood of an applicant to matriculate after acceptance.

Method: A Physician Assistant (PA) Studies program implemented the Central Application Service for Physician Assistants (CASPA) for the fall 2009 admissions cycle. We conducted a retrospective, pre/post analysis of applicant volume, quality, and acceptance conversion for the five years prior to and after implementation of CASPA, utilizing both chi-square and independent-samples t-tests.

Results: Application volume increased significantly from the five years pre-CASPA to the five years post-CASPA (X^2=953.1, p<.001). Average GPA of all applicants decreased slightly (t=0.893, p=.372), while average GPA of accepted applicants significantly increased (t=-2.162, p=.032). There was no statistically significant difference in the conversion of accepted applicants to matriculated students between pre- and post-CASPA implementation (X^2=0.246, p=0.62).

Conclusion: While implementation of CASPA led to higher applicant volumes and consistent overall applicant quality, the PA program witnessed a significant improvement in GPA of accepted students and no change in the proportion of accepted students that progressed to matriculation.

D.3 (2:35pm-3:15pm): DIVERSE PERSPECTIVES ON PAYMENT FOR CLINICAL EDUCATION; Julie O’Sullivan-Maillet (Rutgers School of Health Professions), Roy Anderson; Ben Ayzenberg, Joseph Cameron, Bob McLaughlin, Chris Obrien, Barb Romig, Jacque Sample, Yas Simonian, Troy Tynsky, Marcie Weinstein, Scott Westervelt (ASAHP: Clinical Education Task Force)

Issue to be addressed: Diverse Perspectives on Payment for Clinical Education

Method: Debate among perspectives by four different stakeholders: allied health deans, healthcare administrators, students, and federal regulators/legislators. Debate includes: overview of topic, the four positions, rebuttals, and summary and conclusions.

Observations: In health care higher education, the role and cost of clinical education is bubbling to a crisis. The CETF will debate four positions, highlighted below: Federal regulation and legislative
considerations: payment of students while in clinical education; the apprenticeship role and California legislation to pay allied health students; Student considerations: payment for work done that contributes to revenue; the alumni of a Florida nurse anesthetist program suing and winning college and clinical for payment that is under appeal; Healthcare Administrators: the costs of providing clinical education and return on investment for onboarding and education, and how to minimize costs to organization; Deans: how to best prepare students pre-clinically, integrate education and clinical practice, and partner with health care administrators, and minimize costs for students and colleges.

Conclusion: Hear the viewpoints, the rebuttals and their conclusions to appreciate the issues more clearly.

D.4 (3:15pm-3:55pm): DEVELOPING A 21ST CENTURY ALLIED HEALTH CAMPUS IN A RAPIDLY GROWING AREA; Ruth B. Wellborn (Texas State University), Carl Gromatsky (Barnes Gromatzky Kosarek Architects), Lauren Goldberg (Barnes Gromatzky Kosarek Architects)
The Austin metropolitan area, including Round Rock, is one of the fastest growing areas in the country. Round Rock is emerging as a hub for health care in the region. Texas State University, along with the Texas A&M University Health Science Center, and Austin Community College are developing new campuses in the area to serve the explosive growth. Texas State is in the process of facilitating the relocation of the College of Health Professions from the San Marcos campus to Round Rock, and along with that, offer exciting opportunities to partner with new medical centers in the area, other academic health science institutions and the community. Texas State has established a new school of nursing and is developing a state of the art health professions building offering services in physical therapy, respiratory care and communication disorders. This session will discuss the goals and aspirations for the college, as well the steps that Texas State is taking to achieve those goals, both in curriculum as well as the development of state-of-the-art facilities. Submitting an Abstract for Presentation: -Ruth Wellborn (Texas State University) -Carl Gromatzky (Barnes Gromatzky Kosarek Architects)

D.5 (3:55pm-4:35pm): COMPARISON OF TWO INSTRUMENTS TO MEASURE INTERPROFESSIONAL COLLABORATION; Carole Rae Reed (Stockton University), Luis I. Garcia (Stockton University), Margaret Slusser (Stockton University), Kelly Dougherty (Stockton University)
Hypothesis/Issue: The purpose is to compare the Readiness for Interprofessional Learning Scale (RIPLS) with the Interprofessional Socialization and Valuing Scale (ISVS) (King, Shaw, Orchard, & Miller, 2010), to determine which scale is most appropriate in measuring under-graduate pre-professional students’ attitudes toward Interprofessional Collaborative Practice.
Background: A factor analysis of the RIPLS reported by Garcia at the 2015 ASAHP Conference found 2 subscales instead of the 3 reported by Parsell & Blight (1999). Garcia (2015) suggested RIPLS may not be valid among undergraduate pre-professional students and should be studied further in this population.
Method: The RIPLS was administered to 325 consenting students as part of a larger cohort study. Consenting students (n=318) in the same courses, but not in the cohort, were given the ISVS. Each scale’s structure will be tested using Principal Components Factor Analysis; internal consistency will be calculated using Cronbach’s alpha. The two groups will be tested for equivalency on various demographic variables.
Outcomes & Conclusion: Data are currently being analyzed. Results will be available for presentation at the 2017 ASAHP conference. Discussion will focus on the appropriateness and validity of each scale for an undergraduate population without clinical experience, and the pros and cons of each instrument.

Travis
CONCURRENT SESSION E: SELECT TOPICS IN ALLIED HEALTH
E.1 (1:15pm-1:55pm): BIG DATA IS COMING!! ARE YOU READY?; Susan Cashin (UWMilwaukee)
Higher education has recently shifted focus toward big data. Institutions are relying more heavily on data analytics and predictive modeling to evaluate enrollment, student success, research and budget expenditures particularly in states that are utilizing performance-based funding. As campuses are being more carefully investigated, each school must also review their status and contribution to these campus
metrics. This will require individual schools to become much more data-savvy at both the school and program levels in response to increasing requests for information. Professional schools such as those in the allied health professions have different enrollment patterns due to accreditation requirements and clinical placement opportunities, among others, making a deeper understanding of the student path from initial enrollment through graduation necessary. As budgets become tighter, greater breadth and depth of information regarding enrollment, student success and research will give the support necessary to earn continued backing from the campus levels. This presentation will focus on how schools can use their data in decision making and responding to institutional queries regarding enrollment management, recruitment patterns, retention and graduation rates. Recommendations for data processes and analytics will be presented.

**E.2 (1:55pm-2:35pm): RESEARCH SUCCESS AT SCHOOLS OF ALLIED HEALTH PROFESSIONS; Kathryn Aultman (University of Texas Health Science Center San Antonio), Kathryn S. Aultman (UT Health San Antonio), Esequiel Salcedo (UT Health San Antonio)**

**Issue:** Research productivity at schools of allied health is uneven and there is no clear model of excellence to inform development efforts.

**Method:** Data were gathered about school characteristics (e.g. # students, programs, faculty), research funding (federal, other external and internal sources), peer reviewed publications, and national rankings. Selected highly funded or ranked schools were interviewed to get more detailed information about the barriers and facilitators of success and the timeline for achieving it.

**Observations:** Research funding levels from federal sources have little correlation with national ranking. Non-federal funding sources are important but more difficult to assess. Common mechanisms include career development awards, research project grants and center grants. Research dollars are concentrated in a few organizations, and often within a few Centers of those institutions. Resources include seed grant funds, support staff, shared labs & equipment. Peer reviewed publications are better correlated with program standing but are also skewed toward a small number of institutions.

**Conclusion:** Resource concentration supports a critical mass of successful investigators who are able to access shared resources. This facilitates research initiation by junior faculty. Schools report more funding than appears in national databases, presumably because their faculty are co-investigators or collaborators on others’ grants.

**E.3 (2:35pm-3:15pm): THE RESEARCH ENABLING CULTURE; William Siler (Saint Louis University)**

**Hypothesis/Issue to Be Addressed:** Research productivity has long been an issue for ASAHP member institutions. Many strategies for growing research have been discussed over the years. A recurrent theme in those strategies has been "research culture." No global definition of research culture is found in the literature. What are the factors influencing research productivity? How do those factors relate to culture as a construct?

**Method:** Literature focused upon organizational culture and research productivity was synthesized to create guiding principles for those concerned with expanding a research portfolio.

**Observations/outcomes:** Research productivity is the result of a complex relationship between the faculty member, the program, and the institution. Realities at each of those levels creates limitations and opportunities that become manifest at the other levels.

**Conclusion:** "Research culture" is a phantasm and does not inform a conversation about the realities around research productivity. Research productivity is the result of a complex interaction of a variety of factors intertwined into what is best understood as a "research enabling culture." Understanding the characteristics of a research enabling culture and the role of the faculty member, the program, and the institution in that culture can guide expectations and decisions.

**E.4 (3:15pm-3:55pm): GROWING AND SUSTAINING A VIBRANT UNDERGRADUATE RESEARCH PROGRAM; Gilson Capilouto (University of Kentucky)**
The Undergraduate Research Program (UGR) at the University of Kentucky, College of Health Sciences, was established to offer guidance and mentorship to students interested in research in health sciences. Since its inception, the program has grown from eleven undergraduate students engaged in research in a given semester to our most recent high of eighty-five students. The Office of Undergraduate Research has built a strong infrastructure to support undergraduate research that includes a comprehensive website, dissemination of biannual research enhancement awards, a student-travel award, and a community of CHS undergraduate research scholars via student-mentor programs. In the fall of 2015 we began offering an undergraduate certificate in research in human health sciences to recognize those students who devote a significant portion of their undergraduate education in scholarly and research pursuits. The certificate offered by CHS is the only certificate focused on undergraduate research at the University of Kentucky. Undergraduates are eager to participate in research in an effort to distinguish themselves as they prepare for graduate education. Faculty are able to achieve their research goals more effectively with the assistance of devoted students. Initiatives and strategies for successful UGR program development, growth and sustainability will be described and shared in detail.

E.5 (3:55pm-4:35pm): OCCUPATIONAL THERAPY AND MEALS ON WHEELS: AN ACADEMIC COMMUNITY PARTNERSHIP TO ADDRESS HOME SAFETY OF HOMEBOUND SENIORS; Bridgett Piernik-Yoder (UT Health San Antonio), Autumn Clegg (UT Health San Antonio) Study Aims: 1.) Determine if an academic-community partnership was feasible to address home safety issues for homebound seniors; and 2.) Measure outcomes of an OT home evaluation. Methods: This feasibility study was carried out through an academic-community partnership with Meals on Wheels (MOW) and the Department of Occupational Therapy (OT) at UT Health San Antonio. Twenty MOW clients who were at risk for falls in the home were referred by their case managers for a home evaluation. Participants ranged in age from 70 - 92, most lived alone, had multiple chronic health conditions, and history of falls. Data collected included types and frequencies of home safety risks and home repairs needed, and cost of adaptive equipment (AE) provided. Outcomes: Findings indicated the academic-community partnership is feasible. Data collected revealed five primary types of home safety risks that could be addressed during the home evaluation through education or AE. A range of 13 AE items were provided to the clients, ranging from one to 11 items per client. The retail cost per client ranged from $62.60 to $454.48. Conclusion: The findings from this feasibility study demonstrate an academic-community partnership may be an effective approach to address home safety needs of homebound seniors.

Valero

CONCURRENT SESSION F: SELECT TOPICS IN ALLIED HEALTH
F.1 (1:15pm-1:55pm): INTEGRATING EVERYDAY BIAS IN HEALTHCARE PROFESSIONAL CURRICULA; LesLee Taylor (Texas Tech University Health Sciences Center), Carolyn Perry (Texas Tech University Health Sciences Center), Jessica Brasher (Texas Tech University Health Sciences Center), Sharon Hunt (Texas Tech University Health Sciences Center), Koy Kubala (Texas Tech University Health Sciences Center) HYPOTHESIS/ISSUE: Everyday bias (EB) shifts the conversation from “do I have biases?” to “what biases do I have?” Everyone has biases that impact interactions in personal (family/friends) and professional lives (patients, students, colleagues). Prejudicial and/or discriminatory behavior is prevalent in society, media, and healthcare. Accreditation standards across disciplines require topics related to EB (cultural competence, diversity/inclusion, etc.). Therefore, it is critical to include this type of programming in healthcare professions curricula. METHODS: An example of how to implement EB in health professions across faculty and student curricula including: introduction to EB, implementation of EB curriculum model, faculty development, and implication for student/faculty change.
OBSERVATIONS/OUTCOMES: Student and faculty receptiveness and perspectives on impact to professional and personal interactions as well as, identification of at least two ways to integrate the concept of EB in healthcare professions faculty development and student curricula.

CONCLUSION: The presentation will introduce participants to EB and provide an example of how it can be incorporated into healthcare profession curricula. The impact of this integration for one institution’s School of Health Professions will be included to describe how this knowledge has impacted faculty and students’ interactions with individuals in their personal and professional lives.

F.2 (1:55pm-2:35pm): WOMEN LEADING WOMEN: STRATEGIES FOR LIFELONG CAREER DEVELOPMENT IN HIGHER EDUCATION; Lisa Dorsey (Saint Louis University)

Issue: A gender gap in leadership positions exist in most sectors of the US economy, including healthcare (Warner, 2014). Women earn more degrees at every level than men, but only hold, on average, 18% of the top leadership positions (Johnson, 2016; Lennon, Lindeman Spotts, & Mitchell, 2013). Why are the leadership gains for women slower even when the field is female dominated? Women in higher education operate within a unique hierarchical culture that is steeped in tradition and hardened in the name of academic rigor.

Method: This non-randomized convenience sample study design analyzed pre-test/post-test quantitative survey data and qualitative workshop data from 21 female participants and their paired mentors.

Observations/Outcomes: Eighty percent of the participants developed professional goals as a result of the workshop (up from 67% in pre-workshop). Additionally, 92% shared their goals with mentors, family or colleagues (44% pre-workshop) and 73% of the women planned to continue to work with a mentor post-workshop (17% pre-workshop).

Conclusion: Our results address the research gap on framing development opportunities for women in higher education. The study provided participants opportunities to identify barriers, strategies, networks and mentors which led to measurable qualitative outcomes.

F.3 (2:35pm-3:15pm): VALUE-BASED RECRUITMENT TO CREATE A MORE CARING CULTURE; Vicki Mason (Texas Women’s University), Jessica A. Perolio

Value-based recruitment (VBR) is a selection process that extends beyond reviewing candidates’ experience and credentials, to investigating their values and deeply-held beliefs. Successful VBR healthcare employment initiatives have reported benefits including reductions in absenteeism, agency staffing, and turnover along with increases in morale and job satisfaction, and patient perceptions of better care.

The purpose of this research was to describe extrinsic and intrinsic motivators, and values reflected in rehabilitation (physical, occupational and speech therapy) employers’ recruitment brochures to evaluate VBR utilization. Our research question was, “What values or motivators are reflected in rehabilitation providers’ recruitment materials?”

A convenience sampling of brochures was gathered at campus career fairs and conferences. After 19 referral development (marketing) brochures were eliminated, 50 recruitment brochures were qualitatively coded. Nineteen categories of extrinsic, intrinsic, and value motivators were identified. Findings indicated a consistent promotion of extrinsic and intrinsic motivators, with less focus on the VBR process that has proven benefits. This information is valuable to schools of allied health in coaching students how to evaluate an employer-employee fit to affect job satisfaction and the patient experience.

(The presentation will highlight efforts in England using VBR in healthcare workforce hiring and student admissions.)

Purpose: The aim of this study was to review the literature about the impact of hospital competition on strategies and outcomes of hospitals between 1996-2016.

Design/methodology/approach: In this study systematic review, databases including PubMed, Scopus, Google Scholar and Embase were chosen to perform a comprehensive search. The search generated 9,806 articles. After removing the duplicates and eliminating the non-relevant publications, 65 articles remained for abstraction.

Findings: The results indicated that the majority of the studies (about 87%) used Herfindahl-Hirschman Index (HHI) to measure hospital competition, whereas the remaining 13% used the number of competitors in the market. 41 studies (63%) defined hospital market based on Metropolitan Services Area, County, Health Services Area, Hospital Services Area, and Health Facility Planning Area, whereas the reminder used some other definitions such as Euclidian distance, radius, or patient-flow. Finally, with respect to statistical relationships, the majority of articles (50% or 76%) found a significant relationship between hospital competition and the outcome measures like financial performance, quality, cost pricing etc.

Originality/value: This is the most current and comprehensive systematic review summarizing the result of different studies of hospital competition and its effect on specific hospital outcomes or strategies.

F.5 (3:55pm-4:35pm): CONCEPT MAPPING AS A TEACHING/LEARNING TOOL IN HEALTH PROFESSIONS EDUCATION; Kimatha Grice (University of Texas Health Science Center at San Antonio), Ruben Restrepo (UT Health), Leticia Bland (UT Health)

Issue to be addressed: Critical thinking is a skill necessary for health professionals. Academic programs need to utilize teaching strategies that allow students to exercise critical thinking skills, process material in an active manner, and take responsibility for their own learning. Concept mapping is a teaching and learning tool that can be used to facilitate the development of critical thinking and decision-making skills.

It: "Facilitates meaningful learning in that it serves as a template or scaffold to help organize knowledge and structure it "Supports the idea that our brains work to organize knowledge in hierarchical frameworks "Helps students organize and connect information they already know with new knowledge "The process of creating concept maps engages students in a creative learning activity.

Method/Educational Model: This presentation will describe concept mapping, ways it can be used for teaching and learning. Outcomes: The authors will present their experiences with using concept mapping in their respective disciplines courses and examples created by students as part of their learning process.

Conclusion: Participants will understand what concept mapping is, how to use it to enhance learning and leave with ideas they can immediately implement in their teaching.

FRIDAY, OCTOBER 20, 2017 (9:40am-11:40am)
Alamo Ballroom Salon E

CONCURRENT SESSION A: IMPROVEMENTS IN THE CULTURE OF HEALTH
A.1 (9:40-10:20am): COMPARISON OF THE US AND CUBAN MODELS FOR PHYSICAL THERAPIST EDUCATION; Teresa Conner-Kerr (University of North Georgia), Mary E. Oesterle (University of North Georgia)

Physical Therapy as a profession is relatively young compared to the practice of nursing and medicine. Physical therapy dates back to the early 1900's in the US but only to the 1970's in Cuba. With the advent of the revolution in Cuba there was a mass exodus of trained nurses and physicians. During the post-revolution years in the 1960's, great emphasis was placed on re-creating the traditional health care workforce of nurses and physicians. Today, Cuba enjoys one of the highest per capita numbers of physicians in the world. The Soviet Union played a fundamental role in educating this new generation of nurses and physicians and was the source for the first physical therapists. Soviet therapists began educating Cubans in the practice of physical therapy during the 1970's. Until that time, physical therapy was an unknown profession. The educational model that developed involved the education of physical therapists at both liberal arts institutions and medical schools. Current educational approaches provide a pathway that allows cross training in speech and occupational therapy. This presentation will provide an
overview of this educational pathway and describe an evolving educational exchange between a US-based university and a Cuban-based university.

A.2 (10:20-11:00am): WANTED: A PATIENT-CENTERED CARE CULTURE FOR PHYSICALLY ACTIVE PATIENTS; Richard Laursen (Boston University), Chad Clements (Boston University)

Issue to be addressed: The healthcare culture in sports is frequently predicated on the assumption that returning to sport is the patient's goal. The lack of a patient-centered care culture can create both ethical and care-related challenges and does not align with contemporary practice. Healthcare leaders must work to change this culture. We will use a case-based approach to describe development of a patient-centered care culture in sports healthcare.

Method: Curricular content focusing on the IOMs 6 dimensions of patient-centered care4 is necessary. Assessments must include the extent to which students incorporate these dimensions in practice. Administrators in Schools of Allied Health can promote best practices focusing on patient-centeredness through: presenting practice patterns, morbidity and mortality conferences, and professional development emphasizing patient outcomes, rather than athletic department outcomes.

Observations: A process focusing on clinical leadership and curricular change, rather than individual courses or one-time trainings, are more successful at developing culture changes. An understanding of patient-centered care, professional development, role modeling, and student assessments can lead to improved patient care and expanded opportunities for student learning.

Conclusion: A focused approach that demonstrates a commitment to providing patient-centered care in a sports setting can successfully develop a culture of patient-centered care.

A.3 (11:00-11:40am): DEALING WITH DISRUPTION IN HIGHER EDUCATION; Mardell Wilson (Saint Louis University)

Issue: The disruption in today's state of higher education has become the norm versus the exception. Fewer high school graduates, resource pressures, productivity pressures, accountability pressures, increased demand for innovation and the list goes on.

Methods: Lessons learned from a recent cost cutting exercise at a large, private institution in the Midwest will be shared.

Observations: Universities are oftentimes turning to select programs in the Allied Health professions where demand is high to help offset the negative trends of declining enrollments and subsequently declining tuition revenue. However, disciplines represented within Allied Health schools/college may have competing forces as some over performing programs may be paired with programs that are considered underperforming. In addition, a significant limiting factor in nearly all programs is the increasing demand for quality clinical education sites. Furthermore, accreditation standards are regularly cited as the reluctance to change.

Conclusion: Programs in the Allied Health professions cannot assume they are insulated from today's trends in higher education. Furthermore, accreditation standards must be interpreted in a realistic, resource responsible manner. Helping faculty to understand and appreciate the current state of higher education so they can be the drivers in proactively positioning ourselves during these challenging times is essential.

Alamo Ballroom Salon F

CONCURRENT SESSION B: NEXT STEPS IN INTERPROFESSIONAL EDUCATION

B.1 (9:40-10:20am): LEARNING FROM AND WITH EACH OTHER: DEVELOPING STUDENTS’ INTERPROFESSIONAL COMPETENCE THROUGH MUSIC THERAPY AND SPEECH/LANGUAGE PATHOLOGY COLLABORATION; Laurie Keough (Nazareth College), Heather Coles (Nazareth College), Melissa Johnson (Nazareth College), Melissa Reed (Nazareth College), Conner Burry (Nazareth College), Stephanie Casale (Nazareth College)

Issue: Music and speech therapies are well-established collaborators in the pursuit of enhanced communication. Neuroimaging studies suggest powerful synergy when speech and music are engaged
simultaneously. Emphasis must be placed on teaching students to provide client-centered interprofessional services.

Method: Nazareth College employs interprofessional clinical training, incorporating evidence-based practice, theoretical principles, and joint clinical work between music therapy and speech-language pathology. Students collaborate in assessment, treatment planning and implementation, data collection, and report writing. Supervisors shape student performance and model bridging differences in professional vocabulary and culture. Students are required to self-evaluate and reflect on clinical growth.

Outcomes: Students evolve from delivering parallel therapies to integrating professional concepts and techniques. Students develop greater confidence in their communication with each other and about their own professions. While initially intimidated by interprofessionalism, students learn strategies for overcoming barriers, essential for their future commitment to collaboration. Client satisfaction scores are higher and interactions are more robust when services are delivered jointly.

Conclusion: There are many benefits for clients when clinicians treat interprofessionally, but there are skills and attitudes that must be learned and developed for effective collaboration to occur.

B.2 (10:20-11:00am): INTERPROFESSIONALISM IS THE PRODUCT, BUT COLLABORATION IS THE PROCESS; Lori Thuente (Rosalind Franklin University of Medicine and Science), William Gordon (Rosalind Franklin University of Medicine and Science)

Issues to be addressed: To students newly immersed in studies to become healthcare professionals, the concept of Interprofessionalism may feel abstract amidst the desire to focus on individual role knowledge and best practices. Interprofessional studies must robustly compete with other disciplines to attract and maintain student engagement.

Method: Rosalind Franklin University of Medicine and Science develops clear rubrics for the skills in interprofessional collaboration needed to enter modern healthcare practices. Concrete, behavioral action steps supported by evidence challenge students to critically consider the value of adopting these into their own practice strategies.

Outcomes: Students are provided seven steps toward collaborative behavior that provide a shared framework that is easily translated into team agreements. Such rubrics become useful for future healthcare practice and can be implemented in such immediate responsibilities as team-based learning projects.

Conclusion: Providing students with a behaviorally measurable framework for collaboration elevates individual accountability across academic and professional events. Establishing this framework from best practice literature and presenting it to students as essential for optimizing teams and achieving the best patient outcomes, empowers them to move quickly into collaborative practice through established team agreements. This also affords them opportunities for inspirational leadership with others.

B.3 (11:00-11:40am): INTERPROFESSIONAL EDUCATION AND COMMUNITY ENGAGEMENT: ELEVEN PROFESSIONS COLLABORATING TO ADDRESS DIABETES IN OUR COMMUNITY; Terry Morrow Nelson (Nova Southeastern University), Elizabeth Swann (Nova Southeastern University), Barbara Garcia Lavin (Nova Southeastern University), Elizabeth Roberts (Nova Southeastern University), Debra Feingold Stern (Nova Southeastern University), Leon Nehmad (Nova Southeastern University), Harvey Feldman (Nova Southeastern University), Sandra Dunbar

Nova Southeastern University has developed an interprofessional education and practice initiative designed to prepare emerging health care professionals to participate on interprofessional teams while helping community members prevent and manage diabetes. Consistent with best practices, the Interprofessional Diabetes Education and Awareness (IDEA) Initiative partners with 17 corporate, municipal, non-profit, and academic communities designed to promote diabetes prevention and management through community workshops for children and adults most prone to diabetes. Currently in its fifth year, this collaborative interprofessional diabetes education project includes a variety of relevant topics such as disease overview, nutrition, pharmacy and exercise. 60-70 health professions students and
12 faculty from 10 academic programs provide diabetes education workshops in south Florida and has served nearly 2,500 community members.

Bowie

CONCURRENT SESSION C: NEXT STEPS IN INTERPROFESSIONAL EDUCATION

C.1 (9:40-10:20am): MOVING FORWARD ALONG THE COLLABORATIVE PRACTICE CONTINUUM; Penelope Moyers (St. Catherine University), Patricia Finch Guthrie (St. Catherine University)

Issue: Interprofessional education at the University has focused on undergraduate courses for healthcare students including team courses on roles and responsibilities, quality outcomes, evidence-based practice, and aging. There is little evidence that team-based courses improve interprofessional behavior post-licensure and improve patient outcomes.

Method: The University developed a collaborative practice framework involving three progressive levels of team abilities to guide clinical education, including Team Awareness: Understands the importance of interprofessional teams and collaboration; Team Experience: Applies team skills that facilitate collaboration in addressing patient needs; and Team Ready: Creates team interventions that improve patient outcomes.

Outcomes: The University implemented the framework with clinical partners. Team awareness opportunities involve students observing the institutions practice teams, and journaling to analyze team structure, leadership, roles and responsibilities, and collaboration. For team experience, interprofessional students engage in shared care planning and problem solving to improve patient care. Team ready learning involves student clinical scholars using evidence to address practice problems, such as urinary tract infections and pain. Additionally, team ready programing assigns interprofessional students to elders for improving health.

Conclusions: A framework for progressive learning aligns learning to team competencies.

C.2 (10:20-11:00am): WHAT SHOULD WE DO NEXT? INTERPROFESSIONAL CASE CONFERENCES TO TEACH INTERPROFESSIONAL SKILLS; Susan Stein (Pacific University), Saje Davis Risen

Hypothesis/Issue to be addressed Interprofessional education (IPE) is beginning to appear in health professions curricula nationwide yet teaching the Interprofessional Education Collaborative (IPEC) core competencies proficiently has been challenging. An effective, time-efficient, flexible, integrated learning activity model could potentially address perceived barriers while fulfilling desired IPEC outcomes.

Faculty from Pacific University College of Health Professions (CHP) created the Interprofessional Case Conference (ICC) model to effectively teach these competencies.

Methods: The ICC model provided case-based integrated IPEC core competencies to students from 10 health professions programs. Six case sessions were scheduled annually, actively facilitated by Interprofessional (IP) teams of faculty and community practitioners. Data was collected and analyzed after each ICC.

Observations/Outcomes: Survey results revealed beneficial outcomes and opportunities to improve. Successful revisions included: timing (mid-day rather than evening); standardization of student-focused format; focused topic selection; and directed learning objectives. Improvements were incorporated and assessed the following year.

Conclusion: The ICC model appeared to meet IPEC core competencies while allowing schools flexibility in scheduling and direct involvement in programming. The model may be replicable at other institutions.

C.3 (11:00-11:40am): ADDRESSING THE GAP OF HEALTH PROFESSIONALS’ PREPARATION FOR SERVICES WITH ADULTS WITH AUTISM; TOWSON UNIVERSITY’S HUSSMAN CENTER FOR ADULTS WITH AUTISM MODEL; Charlotte Exner (Towson University)

Adults with autism have health challenges that are both similar and different from neurotypical adults. In childhood and adolescence they likely had access to health professionals, including therapists and primary
care providers, who were prepared to support their health-related needs and familiar with common issues associated with autism. In contrast, adults with autism and family members report extreme difficulty in finding health professionals with an understanding of their health needs and challenges and have strategies for interactions. This gap in professional preparation for supporting health and well-being in adults with autism can have serious health implications. This presentation addresses key health issues of this population, gaps in health professionals’ preparation, and examples of strategies used at Towson University’s Hussman Center for Adults with Autism to enhance preparation of students in some health professions programs. It provides examples of inclusive experiences for undergraduate students that are offered via this Centers short-term programs and social group. These experiences involve students from a wide range of majors including many in pre-professional health professions programs. The impact of these inclusive experiences on students is substantial. Future health professionals develop a greater understanding of adults with autism and increase their skills in interactions with them.

Travis

CONCURRENT SESSION D: STUDENT SYMPOSIUM SPONSORED BY ALPHA ETA

D.1 (9:40-10:20am): DO INDIVIDUAL QUADRICEPS MUSCLES ATROPHY THE SAME IN PATIENTS FOLLOWING ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION?; Katelyn N. Corbin (Georgia State University); Jason Y. Kawamura (Georgia State University); Jake C. Jensen (Georgia State University); Ashley L. Miller (Georgia State University); Ravi G. Patel (Georgia State University); Kyle E. Hammond (Emory University); John W. Xerogeanes (Emory University); Liang-Ching Tsai (Georgia State University)

D.2 (10:20-11:00am): SERIAL ISOLATES OF CRYPTOCOCCUS NEOFORMANS DEMONSTRATE ALTERED RESILIENCE TO NUTRITIONAL STRESS; Zachary Cain (Long Island University-Post), Rupali Ugile (Long Island University-Post), Bettina C. Fries (Stony Brook University), Tejas Bouklas (Long Island University-Post)

D.3 (11:00-11:40am): INCREASING ACCESS TO COST EFFECTIVE HOME-BASED REHABILITATION FOR RURAL VETERAN STROKE SURVIVORS: Ashley Garlow (Georgia State University), Stephen N. Housley (Georgia State University), Katelyn Ducote (Georgia State University), Alexandria Howard (Georgia State University), Tanya Thomas (Georgia State University), David Wu (Georgia State University), Kimberly Richards (Georgia State University), Andrew Butler (Georgia State University)