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The UNM HSC Inter-professional Education Team

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THE IPE INSIGHT

June-July, 2015

Volume 2015 – No. 2 (rev.)

HEALTH SYSTEM INNOVATION for a HEALTHIER NEW MEXICO



The Department of Health, in collaboration with the Human Services Department has been awarded funding from the Centers for Medicare and Medicaid Services, State Innovation Model (SIM) Initiative to improve population health and health outcomes, guided by the vision

of “A Healthier New Mexico”.

Governor Martinez supports and encourages collaboration among state agencies, community-based organizations and community partners. She is confident Department of Health Cabinet Secretary Retta Ward and Human Services Department Cabinet Secretary Brent Earnest will lead New Mexico to develop an effective design for integrating and coordinating behavioral health, public health, and primary care to promote a person centered system.

New Mexico is taking a triple aim approach to health system transformation – enhancing patient experience of care, reducing health care costs, and improving population health.

New Mexico Proposal

New Mexico’s State Innovation Model Design Proposal is focused on planning an extensive stakeholder engagement, bringing partners together from all facets of the health care and public health systems throughout the State to formulate ideas to achieve the objectives.

Publications

- [State Innovation Model Design Proposal](#) (General)
- [Health System Innovation Driver Diagram](#) (General)
- [Health System Innovation Stakeholder Meeting Materials](#) (Meeting)
- [Health System Innovation Stakeholder Meeting Presentations](#) (Meeting)

NOTE: This project was supported by Funding Opportunity Number CMS-1G1-14-001 from the US Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Objectives

The design will address five main objectives:

1. Alignment and integration of public health, behavioral health, and primary care
2. Reducing costs and slowing the rate of health care cost inflation
3. Increasing the number of New Mexicans who have health insurance
4. Building the healthcare workforce and supporting infrastructure
5. Expanding the use and integration of health information technology

Priority Health Issues

The priority health issues to be addressed include:

- Obesity Prevention and Control
- Diabetes Prevention and Control
- Tobacco Use Prevention and Control

Other Concepts

The other concepts informing the design process include:

- **Patient-centered care:** Patients are more engaged in decision-making about their health care, and treatment options reflect individual patient needs.
- **Reducing health disparities:** Expansion of services to rural and underserved areas, development and use of multi-disciplinary community health teams, and increased availability and integration of behavioral health and social services.
- **Capacity building and community engagement:** Creating collaborative and sustainable initiatives around preventive care and healthy lifestyle choices.
- **Patient-Centered Medical Homes (PCMH):** Comprehensive care coordinated among a team of professionals to address total patient well-being-this is an evidence-based model that reduces health care costs and improves the quality of care.
- **Outcomes-based Payment Models:** Will complement the PCMH model and current Centennial Care initiatives by focusing on payment for positive health outcomes rather than payment for services provided, which can drive up health care costs by rewarding

Cont. next pg.

Stakeholder Summits

These summits will provide an opportunity for community representatives and health system partners to develop recommendations for the New Mexico Health System Innovation Model Design.

All summits will be held from 8:00 am to 5:00 pm at the [DoubleTree by Hilton](#) located at 201 Marquette Ave. NW in Albuquerque. A list of the dates and registration links appear below.

2015 Meeting Schedule

| | |
|----------------|--|
| Wed., June 17 | Register for June |
| Wed., July 15 | Register for July |
| Wed., Aug. 19 | Register for August |
| Wed., Sept. 16 | Register for September |
| Wed., Oct. 21 | Register for October |
| Wed., Nov. 18 | Register for November |
| Tues., Dec. 15 | Registration link coming soon. |

REGISTER: Be sure to fill out the registration for each particular summit you plan to attend.

providers for the number and complexity of the services they provide.

- **All-Payer Claims Database (APCD):** A potential bridge between health care and population health, an APCD is a comprehensive database of medical claims (including pharmacy and dental) that provides data transparency and allows analysis of the cost, quality, and utilization of health care in the state.
- **Health Information Technology (HIT):** Increase the development, adoption, use, and integration of HIT statewide, expand Telehealth services, and standardize data collection. One major component is a Health Information Exchange, which supports continuity of care by allowing easy transfer of information between providers. Patient access to health information is also important, as it allows patients to be more informed and actively involved in decisions about their care.

Who Will Participate?

- Extensive stakeholder engagement among State agencies, local and tribal governments, health care providers, public payers such as Managed Care Organizations (MCOs), private payers, social service providers, patient advocacy groups, local organizations, business community, and community members.
- Health System Innovation Committee (HSIC) – coordinated by DOH and HSD Cabinet Secretaries – to oversee activity, provide input to Committees, and present the final proposed design model to the Governor.
- If you are interested in participating please contact [Shannon Barnes](#).

In which stakeholder committee do you wish to participate?

Committees & Workgroups

Health System Innovation Committee (HSIC)

This committee is reflective of the diversity of the State's population groups, including tribal, State agencies and legislators, healthcare payers, providers, social services, patient advocacy and other community organizations which will be instrumental in developing the design. The composition of the HSIC is also reflected in the Stakeholder Committees and their Focus Areas.

The evolving committees and their workgroups are listed below.

Population Health

- Pre-natal to Age 24
- Age 25 to Age 60
- Age 60 to end-of-life

Health Care

- Patient Centered Medical Home
- Behavioral Health

Health Information Systems

- Health Data and Information
- Functionality and Technology
- Analytics
- All Payers Claims Database (not active at this time)

Tribal

Health System Workforce

- Community Health Workers
- Community Emergency Medical Systems
- Telehealth/Mobile Health
- Recruitment and Retention

Payment Models

Integration & Alignment of Public Health, Behavioral Health, and Primary Care

The Concept of Interprofessionality

"the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population... [I]t involves continuous interaction and knowledge sharing between professionals, organized to solve or explore a variety of education and care issues, all while seeking to optimize the patient's participation...."

D'Amour and Oandasan (2005)

Triumph for Public Health Emergency Preparedness Exercise

Students represent 7 health professions in HSC Exercise

Krista Salazar, PharmD

The **Public Health Emergency Preparedness (PHEP) 2015** was held on March 18 at Johnson Center Auxiliary Gym. The disaster exercise provided an experiential learning experience for **262 students and 48 staff and faculty** from UNM HSC programs including: Colleges of Pharmacy, College of Nursing, Emergency Medical Sciences, Radiology Sciences, Medical Laboratory Sciences, Preventative Medicine Residency Program, and Physician Assistants.

The local entities involved were the New Mexico Department of Health, Public Health Department, UNM Hospital, UNM main campus, Albuquerque Police Department, Albuquerque Fire Department, and New Mexico Poison Control Center.

The learning activity was to engage participants in an interprofessional setting while learning to prepare for an emergency mass healthcare situation in the city and was combined with an actual DOH functional exercise as well as UNMH and UNM emergency preparedness implementation plans.

As a pre-activity, students learned what a New Mexico DOH Point of Dispensing (POD) system is, what constitutes opening a POD operation, and the potential roles needed in a POD in response to a public health emergency.

On the day of the exercise, the objectives were to utilize DOH's tactical POD course to respond to this health emergency. Students were also to implement teamwork while experiencing various POD roles; demonstrate empathy and cultural sensitivity while assessing health care, education and advocacy needs of the population; demonstrate effective communication with colleagues and patients to deescalate at-risk situations while under the pressures of a citywide public health emergency, and collaborate with peers, faculty, staff and interprofessional resources while serving as a patient advocate.

The UNM HSC students demonstrated a strong ability to self-organize, collaborate and apply their clinical awareness and programmatic expertise in the midst of a simulated biological public health emergency.

Student Feedback

Students completed pre- and post-event surveys. While virtually 100% of students felt that it is important to learn **from**, **with**, and **about** other professions to improve patient care prior to the exercise, an average of 67% of respondents found it

harder to capture this learning effectively. Of the 98% of students who agreed in the pre-survey that it is important to express patient empathy and a sense of cultural sensitivity and humility, an average of 81% affirmed after the exercise that they did reflect on the patient's perception, and were able to apply principles of cultural sensitivity to the "live" situation. The importance of interprofessional collaboration during an emergency situation maintained an 88% response rate from pre-survey to post-survey. The survey responses will continue to be evaluated and may be used for a scholarly collaboration.

Future Goals

Currently, HSC faculty are engaging in discussions to determine the future framework for PHEP. *Should this be a stand-alone learning activity or a combined emergency preparedness exercise involving HSC schools/programs, UNM main and DOH?*

While exploring possible associated events, expansion

including additional schools and programs would benefit both the IPE impact and the readiness for an unforeseen catastrophic event. Issues to overcome include scheduling considerations in order to gain a greater critical mass.

The future half-day event will include development of mutually

understood goals, substantial background about emergency preparedness, and emphasis on use of teamwork and communication skills to fully develop and appreciate the IPE experiences.



The Tip Sheets For First Responders were developed in response to requests from first responders who wanted quick, easy-to-understand guidance on how to effectively work with people with a wide range of physical and cognitive disabilities in emergency situations. See [UNM Center for Development and Disability](http://www.cdd.unm.edu/dhpd/pdfs/FifthEditionTipsSheet.pdf)

All participants received a backpack of helpful items, including the above **Tips for First Responders**, which is available in English and Spanish at: <http://www.cdd.unm.edu/dhpd/pdfs/FifthEditionTipsSheet.pdf>

Staff Participate in IPE “Spore Runner Full-Scale Exercise”

A first-hand account from COP staff on the HSC Public Health Emergency Preparedness Exercise

Brian Fejer

Brian Fejer serves on the College of Pharmacy Emergency Response Team (ERT), and participated along with other staff from HSC and UNM main campus in the Public Health Emergency Preparedness Exercise, a simulated anthrax situation, hence the New Mexico Department of Health termed it the “**Spore Runner Full Scale Exercise**” on March 18.

“Our team’s focus was on logistics, and while my teammates **Jeff Kleeman** and **Mark Smith** were setting up a communications system and coordinating radio frequencies, it was pretty much my job to guard the gear!” said Fejer. He took the job seriously, and figured that in the event of an actual disaster or emergency, **security** would be an essential part of setting up a POD (Point of Dispensing) to distribute vaccines. He added, “It was great to see students, faculty and staff from the COP, CON, PA, Rad Sci, EMS, Med Labs, and other volunteers working together to serve the community.”

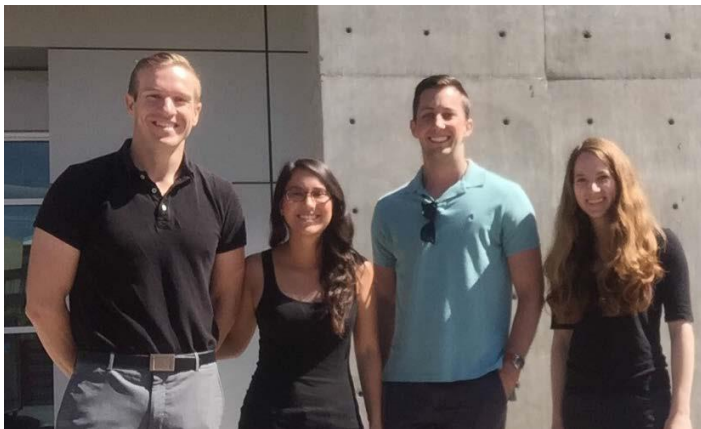
Fejer remarked that the exercise seemed a little chaotic at first, but in the event of an actual disaster, these people would need to be able to work quickly to solve problems under stress and work through obstacles in a much more chaotic situation.

As Fejer guarded one of the doorways, he saw **COP P3 Student Trenton Knoll** hunched over a walker, and causing a commotion. Fejer noted that several participants in the exercise simulated patients who acted out in anger, confusion, or a medical emergency.

Fejer said, “It was great to see **UNM President Frank**, who briefly stopped by to view the exercise,” and added, “We live in a crazy world, and it was reassuring to know that our first responders and healthcare workers are prepared and ready for anything.”



HSSC Officers for 2015-16



*From left to right: **Mateo Garcia**, Vice President; **Caroline Fiser**, Treasurer; **Tom Pollard**, President; and **Janie Byrum**, Secretary*

Congratulations to 2015-16 Health Sciences Student Council Officers

Caroline Fiser, HSSC Treasurer

The Health Sciences Student Council, also known as HSSC, is a student organization composed of representatives from all student programs in the Health Sciences Center (HSC) at UNM. The HSSC has three main functions. The first is to promote interprofessional education and collaboration. The HSSC also acts as a liaison between the students and the HSC administration. Finally, the HSSC serves as a support for students in any way it can.

HSSC Officers for 2015-16

The Health Sciences Student Council recently elected a new executive board that assumed their duties in May. The new executive board is looking forward to the upcoming year and will be meeting later in June to discuss projects for the year. The new executive board and their email links follow in this box:

For information or to collaborate on new ventures, contact any of the HSSC officers:

President, [Tom Pollard](#) (MD Program);
Vice President, [Christian Mateo Garcia](#) (MD Program);
Secretary, [Janie Byrum](#) (Biomedical Sciences Graduate Program);
Treasurer, [Caroline Fiser](#) (MD Program).

Recent Activities

Prior to the election of the new members, the HSSC hosted a “Diet and Nutrition” booth at the UNM Spring Fling Triathlon, Kids Race and Wellness Fair in April.

HSSC also supported the UNM Anatomical Donor Memorial by purchasing bonsai trees to give to the families of the donors.

HSSC recruited volunteers for the “STEAM-H” (Science, Technology, Engineering, Art, Math, Health) held June 12-14. This event provided many hands-on and interactive sessions to get adolescents excited about science!

Our VP, Mateo Garcia, organized a blood drive on North campus on June 15th with the mobile bus unit from the United Blood Services.

Coming soon...HSSC Website!

A project that has been in the works for quite some time will finally be launching soon – HSSC’s own website! Many members of HSSC have been working hard on this website and we are excited to show off their work very soon.

Fall events

Some upcoming events for the fall semester include:

- **Health Professions Student Videos—Target September!**
Students from various health disciplines will describe what their professional role involves, why they chose it, and talk about the admissions requirements for prospective students.
- **Drive Thru Flu Shot Clinic** and the **Fit for Fun 5k**. The flu shot clinic is a very popular and allows HSC students to administer flu shots to the public, and the Fit for Fun 5K is just wellness FUN!



Taking OT/PT Steps Towards IPE

Marybeth Barkocy, PT, DPT
Terry K. Crowe, PhD, OTR/L, FAOTA

In the face of mountains of obstacles, molehills can be made. In an effort to promote IPE, **Betsy Van Leit**, PhD, OTR/L, FAOTA, **Terry Crowe**, PhD, OTR/L, FAOTA, and

Marybeth Barkocy, PT, DPT created four joint classes for the Spring 2015 semester for the Occupational Therapy Graduate students and Clinical Doctorate Physical Therapy students. The second year students taking *Community Health* in OT and *Health, Wellness, and Fitness* in PT enjoyed collaborating and discussing OT and PT roles in health, wellness, and fitness promotion.

The classes were well received by the students and included:

- ① An Introduction to Public Health with Nat Cobb, MD, a retired Indian Health Service and CDC physician, who jump-started the classes. The students discussed their roles as future OTs and PTs in public health.
- ② Social Determinants of Health were discussed following the viewing of *In Sickness and in Wealth*. Small group discussions ensued to address social determinants, the impacts on our practices, local efforts to reduce inequalities, and brainstorming for the future.
- ③ A panel of community OTs and PTs discussed their roles in health, wellness, and fitness promotion. The students then brainstormed in small groups “out of the box” ideas (including funding) for our community, which included “An Extreme Community Makeover,” bike riding events for families, holistic health education in gyms, and home health and wellness programs for the elderly and those with Alzheimers, to name a few.
- ④ Lastly, the students met in groups to research and discuss statewide and national efforts and outcomes for Healthy People 2020 topics and specific objectives pertinent to OTs and PTs. How to incorporate HP 2020 into OT and PT practices was discussed.

Suggestions by the students about the classes included a desire to incorporate more disciplines into the classes, find other places earlier in the curriculums to do IPE, do social events for students at the HSC, and possibly add a PBL case to problem solve together. Some of the students’ comments were:

“We enjoyed learning about each others’ professions: the similarities, differences, and our roles in health, wellness, and fitness promotion.”

“It would be helpful to include students of other health care and medical professions in Community Health classes.”

“We get tired of just seeing each other, so it was a ‘breath of fresh air’ to interact with other students.”

“Problem-solving and brainstorming possible solutions to improve health and wellness was fun to do together.”

Thanks to the efforts of the UNM HSC IPE Committee to bring IPE vision to our programs and for individuals willing to change the status quo to make it happen.

Occupational Therapy (OT) is a profession that therapeutically uses meaningful activities to improve health and well-being, enhance development, and prevent disabilities. An occupational therapist is involved in helping people learn or relearn the skills necessary to carry out the daily occupations of self-care, work/productivity and play/leisure that they need or want to do. Occupational therapists work in a variety of settings, including hospitals, rehabilitation centers, nursing homes, public and private schools, community programs, mental health facilities, private practice, and home health agencies. Occupational therapists work with people of all ages who have physical disabilities, emotional or behavioral problems, developmental delays or other disabilities. They also work to facilitate the health and well-being of people with and without disabilities.

The primary mission of The University of New Mexico’s Occupational Therapy Graduate Program is to improve the health and well-being of individuals and communities through participation in meaningful occupations. To do this, we prepare competent, ethical, culturally sensitive, and compassionate occupational therapists to serve communities in New Mexico and beyond; foster the pursuit of scholarly inquiry and dissemination by both students and faculty; transform occupational therapy practice through leadership and service to community and profession; and create partnerships to address the occupational challenges of diverse populations.

Graduates are prepared to think critically and creatively in a variety of practice settings, to adapt to changing societal and individual needs, and to assume responsibility for their own professional growth. The graduate program (entry level professional Master of Occupational Therapy) consists of 21 months of professional academic preparation plus six months (2 semesters) of full-time fieldwork in the community. Upon successful completion of all requirements, the student is awarded a Master of Occupational Therapy (MOT) degree and is eligible to take the National Certification Examination for Registration as an Occupational Therapist Registered (OTR).

Physical therapists (PTs) are highly-educated, licensed health care professionals who can help patients reduce pain and improve or restore mobility - in many cases without expensive surgery and often reducing the need for long-term use of prescription medications and their side effects.

Physical therapists can teach patients how to prevent or manage their condition so that they will achieve long-term health benefits. PTs examine each individual and develop a plan, using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. In addition, PTs work with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles.

Physical therapists provide care for people in a variety of settings, including hospitals, private practices, outpatient clinics, home health agencies, schools, sports and fitness facilities, work settings, and nursing homes. State licensure is required in each state in which a physical therapist practices.

Physical therapists are not just “allied health care providers” anymore, in fact, all 50 states and the District of Columbia allow direct access of patients to physical therapy for evaluation, and 48 of 50 states have some form of direct access for patient treatment. New Mexico recently enacted a law that allows a patient to access a physical therapist without a prior referral or diagnosis from a primary care provider. In other words, patients can quit thinking of a physical therapist as someone they can see only through their doctor, rather a health care professional they can access directly, the same way they can for a chiropractor or podiatrist.

2015 Alpha Omega Alpha Fellow in Leadership Awarded



Cynthia Arndell, MD
IPE Coordinator for SOM

The AQA Fellow in Leadership Award recognizes and supports the further development of outstanding leaders. The 2015 award was bestowed to **Cynthia Arndell, MD**—one of only three candidates selected in the nation.

The AQA supports the further development of outstanding leaders who exemplify the qualities of:

Leading from within—creating access to a broader range of ways of being, thinking and acting to become more effective in dealing with the challenges for which the usual solutions are inadequate; **the AQA professional values**--and its motto, "Be Worthy to Serve the Suffering;" and the **concepts of servant leadership**—a commitment to specific core values, ideals, and ethics that are integral to a profession that serves others.

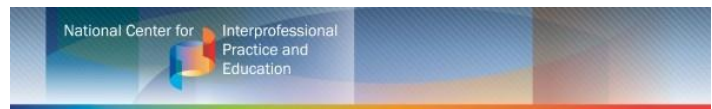
The five essential components of the AQA Fellow in Leadership Award are: 1) The "inward journey," leading from within; 2) a structured curriculum focused on leadership, including the relationships between leadership and management; 3) mentors and mentoring; 4) experiential learning to broaden the perspective of leadership re medicine and health care; and 5) team-based learning and developing communities of practice.

In this one year fellowship, Dr. Arndell will focus on developing a strategic plan for IPE faculty development and partner with leadership mentors to identify and effect organizational change for interprofessional initiatives and collaborations with community partners, faculty, students and leadership within and outside HSC.

Arndell, the IPE coordinator for the School of Medicine, noted in her proposal that the HSC IPE team has had a number of successes over the last 3 years: Implementing IPE faculty development workshops, supporting student-led IPE initiatives, and organizing a number of institution-wide IPE grand rounds.

Among its key accomplishments, the IPE team has secured HSC leadership commitment to the development and implementation of a required longitudinal IPE community-engaged curriculum for early student learners from across the health sciences disciplines including all nursing, pharmacy, medical, physical therapy, and occupational therapy students.

The HSC IPE team is very excited about Dr. Arndell's award and confident that the knowledge and skills she gains will greatly enhance and benefit HSC IPE initiatives.



Measuring Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes

IOM Recommends Actions/Provides Conceptual Model

A new report from the Institute of Medicine (IOM) examines the methods needed to measure the impact that interprofessional education (IPE) has on collaborative practice and health and system outcomes. The value of IPE—which occurs when learners of two or more health and/or social care professions engage in learning *with, from, and about* each other to improve collaboration and the delivery of care—has been embraced worldwide, but many in leadership positions have questioned how IPE affects patient, population, and health system outcomes. This question cannot be fully answered without well-designed studies, and these studies cannot be conducted without an understanding of the methods and measurements needed to conduct such an analysis.

The IOM report recommends actions that interprofessional stakeholders, funders, policy makers, health profession educators, and academic and health system leaders can take to better measure the impact of IPE on collaborative practice and health and system outcomes. The committee also puts forth a conceptual model for evaluating IPE that could be adapted to particular settings in which it is applied.

[Download the report for free.](#)

Questions? Contact IHPEGlobalForum@nas.edu for more information.



Explaining Medical Homes... a better approach to healthcare

View: <https://www.youtube.com/watch?v=cZZdVpMsl6M#t=22>



IPEC Spring Conference--Focus on Population Health

Cynthia Arndell, MD

Two members of the HSC IPE team, **Loren Kelly (CON)** and **Cynthia Arndell (SOM)**, joined by community member liaison, **Jacque M. Garcia, MPH** (coordinator for the Bernalillo County Place Matters organization and a UNM alumna), recently attended the Interprofessional Education Collaborative (IPEC) conference in Washington, D.C., "**Building Interprofessional Education for Population Health**," April 29-May 1, 2015. This was the first IPEC Institute conference that aimed to promote IPE student experiences that advance graduate collaborative practice in enhancing population health in targeted communities. The goals of the conference were perfectly aligned with our HSC initiative to develop a required community-engaged IPE curriculum (IPE CEC) for all CON, SOM, COP, OT and PT students to be implemented in Spring 2016. Conference participants were guided through curriculum development processes facilitated by national experts. Although the conference was intense and required long working hours each day by participant groups, it far exceeded expectations.

As a community volunteer on the IPE CEC workgroup, Garcia stated, "Our team is working on a Community Engaged IPE Curriculum using a *Health in All Policies* framework. We realized that we needed to shift our focus from having students work on a tangible community-based project and implement a short-term intervention, to focusing on a more long-term process that emphasizes building community partnerships, developing relationships and building community capacity. We believe this shift in focus will provide our students with a better foundation for building collaborative, intersectoral relationships necessary to improve community health."

Garcia also added, "Attending the 2015 IPEC meeting exceeded my expectations and it was fulfilling to me on both a personal and professional level. As a public health practitioner doing community-based work, I promote health equity and environmental justice in low-income communities of color in Bernalillo County. I felt that my perspective and experiences contributed to the conversation around the importance of improving population health with interdisciplinary approaches. Given that I have been a longtime advocate for integrating public health and medicine, I was thrilled to learn about the momentum and progress of the IPE movement on a national level. I also thought the time allotted to work in the teams from our home institutions was critical for productive brainstorming and thought-provoking discussion that then led us to a shared vision for the UNM IPE CEC. Quite frankly, I'd like to say we were a dynamic trio because we worked really hard and we had fun doing it! I came away from the meeting feeling not only inspired, but also hopeful knowing that our future health care providers will be provided the opportunity to engage more with community members while working in multi-disciplinary teams.

I do believe that this shift in health care will help improve overall community health outcomes while also helping build community capacity."

If you are interested in facilitating the IPE CEC Spring sessions in 2016, please email HSC-IPE-Office@salud.unm.edu, or speak with any member of the [IPE team](#).

Elder Abuse Case Study Tackled by HSC Students



A patient care challenge dealing with elder abuse was launched on Saturday, March 21st by Health Sciences Student Council (HSSC) members. Held in the Interprofessional Healthcare Simulation Center, about 25 students worked in groups of 4+ students from varied health professions and were judged by faculty, also representing diverse schools and programs. While students worked, judges were equipped with headphones to listen in to the team's discussion and negotiation of the patient's issues and health care needs.

Candace Mims, 3rd year Pharm.D. student was the lead organizer and champion for the event. As faculty advisor, Melanie Dodd worked with Candace and her team to create and organize the competition. The organizing team members included: Usoro Udo (pharmacy); Thomas Byrd (medicine); Anjuli Sears (OT); Christina Davidson (medicine); Katharine Epler (medicine); Andrew Clouse (nursing); and Jamie MacArthur (medicine).

Judges included: Melanie Dodd, College of Pharmacy and members of the **HSC IPE team**: Michel Disco, College of Pharmacy, Director of IPE; Krista Salazar, College of Pharmacy; Loren Kelly, College of Nursing; and Cynthia Arndell, School of Medicine.

Students deemed the activity so engaging and successful that they recommended it should be held at least annually, if not on a more frequent, regular basis.

The Winning Team

(left to right): Shane Martinez (pharmacy); Tianna Sevachko (pharmacy); Audrey Dettwiller (pharmacy); and Jamie MacArthur (medicine).



Webinars

American Association of
Colleges of Pharmacy
Discover • Learn • Care • Improve Health

AACP



Assessment of IPE Initiative: Structure, Process, Outcome – Part 1

Thursday, June 18, 10:30 am MT, N/P Room B-98

Individual registration is now full. If interested in attending this webinar, join members of the IPE team in Nursing/Pharmacy Room B-98.

Webinar Description: The main purpose of this program is to describe various structures of IPE, innovative delivering processes of didactic and experiential IPE, and effective assessment of IPE educational outcomes. IPE learning activities and experiences should prepare students to become contributing members of interprofessional health care teams.

Objectives:

- Describe key structure of IPE programs
- Examine innovative didactic, experiential, and co-curricular IPE models
- Review current IPE assessment tools
- Explain critical steps in assessing IPE outcomes
- Share "lessons learned" in developing, implementing, and assessing IPE



Practical Steps to Address IPECP Implementation Challenges: The Loyola Experience (archived)

Webinar Description:

In this webinar, Dr. Fran Vlasses and Dr. Aaron Michelfelder presented the challenges and rewards of a HRSA funded project to transform clinical practice into an interprofessional model at Loyola University Chicago.

Objectives:

- Understand the Loyola model for interprofessional transformation at clinical practices
- Outline tips for managing challenges, human resources, and system dynamics during IPECP implementation
- Consider opportunities for applying the Loyola IPECP model at other institutions and using partnerships to maximize its success
- Showcase how National Center resources can be used to support IPECP transformation

The archived webinar can be accessed at

<https://umn.webex.com/umn/lr.php?RCID=1ed9e1dedad147889635dcb6ac5c12b7>

Download slide presentation [here](#).



Interprofessional Education Collaborative
Connecting health professions for better care

2015 Fall Institute

Interprofessional Education:

Building a Framework for Collaboration

October 7-October 9, 2015, Herndon, VA

The next Faculty Development Institute, focused on *Interprofessional Education: Building a Framework for Collaboration*, will be held **October 7-9**, at the Dulles Hyatt in Herndon, Va. Faculty teams are invited to come together for a guided learning experience, team-based planning activities, and dedicated time to create actionable plans for implementing projects that advance interprofessional curricula, clinical training and population health experiences, and student assessment. To register and for more details, visit the [IPEC Web site](#).

Questions? Contact Program Manager [Shelley Porte](#).

Celebrating Unsung Heroes

Molina Healthcare's Community Champions Awards

[Tony Martinez](#), Director, Community Engagement
Molina Healthcare of New Mexico

New Mexico's Community Champions event will be on August 27, 2015. Molina Healthcare's Community Champions Awards program was created in 2006 to honor the unsung heroes that work in our communities and inspire others through their selflessness, extraordinary service and contributions that positively affect the lives of those around them. The annual Community Champions event was established to honor the memory of Molina Healthcare's physician founder, Dr. C. David Molina, who believed in community partners working together to create programs that would help care for society's most vulnerable individuals.

The annual awards ceremony brings together individuals whose civic and faith-based leadership, volunteerism as well as public advocacy embody Dr. Molina's spirit of service, family and community.

Winners each receive a Community Champions trophy and a \$1,000 grant to designate to an organization of their choice as a way to "pay it forward" in the community. These microgrants frequently enable local community organizations to provide resources to serve the most vulnerable. These annual events usually draw several hundred community organizations together to celebrate the champions who are being recognized as well as to showcase the great work of the nominating agencies and grant recipients.

For more information about Community Champions [click here](#).

So You Want to be in Movies?!?!?

YOU can be the student rep for your health profession!

It's easy! In just a quick 2-3 minute video clip, tell us about your profession's role.

Not to worry... there's help in the wings for scripting and delivering your most awesome few minutes of fame!

'Call time'...this September!

Health Sciences Student Council

To sign up, email:
HSC-IPE-Office



Health Fair to Partner with UNM Health System

Kathy Foster, UNMH

Sandia National Laboratories is hosting a Health Fair on August 29, 2015 at Embassy Suites from 8:00 a.m. to 3:00 p.m. The initiative for this year's health fair is to increase preventive screening levels for spouses and dependents. Event organizers are looking to partner with the UNM Health System to offer the following screenings and any others that are available in a health fair setting:

| | |
|----------------|------------------|
| BMI | Allergies/Asthma |
| Pulse Oximetry | Heel Scans |
| Diabetes | Vision |
| Cholesterol | Dental |
| Blood pressure | Doppler Scan |

Please contact Kathy Foster, UNM Hospitals Community Relations, at 272-4388 or kafoster@salud.unm.edu to reserve a booth.

Tables are limited; first come, first serve. Please respond by June 19, 2015.



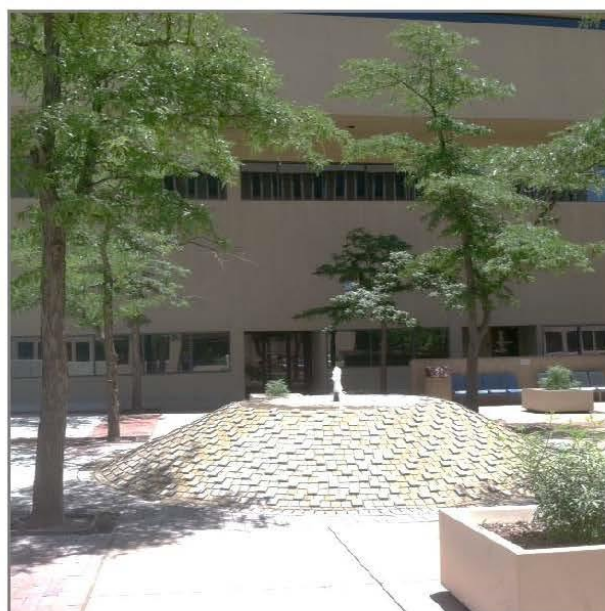
Dave Shelton, www.daveshelton.com

Effective now!

Yikes, the IPE Office has Relocated!!

Office of Interprofessional Education
now located in
**Health Sciences Library & Informatics Center,
Suite 130A, HSC Lower Courtyard**

<http://hsc.unm.edu/ipe>



Beyond Flexner, Social Medicine in Medical Education

The Beyond Flexner, Social Medicine in Medical Education was hosted by UNMHSC this year (April 13-15) through the UNMHSC Office of Community Health. The Beyond Flexner movement started with a conference in 2012 in Oklahoma to bring national attention to medical schools with a strong social mission in order to create a forum for collaboration, sharing innovations, and reinforcing the important role of health professions education in addressing health inequities. Under the leadership and organization of Dr. Arthur Kaufman and a huge team of HSC volunteers, academic leaders from national and international health sciences centers participated in this transformative conference. A central focus of the conference was interprofessional education and collaborative practice emphasizing the need for health professions across disciplines to join forces in closing the health disparities gaps.

Among the many noteworthy national keynote speakers was Barbara Brandt, director, National Center for Interprofessional Practice and Education, whose [presentation](#) discusses the evolution in thinking about teams and collaboration, introduces the "Nexus," and outlines the patient-centered curriculum.

Off-site visits, among others, included **One Hope Clinic** for undocumented citizens, staffed by interprofessional HSC students, residents, and faculty, and **Albuquerque Opportunity Center (AOC)**, an interprofessional UNM HSC student-led clinic.

Michel Disco, Loren Kelly and Cynthia Arndell from the HSC IPE team had the opportunity to host the AOC site visit tour--these and other HSC faculty volunteer on a regular basis at the AOC.

Conference attendees were able to participate in interactive sessions with clinic students from OT, PT, pharmacy and medicine sharing their transformative experiences as volunteers working with homeless men and HSC students from other disciplines.

Student comments, across the board, validate the unique and important skills each profession contribute to patient care:

"I had no idea how much OT can do for patients, even help them with their resumes!"

"It was great to watch the medical students take a history and physical--I learned so much."

"Seems like every patient we see can benefit from PT."

"It is so great to have pharmacy students around; they know so much about medications."

Additionally, participants were able to hear AOC patient stories of how the student-led clinic has impacted them, describing how the students listen and go the extra mile to help them.

Site visit participants also met with the AOC CEO who described the long and successful collaboration with UNM HSC.

Students who presented during the AOC tour included: Rachel Goldman and Cindy Chavez (OT); Kara Richard (PT); Jane Fazio and Katherine Ogawa (Medical); and Pharmacy students: Elsi Ogonji, Dave Martin, Usoro Udo, and Luis Gonzalez.

To listen to the students' overview of their roles at the AOC, and remarks by Cindy Arndell and Loren Kelly, [go to each video](#) on the [2015-04-14 Beyond Flexner-AOC](#) (Flickr page).



A Story of a Homeless Man I Once Knew, and What That Man Showed Me He Knew

*We met on a day much like today,
You were relaxing and enjoying your day,
I was making meetings and quickly moving on my way.
I sat and listened as you talked away,
I tried not to be distracted by thoughts of my day.
I showed you how to focus and make good sense of your time,
You showed me how to relax and not be so busy all the time.
I showed you how to be serious and go the extra mile,
You showed me how to smile and laugh a while.
I showed you how to make an honest dollar,
You showed me that value in life is never in a dollar.
I showed you how to live life with four walls,
You showed me your freedom outside of those walls.
I showed you how to find your loved ones again, that process was painful and slow,
You showed me why I should never, ever let them go.
Thank you homeless man, for showing me how to use the eyes of my heart better.*

Author, David Sisneros,
AOC Program Director
2012



Developing Interprofessional Champions in the Clinical Environment: Opportunities for Preceptors

For the complete recorded webinar presentation which features two university approaches for developing preceptors to be interprofessional champions in the clinical environment, click [here](#). Due to space constraints, this adapted transcript focuses on the first presentation by the University of Kansas and its training modules and toolkit for preceptor development. The subsequent presentation by Grand Valley State Univ. offers yet another case study for consideration.

Presenters: Sarah Shrader, PharmD, FCCP, BCPS, CDE, and Jana Zaudke, MD, MA (Univ. of Kansas); Jean Nagelkerk, PhD, FNP, Grand Valley State University

(Sarah Shrader) There are many experts in the field in IPE and collaborative practice that have called for an increase in faculty development. In particular, most of us are not trained specifically around the competencies of IPE, around communicating with other professions, and around including patients on our health care teams.

In addition to thinking about faculty development, we know in our own professions that we send our students on rotations, on clerkships, on clinical experiences, and they interact with practicing healthcare professionals that also are educating our students—we called them, *preceptors*. We know that preceptors have a great impact on our students and also need to be developed. One of the key things in the literature that has emerged over the last decade is emphasizing a key skill, *how to facilitate interprofessional groups*, and honing in on best practices for developing faculty and preceptors in this area. Whenever our students are out in the practicing environment, there's a very powerful curriculum that goes on, a hidden curriculum. It's extremely powerful and we know that it can be both positive or negative. If students are not seeing this model, or actually have negative experiences in their practice environment, then it can undue and really undermine all of our efforts dealing with IPE in the didactic curriculum.

University of Kansas Medical Center Case Study: The Preceptor as Nexus

Under a HRSA grant and to address our preceptors, the PI was charged with developing a traditional primary care clinic into an interprofessional clinic, practice site and training ground for its students. In addition to this training clinic, we also have an intentional IPE curriculum that we call "Studio Pop." Students are all brought together in the clinic for a half day a week on Tuesday afternoons and intentionally talk about interprofessional collaboration in the clinical environment. We debrief their experience, get them to reflect, and provide them with simulation opportunities to practice interprofessional teamwork and communication skills to take back into the practice sites.

Along this whole process, we learned we had to develop ourselves and our skills, and all of the other preceptors who

were also involved with this. We know many people need development in this area and we were lucky enough to get support from the Macy Foundation. One of the first charges of the grant was to create some modules and tools for preceptors, and we called it our "*Preceptors in the Nexus Toolkit*." These materials are available for anyone to use across the nation for free at <https://nexusipe.org/preceptors-nexus>.

We have 4 online modules: A brief introductory module for preceptors who don't really know anything about interprofessional education and collaborative practice; a module for preceptors who need help with small group facilitation; and the final 2 modules highlight specifically what skills are needed for 'Interprofessional Precepting'—when you are not only precepting your own profession students, but a team of interprofessional students.

We really try to get people to stretch their thinking and dispel that myth that they are already doing IPE—which many are doing but only in bits and pieces—and really get people to think about how they can enhance their practice by thinking of students as 'value added' instead of a 'burden.'

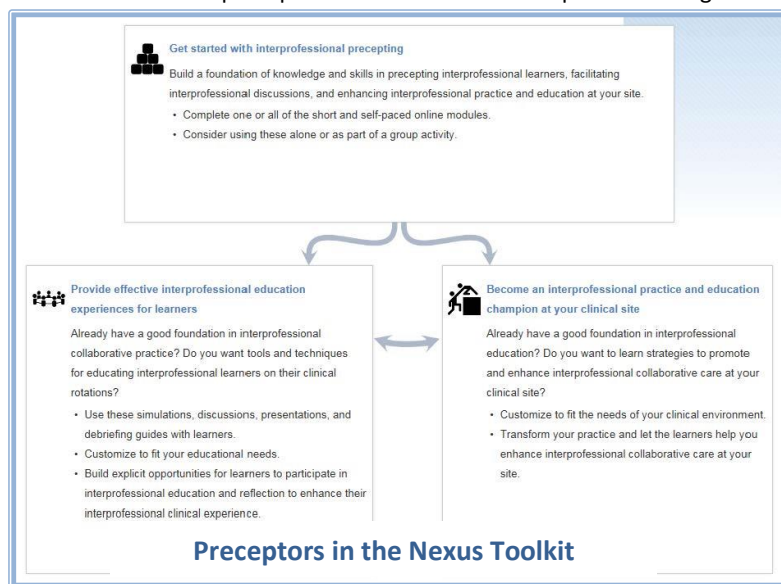
Besides the online modules, the real magic happens when people come together and start discussing the modules and the content in group settings and really developing their skills further through the group learning materials. The modules include links for facilitator guides to help someone who is going to facilitate the session for preceptor development.

Finally, we've got some tools available thinking of the preceptors as the interprofessional champion in the clinical environment, and thinking about ways that they can enhance their practice environment, transform it to being more interprofessional in nature for patients, and we put together a few guides for group visits or home visits. We have a link to many national models and resources that are out there and widely available for practice transformation.

Jana Zaudke (2nd presenter, U. of Kansas) discusses ways to use the toolkit and modules:

Interprofessional Preceptor Summit

The U. of Kansas had a day summit held this spring and it was a day of discovery, lots of discussion and faculty development. We brought together leaders across the campus, coordinators, our learners and preceptors from both in- and outpatient settings and



we tried to bring people together who work in the same environment but had been working and educating in their own silos, with the hope that we could develop and inspire them to go back to their settings to bring their learners together in an interprofessional environment.

Interprofessional Objective Structured Teaching Experience (iOSTE)

Another idea would be to bring common folks together for a simulation, but flipping it and putting the faculty on the hot seat to interact with standardized students. We built these scenarios so faculty have a chance to practice the skills required to work with IP teams of learners. Those skills are to facilitate a small group of IP students. The faculty are given the chance to interact with a team

of standardized students with common challenges. The faculty preceptors are given a chance to work with the sensitivities that come up in an IP setting. They get to precept a team of students in a simulated environment and actually see what that feels like. Often the students have not huddled or have not actually used their voice, or maybe one particular student profession was the only voice heard, and the preceptor has to navigate that.

The third scenario that we offer in the iOSTE is to practice how to give feedback to a team of students who are not working well together, they're dysfunctional, and how do you do that in a way that encourages them to look to one

Preceptors in the Nexus Toolkit

What you'll get from this toolkit

A wide array of tools that support and enrich interprofessional practice to enhance patient care, and professional development opportunities for clinical preceptors who facilitate interprofessional teams of learners. You can use any or all of the tools in a variety of settings—everything is customizable! The tools are available in a variety of formats:

- web-based modules for preceptor development.
- active-learning materials and facilitator guides for face-to-face workshops for preceptor development.
- interprofessional education materials to be used with learners to enhance their practice experiences.
- interprofessional collaborative practice materials and other resources being used across the country.

Who this toolkit is for

This toolkit will help preceptors in any healthcare profession who wish to precept interprofessional learners and/or champion interprofessional practice and education at their clinical site.

Please note that a National Center user account is required to access the online materials and modules.

another and discover teaming, instead of shrugging their shoulders or not really engaging in the process.

Watch the [webinar recording](#) to learn more of their evaluation process and the next steps for the U. of Kansas.

Interdisciplinary Care for People with Multiple Sclerosis

Melissa J. Watson, OT student



The week of May 25, 2015, I had the pleasure of attending the Consortium of Multiple Sclerosis Centers in Indianapolis, Indiana. I received a scholarship from the National MS Society as part of their efforts to recruit students from the southwest region. I am about to start my second year in the Occupational Therapy Graduate Program here at UNM and was so grateful for the learning opportunity. I have noticed more and more each

semester that a model of interdisciplinary care truly provides the most comprehensive and high-quality care to clients. This conference only reinforced the point.

I listened to various neurologists, nurses, case managers, physical therapists, occupational therapists, speech and language pathologists, and psychologists from MS centers all over the world speak and present models of care--the common theme taught was to *utilize a team to assess and treat people as a whole*.

In Multiple Sclerosis and other complicated chronic diseases, it is crucial that providers work together in a proactive way to stay on top of disease progression. Early on in a diagnosis, evidence shows that even non-drug interventions can prolong the time someone remains in the mild stage of disability. This is the perfect time to provide resources, identify meaningful activities with the person, and express the importance of maintaining these activities to promote overall

health and well-being. As the disease progresses, having a consistent group of healthcare providers can increase the client's confidence in the care provided. Building a trusting relationship early-on can also help in states like New Mexico where we provide care to many diverse cultures.

Even though there is not a cure for Multiple Sclerosis or many other chronic, degenerative diseases we may encounter, I think the most important thing is to appreciate what other disciplines can do alongside each other in promoting dignity and autonomy in our clients. Throughout the more severe stages of disability, there is always something that can be done but finding that right thing will require collaboration. The knowledge from this experience is something I will always remember and I look forward to being part of an interdisciplinary team as a practicing OT in New Mexico!

