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## The IPE Insight. Volume 2014, No. 2. April 2014.

The UNM HSC Inter-professional Education Team

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# THE IPE INSIGHT

April-May, 2014

Volume 2014 – No. 2

Each year approximately 17,000 New Mexicans are homeless for at least part of the year. In Albuquerque, over 1000 homeless people seek shelter every night. In 2012, 684 homeless men used the *Albuquerque Opportunity Center (AOC)* for shelter for a combined 24,100 user bed-nights; two-thirds of these people had a mental and or physical disability. Sadly, homelessness has a strong negative effect on health. Poor nutrition and hygiene, exposure to violence, extremes of heat and cold and crowded shelters all contribute to higher levels of illness among the homeless compared to people with stable homes. Additionally, competing needs for food, housing and income take precedence over needed healthcare.

Not only are many homeless persons burdened with inadequately treated chronic disease, but also mental illness, substance abuse, fractured social networks and discontinuity of care. Negative experiences with healthcare providers and fragmented systems further marginalize this population. Mortality rates are three to four times higher in the homeless population than in the general population (National Alliance to End Homelessness 2012).

Studies indicate that healthcare models employing a comprehensive team-based approach result in greatly improved health outcomes for individuals and populations experiencing vulnerabilities as a result of chronic disease or limited resources--those experiencing homelessness represent our most vulnerable.<sup>1</sup>

Imperative among health profession academic institutions is to educate our future health professions workforce to address the healthcare needs of marginalized populations more efficiently and effectively through interprofessional educational opportunities.

<sup>1</sup> Schneidermann M, Fernandez A. Case Management/Multidisciplinary Care Models. In: Shanahan J, Naglieri C, editors. *Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations*. The McGraw-Hill Companies; 2007. Chapter 15: 151-158

## Interprofessional Student Healthcare Center for Homeless Men at Albuquerque Opportunity Center (AOC) Shelter

Cynthia Arndell, MD, FACP, Associate Professor, UNM/SOM  
Roberto Aquero, MSIII

The **Interprofessional Student Healthcare Center** at the Albuquerque Opportunity Center (AOC)—a men's homeless shelter--was created to enable students across disciplines to engage in collaborative service-learning opportunities while addressing the complex needs of homeless residents at AOC.

AOC has a long-standing relationship with the UNM Health Sciences Center. For over ten years, AOC has provided volunteer opportunities for our students. Last summer, city funding enabled AOC to expand its facility to include two dedicated exam rooms and 4 modular buildings. With the added space, HSC students and faculty from the Colleges of Pharmacy, Nursing, Occupational and Physical Therapy, Medicine and Health Sciences Library and Informatics Center partnered with AOC leadership to expand the previous outreach clinic to include not only medical students, but students from other healthcare disciplines.

On October, 16, 2013, the Interprofessional Student Healthcare Center opened its doors for the first time. Since then, students and faculty from nursing, pharmacy, physical and occupational therapy and medicine gather together every Tuesday evening to volunteer at the clinic. In interprofessional teams, students provide individualized healthcare services and group educational sessions to AOC residents.

### For the students, the experience is invaluable.

"I really love the fact that we can come here and apply what we've been learning in our classroom, bring it to the clinic and even better, bring it to a setting that needs us to come in," said Kara Rechard, a student Physical Therapist.

"We go through these classes, we spend hours in class, and to actually put it into practice and feel like we're helping somebody, is a great achievement for us," said Monique Dodd, a UNM Pharmacy Student.

### What are the volunteer HSC faculty saying about their experiences?

"I have found that working at AOC is one of the most important experiences of my profession. Working with all the different learners—medical students, physical and occupational therapy students, nursing students, PA students and pharmacy students—is so inspiring and greatly rewarding. They motivate each other and me with their passionate desire to make a difference in the lives of the clients and reverse-mentor me with their earnest cooperative ways as individual members of a solid team. Additionally, I hear stories from the clients of survival, endurance and strength that make me wonder and remind me of why I wanted to be and still love being a physician," said Chris Camarata, MD, Family and Community Medicine.



Student-led clinic helping those in need

"It's like nudging fledgling birds to test their wings and then take flight," explained Robert Elgie, Psychiatric RN and Senior Lecturer, College of Nursing.

"The residents that the students see here have the same chronic diseases and illnesses that you see in the general population, but usually much worse, much less controlled, and on top of all of that, they have a scarcity of resources. Not only do the student volunteers get to give back to these individuals in a powerful way, but they also experience firsthand the necessary teamwork it takes to meet the complex needs of the homeless," described Cynthia Arndell, a UNM Physician and Associate Professor.



#### And what are the AOC residents saying?

Joseph Rodriguez is battling several health problems. "I have heart disease, I have kidney disease, my liver is bad, I suffer from PTSD you

know when I served in the Marine Corp," Rodriguez explained.

"People that volunteer here, they're very awesome. It's not a job to them," said Rodriguez. "I think, it's more their way of giving back to society."

Improved health outcomes among underserved populations can only be achieved through an interdisciplinary, integrated systems approach that works not only to deliver quality healthcare but fights the injustices that perpetuate health inequities across societies. The Interprofessional Student Healthcare Center offers students in an interprofessional setting the opportunity to make a difference in the community, advocate on behalf of homeless individuals, and recruit future students who share similar passions in addressing the needs of those experiencing homelessness.

**For more information on volunteer opportunities or donations contact:**

Michel Disco, [mdisco@salud.unm.edu](mailto:mdisco@salud.unm.edu)

Cynthia Arndell, [carndell@salud.unm.edu](mailto:carndell@salud.unm.edu)

Robert Elgie, [relgie@salud.unm.edu](mailto:relgie@salud.unm.edu)

**Video:** See the full Channel 13 coverage of the clinic:  
<http://krqe.com/2014/03/15/student-led-clinic-helping-those-in-need/>



**Special thanks ...to the many students and faculty who have tirelessly committed volunteer time to make this clinic a reality:**

#### Student and Faculty Volunteers

- ▶ **Roberto Aguero, MSIII**
- ▶ **Monique Dodd**, senior Pharmacy student
- ▶ **Kara Rechard**, PT coordinator
- ▶ **Kristin Johnson**, OT coordinator
- ▶ **Greg Fahl**, MSI
- ▶ **Ashley Huff**, MSI
- ▶ **Nicolette Dumas**, MSII
- ▶ **Susan Muraida**, MSI, SRCH coordinator
- ▶ **Loren Kelly**, MSN, RN, College of Nursing
- ▶ **Gale Hannigan**, Health Sciences Library and Informatics Center
- ▶ **Anthony Fleg, MD**, Family and Community Medicine
- ▶ **Linda Smoker, MD**, Family and Community Medicine
- ▶ **Chris Camarata, MD**, Family and Community Medicine
- ▶ **Matias Vega, MD**, Albuquerque Healthcare for Homeless
- ▶ **Byrch Williams, MD**, Family and Community Medicine
- ▶ **Betsy VanLeit, PhD**, Director Occupational Therapy

#### AND, most importantly,

- ▶ **Jessica Casey**, AOC Director of Respite Bed Program and the
- ▶ **AOC staff and residents.**

#### Faculty Co-sponsors

**Michel Disco, RPh, MBA**, Assistant Dean, UNM College of Pharmacy, serves as the Director for Interprofessional Education at the UNM Health Sciences Center. She has worked for more than 30 years as a community pharmacist, and currently supervises student pharmacists through their practical experiences. Dean Disco shares a passion for interprofessional educational experiences addressing the needs of marginalized populations.

**Cynthia Arndell, MD, FACP** is the UNM School of Medicine's IPE Coordinator. She has a thirty year history of working with homeless individuals and vulnerable populations as a community volunteer, nurse and physician. She formerly served as Medical Director for Albuquerque Healthcare for the Homeless, has been a key member in the development and instruction of the medical school curricula addressing homeless populations and is the faculty advisor for all student volunteer clinics for the homeless.

**Robert Elgie, RN, BC** is a board certified psychiatric registered nurse and a Senior Lecturer at the UNM College of Nursing. He serves on the board of directors for the Albuquerque Opportunity Center. He works closely with Dr. Cynthia Arndell from the School of Medicine and Dean Michel Disco from the College of Pharmacy on the Health Equity Taskforce developing student interprofessional learning experiences in the community which focus on the needs of homeless and other vulnerable populations.





Thursday, May 29th—10 am—4 pm  
Student Union Building, Santa Ana Rooms A & B



### Moving from Abstract to Reality Interprofessional Education (IPE) Curriculum Retreat

Register [here](#)



by May 16<sup>th</sup>!

Contact: Michel Disco, [IPE-Office@salud.unm.edu](mailto:IPE-Office@salud.unm.edu)

[https://www.surveymonkey.com/s/RSVP\\_IPE\\_Retreat](https://www.surveymonkey.com/s/RSVP_IPE_Retreat)

## IPE Curriculum Retreat

Join the HSC chancellor, deans and educational deans collectively to kick-off this very important forum to move the HSC IPE curriculum from abstract to reality. To do this, we need the insight, experience and involvement of many who are active in curriculum development in their respective schools, colleges and programs. Your involvement will be critical to the development of IPE courses and learning activities that strengthen a team approach to patient and community healthcare for students in each profession.

Event topics will include:

- Overview of IPE core competencies
- Findings from an IPE Environmental Scan
- Schematic of curricular framework developed
- Work groups to create components of IPE curriculum for schools, colleges and programs.

Fundraiser—Thursday, May 8<sup>th</sup>—10 am – 2 pm



## Catch a Bite in the Courtyard!!

(between BMSB & Nursing/Pharmacy)

catered by **GARCIA'S Kitchen**



**Thursday, May 8th**  
**\$5 Platters**  
**10 am ~ 2 pm**

### Student Run Clinic For the Homeless

The Interprofessional Student Healthcare Center at the Albuquerque Opportunity Center Campus (AOC) of Albuquerque Heading Home.

Sponsored by:  
Health Sciences Center Student Council (HSSC), and  
Students Reaching-out to Community Homeless (SRCH)

**\$ FUNDRAISER \$**

Fundraiser to support the needs of the Student Run Clinic for the Homeless—Join our OT/PT, Pharmacy, PA, Medical & Nursing students to raise awareness!





*...teamwork requires a shared acknowledgement of each participating member's roles and abilities. Without this acknowledgement, adverse outcomes may arise from a series of seemingly trivial errors that effective teamwork could have prevented.*

(Baker et al., 2005b, p. 14)

# Interprofessional Collaboration Positively Influences Multiple Patient Simulation Exercise at IHSC

By Joe Poole, MSN, RN, CNE  
UNM College of Nursing

On March 20<sup>th</sup>, the College of Nursing (CON) Simulation Team at the Interprofessional Healthcare Simulation Center (IHSC), in conjunction with CON's clinical educator **Rob Elgie** and his N454 class, conducted the first of 4 multiple patient simulations that will be held on consecutive Thursday afternoons through April 10th. The entire set-up, which took nearly a week to complete, included typing up charts



for each patient, moving beds and equipment, and moulaging each manikin. Each simulation room had 4 patients and 3 nursing students. To provide additional fidelity, the two small debrief rooms were

converted into a nurse's station and a medication room.

Each group of students had two hours to receive the patient's report, provide care, carry-out the provider's orders, and deal with an emergency situation. Unlike other simulations where nursing students observe their colleagues, the students were observed by only faculty for debriefing purposes.

Rob Elgie took the multiple patient simulation idea one step further. He approached **Michel Disco, RPh, MBA**, director of the HSC Office of Interprofessional Education and assistant dean at the College of Pharmacy (COP), about making the day an interprofessional education (IPE) experience. Rob's idea paid huge dividends! Dean Disco was quickly able to get volunteers from the COP and the School of Medicine to participate.



Each discipline functioned within their professional role and worked together to care for the patients and solve one patient's life threatening post-op complication.

The immediate feedback from the nursing students included statements about how "close to real life" this simulation was.

Amy Baca, 4<sup>th</sup> year medical student, felt that it was a great experience to function within her specialized training and to witness how much nurses



contribute to the patient's care. The pharmacy students worked with the nursing students to answer the nursing students' questions about complex medications. Rob Elgie felt that the pharmacy students "did the COP proud."

An idea, which was born during the Fall 2013 semester, had lofty expectations. The participating nursing faculty, **Joe Poole, Herica Torres, Chris Paap, Jocelyn Amberg, and Rob Elgie**, all



felt the day *far exceeded* expectations. This same opinion was expressed by many of the nursing, pharmacy and medical students. Thursday would not have been as "close to real life" *without* the

multiple disciplines who participated.

The participating faculty would like to say "Thank you" to: the 3 pharmacy students, **Shoney Alsup, Rose Pavlakos and Candace Chavez** (all of whom were on Spring Break at the time!); medical student, **Amy Baca**; MSN nursing student, **Emily Herrick**; and the 12 BSN nursing students, **Chelsea Lehman, Jessica Nussbaum, Amy Rohr, Lesley Schumann, Daniel Vortolomei, Jourdan Yearout, Michelle Drury, Kristin Fattor, Ally Funkhouser, Angelina Gallegos, Courtney Roberts, and Daniel Stansberry**. All of these students *bought in* to the fidelity of the Sims and made the day an amazing learning experience.

An additional "Thank you" needs to go out to staff members--**Art Sedore, Kathy Hopkins and Fran Jensen**--each of whom played a significant role during the week-long preparation of the Sim lab to make this activity so successful.

## N454 Nursing Course Objectives

The N454 course is a synthesis of professional nursing and health and illness concepts. Clusters of concepts are applied in simulation and other learning activities. Among the key course objectives, nursing students gain confidence in clinical leadership skills and interdisciplinary participation in health care, and within complex clinical situations, they improve in the ability to provide care, evaluate the application of multiple nursing concepts, and develop clinical judgment skills through reflective strategies.



May 1, 8:00 am—Noon

## Online Interprofessional Complex Case-based Course

Faculty/Students of All Disciplines— Come Participate in a *Live Simulation*!

As reported previously, the UNM Health Sciences Center, via the Division of Geriatrics and Palliative Medicine, is collaborating with Virginia Commonwealth University to enable UNM to access VCU's innovative Interprofessional On-Line Geriatrics Course. Dr. Peter Boling,



**We promise you will have more fun than a barrel of monkeys, good snacks, and Great Learning!**

VCU's Chief of Geriatric Medicine, will return to UNM on May 1<sup>st</sup> for a half day program to facilitate a *hands-on experience* in how to use the on-line course to teach Interprofessional Education.

This session, with educational deans, faculty from Medicine, Nursing, Pharmacy, PT, Social Work and others, is the next step in the process of bringing this **IPE on-line course** to UNM.

Additionally, we have 10 students who are completing a beta test of Unit 1. Students include: (4) Medical, (2) Pharmacy, (2) Nursing and (2) Social Work. The course currently integrates core competencies for Medicine, Nursing, Pharmacy and Social Work with the potential to add Physical Therapy, Occupational Therapy, Nutrition, Physician Assistant, and other disciplines.

**May 1, 2014**

**Please Join Us!**

Are you grappling with how to integrate Interprofessional Education into your course curriculum? Is scheduling across disciplines preventing IPE success? We Invite You To Participate in a Live Simulation of an **On-Line Interprofessional Complex Case - Based Course**

**GUEST FACILITATOR: Peter Boling, MD**  
Chief of Geriatrics, Virginia Commonwealth University

<b>Target Audience:</b>	Deans & Faculty & Students involved in curriculum
<b>Date:</b>	Thursday, 5/1/14
<b>Time/Schedule:</b>	8:00am - 12noon Coffee & Pastries 8-8:30 am Presentation 8:30-9:00 am Simulation Team Exercise 9:00-10:30 am Group Debrief 10:30—11:00 am Individual Consults 11:00—Noon
<b>Location:</b>	Dominici Northeast, Room 2410 (laptops will be provided)

**To reserve a seat please contact Shelley Modell (SModel@salud.unm.edu)**

With Generous Support From  
**THE DONALD W. REYNOLDS FOUNDATION**

## American Interprofessional Health Collaborative

Transcending Boundaries: Transforming Learning



John A. Owen, EdD, MSc

**May 13, 2014  
1:00 - 2:00 pm MT**

## A Planning Process to Develop, Implement, and Evaluate Continuing Interprofessional Education (CIPE) Programs



<https://mnahec.wufoo.com/forms/aihc-webinar-series-registration-051314/>

Interest in Continuing Interprofessional Education (CIPE) has been increasing, due in part to the recognition that interprofessional education (IPE) is an important component of the suggested changes in traditional continuing education (CE) to increase health professionals' ability to improve outcomes of care. Although there are numerous examples of CIPE programs that are being successfully implemented, there is a need for a clearly articulated planning process to help guide CE professionals to develop, implement, and evaluate CIPE programs. The lack of such a planning process presents a significant barrier to increasing the number of CIPE programs in the United States. This webinar will describe a step-by-step process for integrating IPE into the existing CE planning process, and will illustrate this planning process with an example of a CIPE program completed at the University of Virginia to improve sepsis care by enhancing healthcare team collaboration.

*The AIHC Leadership Webinar Series offers a forum for leaders who are committed to systems transformation through interprofessional collaboration and learning. The Webinar Series is designed to showcase significant transformational interprofessional education and interprofessional collaborative practice efforts.*

Friday to Sunday, 6-8 June 2014 • Pittsburgh, PA



## All Together Better Health Conference

The biennial **All Together Better Health** conference will hold its first U.S. meeting in Pittsburgh this June to highlight the latest research on interprofessionalism and team-based health care delivery. The international conference serves as a forum for health system executives, educational leaders and policy makers to share new studies and shape the future of the health care workforce. This will be the seventh All Together Better Health conference. Past conferences have been held in Sydney, Vancouver and London, among others.

More than 500 research projects from 27 countries will be presented on the topics of interprofessional practice and education, an evolving concept in health care that uses a team approach to efficiently provide the best and most cost-effective care to each patient. UPMC and the University of Pittsburgh Schools of the Health Sciences are at the forefront of developing and implementing new models of interprofessional care.

"Teamwork is emerging as a critical strategy to improve outcomes and lower health care costs in the U.S. and around the globe," said **Everette James, J.D., M.B.A.**, director of Pitt's Health Policy Institute. "We are pleased to serve as host for this important event, where participants will take stock of the latest research on new models of interprofessional care."



**Sir David Nicholson**, who served from 2006 to 2014 as chief executive officer of England's National Health Service, the world's largest

publicly funded health care system, will give the keynote address, providing his view on interprofessional care from both the payer and provider perspectives.

**Steven Shapiro, M.D.**, UPMC's chief medical and scientific officer; **Mark A. Wagner, M.D.**, executive dean of education at Mayo Clinic; and **Barbara Brandt, Ph.D.**, director of the National Center for Interprofessional Practice and Education at the



Steven D. Shapiro, MD  
Chief Medical and  
Scientific Officer, UPMC  
Physician Services

Barbara Brandt, PhD  
Director of the National  
Center for  
Interprofessional Practice  
and Education

Mark A. Warner, MD  
Executive Dean of  
Education, Mayo Clinic

University of Minnesota, will give the opening plenary session on advancing interprofessionalism in the U.S.

Pitt and UPMC were recently selected as a

joint innovation incubator site for the National Center for Interprofessional Education and Collaborative Practice. The center is funded by the U.S. Department of Health and Human

Services and charged with identifying ways to improve health, enhance patient care and control costs through interprofessional practice and education.

"As we transition from a payment system based on volume to value-based reimbursement under the Affordable Care Act, optimizing our health care workforce will be essential to improving access and controlling health costs," said Mr. James, who served as 25th Pennsylvania secretary of health and is professor of health policy and management in Pitt's Graduate School of Public Health. "To achieve this goal, providers are innovating at a furious pace to develop approaches that allow all health professionals to practice to the full extent of their training and education. With expansion of electronic health records and other new technologies, care teams—including doctors, physician assistants, nurse practitioners, pharmacists, physical therapists and others—have new tools to enhance collaboration."

"In the rapidly changing practice environment, we need to ensure that research and evaluation of new interprofessional models is being fed back to health sciences schools to inform our curriculum. This feedback loop will help educational institutions train a collaboration-ready health care workforce," said Susan Meyer, Ph.D., associate dean for education and professor in Pitt's School of Pharmacy, and chair of the Pitt Working Group on Interprofessional Education.

Register: <http://hpi.pitt.edu/athvii>; Contact: [atbh7@pitt.edu](mailto:atbh7@pitt.edu).

### Topic sampling at ATBH Conference

#### Panels

- *The Devil is in the Details - Using Technology to Filter and Aggregate Key Patient Information into a Dynamic, Clinical Dashboard*
- *Exploring National Contexts for Interprofessional Education and Practice: An International Comparison of Forces and Factors*
- *Interprofessionalism in practice - a novel approach to managing and coordinating care for post-discharge trauma patients using a non-physician led team*

#### Workshops

- *New Approaches for Evaluating the Effectiveness of Linking Interprofessional Education and Collaborative Care Practice*
- *Implementing a Longitudinal Case-based Curriculum for IPE Learners using Faculty Teaching Teams*
- *Interprofessional Education Site Evaluation Tool - Assessing the readiness of a clinical site to provide interprofessional education*
- *Faculty Development - Facilitation Skills Training for IPE Faculty*

**UNM HSC will be represented at the conference by IPE Team members: Michel Disco and Krista Salazar (Pharmacy), Cindy Arndell (Medicine), and Loren Kelly (Nursing).**



# "The Linköping model"—Student Run Hospital Model



Susanne B Karlsson  
[Linköping University](#)

*Linköping University was the first in the world with student-run hospital departments, known as Clinical Training Wards (KUA). After receiving a visit from the Faculty of Health Sciences, the University of Tromsø*

*decided to invest in what they call the "Linköping model".*

In these clinical training wards, during the final stage of their course, the students run a normal ward with actual patients.

The students come from different study programmes and work in teams. In 1996 the Faculty of Health Sciences (HU) was the first in the world with a clinical training ward run by students. Now there are three wards, through which thousands of students have passed over the years. The aim of these wards is to promote cooperation between different professional groups and to reflect the teamwork that students will meet in their professional lives. The model continues to inspire other universities to imitate it.

## Leaders in interprofessional education in the Nordic countries

The University of Tromsø writes on its website that "the Faculty of Health Sciences in Linköping are leaders in interprofessional education in the Nordic countries." Arnfinn Sunsfjord, dean of the University of Tromsø, recently received an inspirational visit from Linköping Faculty of Health Sciences.

"Now we want to create student-run hospital wards in conjunction with Nordnorge University Hospital, where the students will be able to work with specific types of patient cases. We have established the first step in this process," says Sunsfjord.

Karin Kjellgren, Pro-Dean for Education; Anette Theodorsson, coordinator of the medicine program; and Ola Wahlström, professor of orthopaedics, visited Tromsø to speak more about the "Linköping model".

"The Faculty of Health Sciences in Linköping consciously focuses on cooperation across professional borders, and medical students participate in a number of common courses," says Kjellgren.

## Inspired by the holistic view

What inspired Sunsfjord and his colleagues was to hear how students at the Faculty of Health Sciences work on reality-based patient cases with emphasis on the holistic view of the person.

The Faculty of Health Sciences also has interprofessional

patient simulation as a part of their education. The students work together on simulated scenarios and a realistic human dummy. The University of Tromsø wants to establish the same model and environment for simulation as we have in Linköping.

"We're following the same path as Linköping Faculty of Health Sciences and we therefore have a common ground for collaboration and development in the area of interprofessional learning," says Sunsfjord.

## Facts about KUA

Practical work in the training wards is a mandatory element in the final stage of healthcare training at the Faculty of Health Sciences.

There are three wards: KUA 30 and KUA 9, orthopaedic wards at the University Hospital (US) and Vrinnevi Hospital, and KUA 82 which is a geriatric ward at US. In total, there are about ten clinical training wards around Sweden.

In KUA, 30 students staff the ward in three ward terms from 06:45-21:30, even on weekends. Each fortnight, 20 new students come to the ward. A total of 7,000 students have worked on the ward since its inception in 1996.

The copious staffing level usually means that the patients feel well looked after and surveys have given the system good feedback. At KUA 30 alone, 4,500 patients have been cared for.

## Making Interprofessional Education Work: The Strategic Roles of the Academy

*Journal Citation Academic Medicine.*  
83(10):934-40, 2008 Oct.

Faculties (i.e., schools) of medicine along with their sister health discipline faculties can be important organizational vehicles to promote, cultivate, and direct interprofessional education (IPE). The authors present information they gathered in 2007 about five Canadian IPE programs to identify key factors facilitating transformational change within institutional settings toward successful IPE, including (1) how successful programs start, (2) the ways successful programs influence academia to bias toward change, and (3) the ways academia supports and perpetuates the success of programs. Initially, they examine evidence regarding key factors that facilitate IPE implementation, which include: (1) common vision, values, and goal sharing, (2) opportunities for collaborative work in practice and learning, (3) professional development of faculty members, (4) individuals who are champions of IPE in practice and in organizational leadership, and (5) attention to sustainability.

Subsequently, they review literature-based insights regarding barriers and challenges in IPE that must be addressed for success, including barriers and challenges (1) between professional practices, (2) between academia and the professions, and (3) between individuals and faculty members; they also discuss the social context of the participants and institutions. The authors conclude by recommending what is needed for institutions to entrench IPE into core education at three levels: micro (what individuals in the faculty can do); meso (what a faculty can promote); and macro (how academic institutions can exert its influence in the health education and practice system).

PubMed URL: <http://www.ncbi.nlm.nih.gov/pubmed/18820523>



## IPE's "People Praise"



**Congratulations to Michel Disco, R.Ph, MBA**, director of IPE at UNM HSC, who was presented the **2014 Public Health Advocate Award, for outstanding public health service to the citizens of New Mexico**, at the Awards luncheon on April 2 during the New Mexico Public Health Association

Conference "Making Health Happen—Power, Participation and Policy in New Mexico" held at the Embassy Suites. Michel was also gifted with a beautiful Kachina doll.

**Congratulations to Loren Kelly, MSN, RN**, instructor with UNM College of Nursing and member of the IPE Team, who is the recipient of *Sigma Theta Tau International Honor Society of Nursing Educator Award*, presented by the *Gamma Sigma Chapter in Recognition of Education in Nursing*. The award was made during the April 27, 2014 Chapter induction ceremony where Loren was presented with a certificate and monetary award.



## Senior Mentor Program--A Howling Success

Lloryn Swan

"Max" is a Golden Retriever Therapy Dog who joined the end of year celebration for Senior Mentors and students, held on April 19, 2014. The **Senior Mentor Program**, in its tenth year at UNM, continues to grow as one of the HSC's most successful IPE experiences. This year, sixty Senior Mentors were matched with students from Physical Therapy (26), Medicine (20), Occupational Therapy (6) and the Physician Assistant Program (4).



The Senior Mentor Program at the University of New Mexico pairs students in medical fields with active adults 70 and older, providing an opportunity for future health care providers to learn more about communicating with older adults and to interact with seniors on a social level. The goal of the program is to dispel stereotypes about aging. Mentors have the opportunity to positively influence the ability of these future providers to care for seniors in a sensitive and compassionate way.

The UNM Center on Aging is part of the UNM School of Medicine Division of Geriatrics, and is directed by Dr. Carla Herman, Geriatrics Division Chief. Funding for the Senior Mentor Program is from the Donald W. Reynolds Foundation of Las Vegas, NV. For more information, contact Lloryn Swan, Senior Mentor Program Coordinator at [LSwan@salud.unm.edu](mailto:LSwan@salud.unm.edu).

### Donald W. Reynolds Foundation



## Sponsor an Incoming Medical Student

This coming July, the School of Medicine Class of 2018 students will put on their white coats and begin their journey to becoming tomorrow's healthcare providers. A \$150 donation will provide a student with his/her first white coat and stethoscope – two important symbols of the medical profession. Call the School of Medicine Alumni Office today at 272-5112 to make your donation. Your gift is tax deductible and you will receive a personal thank you from your sponsored student.

"You can love and respect and be friends with people who think and feel differently than you. I like a colorful crayon box."



Lindsay Shay Nixon

# The Future of IPE

Laura A. Stokowski, RN, MS  
www.medscape.com

In 2013, at a conference sponsored by the Josiah Macy Jr. Foundation,<sup>[1]</sup> attendees addressed the disconnect between the transformation that was taking place in healthcare to become more efficient, reliable, and patient-centered and the innovations in healthcare education to become more interprofessional and team-based. In other words, the two areas—practice and education—were evolving in parallel, but without shared goals, and these efforts were not intersecting as they ought to produce the desired effect on the "triple aim."

These conference attendees set about determining what actions needed to be taken to link education and practice together. They looked at the question from both directions.

*What changes were needed in IPE to meet the needs of patients, families, communities, clinical practices, and healthcare delivery systems?*

*And what changes were needed in clinical practice and healthcare delivery systems to enable IPE?* The result of their deliberations were to craft 5 recommendations for immediate action (see Table).

These initiatives to align IPE and health systems transformation, and the work being done at the National Center to develop a national standardized interprofessional practice and education research database to test new models of care and learning at sites across the country, are moving IPE in the direction it needs to go.

*What about the lingering resistance to collaborative education and practice that we hear about?*

*How do we break down the remaining silos that exist in both arenas?*

Dr. Brandt's answer to this is that the information, evidence, and data—the outcomes—are going to drive the conversation. "Health systems are asking for this information, and the more evidence we give them, the more they will use it. Our ability to collect these data is being supported by the national investments in health information technology. There are incredible opportunities to leverage the informatics capabilities in the United States to demonstrate how models of care, such as team-based strategies, will lead to better health outcomes. Ultimately, this will show what works." Her message to nursing educators is to make sure that their curricula are rigorous enough and that they keep pace with expectations.

So, although the story of IPE is actually an old one, it has opened a new chapter in health professions education. Nurses and other healthcare professionals who are thinking about going back to school will find that the disciplines are not as isolated as they once seemed to be, and healthcare education has closer ties to practice than ever before.

<sup>1</sup> Josiah J. Macy Jr. Foundation. 2013 annual report: alignment of education and practice redesign.

<http://macyfoundation.org/publications/publication/2013-annual-report-alignment-of-education-and-practice-redesign> Accessed February 2, 2014.

**Table. Recommendations to Link IPE and Practice<sup>[1]</sup>**

Recommendation	Specific Actions
Engage patients, families, and communities in the design, implementation, improvement, and evaluation of efforts to link IPE and collaborative practice.	<ul style="list-style-type: none"> <li>• Convene a national group to identify effective methods for patient, family, and community engagement in the design and evaluation of models linking IPE and collaborative practice.</li> <li>• Ensure that expectations of patients, families, and communities inform the competencies used to guide the development of new models linking collaborative practice and IPE.</li> <li>• Revise accreditation standards to ensure input from patients, families, and communities.</li> </ul>
Accelerate the design, implementation, and evaluation of innovative models linking IPE and collaborative practice.	<ul style="list-style-type: none"> <li>• Develop broadly based coalitions to align education and clinical practice.</li> <li>• Develop scenarios to advance alignment between IPE and collaborative practice.</li> <li>• Develop metrics to evaluate the impact of models linking education and practice on learning, on patient and population health, and on healthcare costs.</li> </ul>
Reform the education and lifelong career development of health professionals to incorporate interprofessional learning and team-based care.	<ul style="list-style-type: none"> <li>• Incorporate interprofessional team-based competencies into all health professions education programs.</li> <li>• Expand faculty development programs to prepare health professionals for effective interprofessional learning, teaching, and practice.</li> <li>• Incorporate interprofessional team-based competencies in performance reviews of health professionals in clinical and academic settings.</li> <li>• Develop new models of clinical education to prepare health professionals for team-based care.</li> </ul>
Revise professional regulatory standards and practices to permit and promote innovation in IPE and collaborative practice.	<ul style="list-style-type: none"> <li>• Revise accreditation and certification standards to eliminate barriers to efficient and effective team-based care and clinical IPE.</li> <li>• Revise state and federal laws and regulations to eliminate barriers to efficient and effective team-based care.</li> <li>• Create incentives for institutional privileging policies that support linking efficient and effective team-based care and clinical IPE.</li> </ul>
Realign existing resources to establish and sustain the linkage between IPE and collaborative practice.	<ul style="list-style-type: none"> <li>• Delineate the resources presently or potentially available for supporting the linkage of IPE and collaborative practice.</li> <li>• Develop new models of resource-sharing among organizations that integrate IPE and practice.</li> <li>• Demonstrate a positive value proposition for linking IPE and practice.</li> </ul>



## IPE Student Patient Care Challenge --On the Horizon!

Candace Mims

As you may recall from the last *IPE Insight* issue, Candace Mims, a PharmD Candidate 2016 at the UNM College of Pharmacy, began a campaign to invite HSC students to join her in an interprofessional patient care challenge. Through the **Student Society of Health-System Pharmacists**, she initiated a project which envisions interprofessional teams—consisting of Pharmacy, Nursing, Medical, PA, PT/OT and others—working together through a patient case. The object is to incorporate a standardized patient interaction as well as a paper component.



The initial group has met and is planning on hosting the **Patient Care Challenge** in mid-March 2015. The

students will be presented the patient case and immediately go into the care plan. The exact case scenarios will be revealed at the event itself to keep the participants on a level playing field. The general plan is to first come up with a care plan for a chronic disease for a patient. Ideally, students will interact with a live standardized patient while developing this component. They will then identify a specified time period to elapse before that same patient presents to the emergency department with some kind of exacerbation of their disease. The same group of students will need to think on their feet and come up with an acute treatment plan for their patient. Students will receive notice to sign up in January or February next year.

In response to the editor's question, what attracts a student's interest to this kind of IPE experience, Candace says, "We want to understand how to work together in the future. Once we graduate, we are expected to be an effective interdisciplinary team, so it would be nice to have a few trial runs together while in school. I also think that this will be a unique experience that could be a lot of fun also!"

Currently, a planning group of students from both pharmacy and medicine came up with several ideas for the patient care challenge scenarios, which were presented to a lead pharmacy professor, who in conjunction with some colleagues from other disciplines, will work on developing the students' patient cases.

The group continues to seek students from nursing and other disciplines to become involved so these other professional perspectives can contribute to the project's development.

The goal is to also have a trial run sometime this summer or early fall to work out any kinks and have it ready to go for next spring.

Candace invites any students to contribute their ideas or join the planning group by contacting her at [cmims@salud.unm.edu](mailto:cmims@salud.unm.edu), or fill out the [Google.doc](#).

## Upcoming Interprofessional Conferences

-  [2014 Spring IPEC Institute: "Interprofessional Education: Building a Framework for Collaboration"](#)  
May 4-7, 2014, Herndon, VA.
-  [All Together Better Health VII](#)  
June 6-8, 2014, Pittsburgh, PA.
-  [TeamSTEPPS National Conference](#)  
June 11-12, 2014, Minneapolis, MN.
-  [2nd Annual Worldwide Nursing Conference](#)  
June 23-24, 2014, Singapore.
-  [7th Annual West Michigan Interprofessional Education Initiative Conference](#)  
September 18-19, 2014, Grand Rapids, MI.
-  [Interprofessional Care for the 21st Century: Redefining Education and Practice](#)  
October 10-12, 2014, Philadelphia, PA.
-  [Collaborating Across Borders \(CAB\) V](#)  
Fall, 2015, Virginia Tech University.



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## Education Meets Practice

www.medscape.com

The University of California, San Francisco (UCSF), is another place where the synthesis of IPE with traditional nursing curricula has not always been smooth. The effort has paid off, however, and not only students, but patients, are now reaping the benefits.

JoAnne M. Saxe, DNP, MS, ANP, FAAN, has seen firsthand the value of IPE in the education of prelicensure healthcare



**JoAnne M. Saxe, DNP, MS, ANP, FAAN, Clinical Professor and Co-director, Adult Gerontology Nurse Practitioner Master's Specialty, UCSF School of Nursing**

professional students. As a health sciences clinical professor, and Codirector of the Adult Gerontology Nurse Practitioner Master's Specialty at the UCSF School of Nursing, Dr. Saxe is involved in curriculum development and in teaching several courses that integrate IPE principles and content. In fact, according to Dr. Saxe, one of the greatest things about IPE is the number of different ways that it can be accomplished.

Here at UCSF, our IPE efforts have been somewhat organic. We started out small, but now it has spawned a fever. You could say an IPE epidemic is now spreading throughout UCSF. All

of our students have to be involved in IPE in some capacity at some point in time during their education, yet it's often occasional and sporadic for most learners. Most students do not interact together for an extended period of time (eg, an entire quarter). The interface happens for 1 day, for example, and then they may not have another experience for weeks. We have had to be creative. We need to look at other ways of bringing the professions together.

For example, at UCSF, students from multiple disciplines (NP, medicine, pharmacy, dentistry, physical therapy, social work, nutrition) participate in a 1-day simulation exercise in which professional actors are hired to portray patients in realistic scenarios, with a well-thought-out script and an evaluation tool.<sup>[11]</sup> The students work in teams to assess the "patient's" concerns and develop a plan of care. The "patient" has complex healthcare needs (for example, a man with atrial fibrillation with anticoagulation therapy, hypertension, hyperlipidemia, advanced periodontal disease, low back pain with limiting activity, a recent transient ischemic attack, and medication noncompliance). A team of faculty observers is in another room watching the students on real-time video, and scoring their performance. Students participate in a postexercise debriefing session with the faculty team, when they have an opportunity to

discuss and reflect on their teamwork, efficiency, and the quality of care they provided to the patient.

"Students universally love these experiences," says Dr. Saxe, who has participated in these exercises as a faculty observer. "And there are lots of 'aha' moments, such as, 'Oh, so that's what a pharmacist can do,' or 'That's what a social worker does.'" A study assessing this simulation-based interprofessional learning published by UCSF faculty member Maria Wamsley and her team<sup>[11]</sup> showed significant differences in attitudes toward team-based care by learner profession, and high levels of faculty and student satisfaction before and after interprofessional standardized patient exercises conducted with teams of medical, NP, dental, pharmacy, and physical therapy students.

Another program at UCSF that really defines the future of IPE and interprofessional collaborative practice is taking place at the San Francisco Veterans Affairs Medical Center. Teams of NP students and medical residents are learning team-based primary care by providing primary care to veterans in patient-aligned care teams (PACTs). Each PACT consists of an NP student, 2 medical residents, a registered nurse, licensed vocational nurse, and medical clerk. For a full year, the NP student and each resident have their own primary care patients, and share the entire panel of patients to ensure well-coordinated care for the patients on their team.

Traditionally, a problem with clinical education is that students rotate frequently, and the patient's care suffers from a lack of continuity of care. With PACTs, the NP student provides continuity for the patients on the team's panel while the medical residents are on rotations at the hospital. "The goal is to make sure that no one drops the ball, delays are minimized, and the patient has ready access to care," explains Dr. Saxe. "The program emphasizes core competencies for collaborative practice, including shared decision-making, sustained relationships, interprofessional collaboration, and performance improvement."<sup>[12]</sup> There is no going back -- we are going forward with this model, making it even richer, and disseminating the clinical training model to other sites."

References/Source: [http://www.medscape.com/viewarticle/822350\\_print](http://www.medscape.com/viewarticle/822350_print)



**May 1<sup>st</sup>!**

**World Voice Day** is an international celebration to encourage people of all ages to check their vocal health. The theme for World Voice Day 2014 is **Voice Matters**. The theme for Better Hearing & Speech Month is **Communication Disorders are Treatable**. The two together bring to light the importance of vocal health, voice screening and, if necessary, that treatment is available.

**WHAT:** Sign up for **FREE Voice Screenings** &/or **Free Hearing Screenings**  
**Walk in or make an appointment by calling 277-4453**

**WHERE:** Speech-Language Hearing Clinic  
Department of Speech and Hearing Sciences  
1700 Lomas NE, Suite 1300, Albuquerque, NM 87131  
(SE Corner of University and Lomas)

**WHEN:** Thursday, May 1, 2014 from 11 am to 3 pm

**PARKING:** Park in front of UNM Speech and Hearing Sciences in the "Patient or Visitor Parking." Come inside to obtain a parking pass. Avoid F lot or reserved spaces.



**Well Done, Students & Faculty!! -- IPE Health Fairs AHEPA 501 Apartments for the Elderly  
held on Sat., March 29, 2014 and La Vida Llena on Sat., April 15, 2014**



**AHEPA 501 Apts for the Elderly**

**Nursing:**

David Corwell  
Rebecca Ruiz  
Rita Granger  
Darlene Baca

**PT:**

Aubrey Rimer  
Shawn Zhang  
Felicia Chaves

**OT:**

David Jack Gleghorn

**Pharmacy:**

Sharon Suan  
Lessel Lamkin  
Gavin Pearlman  
Erin Walsh

**Social Work:**

**New Mexico State Univ.**

Jaden Diamond  
Rachel Hawthorne  
Kylie Diver

**New Mexico Highlands Univ.**

Jodi Fagan  
Leslie Montoya  
Colleen Canfield

**Faculty:**

Janet Popp - PT  
Debra Serrino - Nursing  
Melanie Dodd - Pharmacy  
Shelley Modell - Geriatrics  
Amanda Hausner - Social Work (NMHU)

**La Vida Llena**

**Nursing:**

Darlene Baca  
David Corwell  
Kartina Roanhorse  
Rebecca Ruiz  
Rita Granger

**PT:**

Jasmine Stomberg  
Shawn Zhang

**OT:**

Celicia Perez  
Consuelo Salazar  
Geneva Nolan  
Nadine Guerrero-Pezzano

**Pharmacy:**

Karla Franks  
Kenza Elliott  
Erin Walsh

**Nutrition:**

Hanna Mitchell  
Jacqueline Semeniuk  
Marta Senye

**Social Work:**

New Mexico State U.  
Laura Combs  
Stacie Oso  
Nichole Strasser

**Faculty:**

Judith Harris - Nursing  
Melanie Dodd - Pharmacy  
Deborah Doerfler - PT  
Deborah Cohen - Nutrition  
Elle Skinner - Nutrition  
Shelley Modell - Geriatrics