## JEFFERSON CENTER FOR INTERPROFESSIONAL PRACTICE & EDUCATION

Annual Report 2024



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## MISSION

To generate and sustain an adaptive "living laboratory" for innovative interprofessional practice and education that improves the lives of patients and populations.

## VISION

JCIPE will define the future of interprofessional care by setting the standards for team-based practice and education.

# About JCIPE

Founded in 2007, the Jefferson Center for Interprofessional Practice & Education (JCIPE) at Thomas Jefferson University is one of the premier interprofessional education and practice centers in the United States. JCIPE is dedicated to improving team-based care and affecting enhanced patient and population health through designing, implementing, and evaluating robust collaborative practice (CP) initiatives across Jefferson. With prior support from the Health Resources & Services Administration (HRSA), Josiah Macy Jr. Foundation, and AmerisourceBergen Foundation, as well as philanthropic donors, the JCIPE team creates a culture of collaborative educational and clinical practice, employing innovative teaching models and evidence-based practices and developing evidence to support and implement CP. JCIPE is well known for its novel curricula; high-level engagement and coordination with students, faculty, clinicians, and institutional leadership; rigorous community partnerships; and commitment to assessment, evaluation, research, and continuous quality improvement.

## DIVERSITY STATEMENT

The Jefferson Center for Interprofessional Practice & Education (JCIPE) acknowledges systemic discrimination and the barriers that it creates for healthcare, education, and effective team functioning. As such, we are implementing ongoing evaluations of ourselves and programs relative to diversity, equity, and inclusion. JCIPE believes that this is an ongoing effort, and that we can continuously grow and do better. It is our intent that students, staff, and faculty from all diverse backgrounds, disciplines, and perspectives feel valued, included, and respected. We believe the diversity that students, staff, and faculty bring is a resource, strength, and benefit. We learn to be better

healthcare practitioners and educators when we respect and celebrate diversity in all its forms.

We partner with you to reimagine and build more open, respectful, and inclusive practice and training spaces. We strive to celebrate and amplify diverse voices, including, but not limited to, people of diverse age, disability, culture, ethnicity, gender identity, race, religion, sexuality, socioeconomic status, and profession. With you, we create opportunities for shared discussion and development around dismantling systemic discrimination together as an ongoing process. Jefferson Center for Interprofessional Practice & Education

# THE IMPACT OF JCIPE 2024

2,378

Learners

127

Faculty Facilitators

### Professional Representation

22 Clinical Sites

20 Facilitator Professions 😰

## 8 Colleges Compuses

Students Ranked IPE

Reasons for Coming to Thomas Jefferson University



**Community Partners** 

Community Partnerships





Student Programming

485 Hours 16

**Programs** 

Course for Credit

382

Sessions

## Student Engagement

- **46** Student Co-Facilitators / Advisors
  - **Student Advisory Board Members**
  - **2** Research & Graduate Assistants
    - Health Mentors Program Liaisons

## Scholarship, Research, & Dissemination

- Conference Presentations
- Consultations
  - Invited Talks or Panels
  - Peer-Reviewed Publications

# Key Accomplishments in FY24

## **Implementing Our New Strategic Plan**

In recognition of JCIPE's growth since its founding in 2007, we undertook a strategic planning process, beginning in the summer of 2022, to celebrate our achievements, and identify our key aims and opportunities for the future.

Our strategic planning process utilized an appreciative inquiry approach which focused on harnessing JCIPE's unique strengths, identified through input from multiple stakeholders to formulate our future vision and drive positive change to achieve that vision.

In line with appreciative inquiry, stakeholders including community

members, students, alumni, faculty, staff, leaders at Thomas Jefferson University, and IPE leaders across the country interviewed one another to identify JCIPE's strengths and opportunities. We are grateful for their thoughtful contributions!

Subsequently, JCIPE faculty and staff gathered at an in-person retreat to review and expand upon stakeholder input. Using the SOAR approach, we discussed JCIPE's Strengths, Opportunities, Aspirations, and Results, compiled major themes within categories, and developed JCIPE's key strategic aims.

#### **JCIPE'S Strategic Aims**

- Facilitate connections and collaboration across the Jefferson enterprise
- Expand JCIPE presence in the clinical learning and practice environments
- Continue integration of IPE into curricula for all health professions
- Build and disseminate scholarship in interprofessional collaborative practice
- Expand and enhance work on diversity, equity, inclusion, and belonging



#### STRENGTHS

#### What does JCIPE do well?

- Connect people and foster collaboration across the enterprise
- Deliver high-quality, engaging interprofessional programs
- Support creative, skilled, and passionate faculty and staff



#### **OPPORTUNITIES**

#### What can JCIPE do more of?

- Move into clinical learning and practice environments
- Expand opportunities for connections and collaboration
- Grow scholarship in interprofessional collaborative practice
- Build upon diversity, equity, inclusion, and belonging work to support and sustain inclusivity and equity



#### **ASPIRATIONS** What are our dreams for JCIPE?

- Embed JCIPE programs into coursework for all health professions
- Weave interprofessional collaborative practice into clinical learning and practice environments
- Collect and disseminate robust longitudinal assessments and evaluations of interprofessional programs and their impact



#### What measures JCIPE's success?

- Expand integration of interprofessional initiatives into curricula
- Enhance interprofessional collaborative practice in clinical learning and practice environment
- Support dissemination of longitudinal assessments and scholarship

## Hosting Our Eighth Biennial JCIPE Conference

In November 2023, JCIPE returned to an in-person format of Interprofessional Care for the 21st Century, our eighth biennial conference. Since 2008, JCIPE has hosted the conference to facilitate showcasing of scholarly work and works in progress related to interprofessional education and/or practice. Attendees forge and build upon their regional, national, and even international networks while sharing and reflecting on innovative implementation and assessment and evaluation strategies of the interprofessional competencies. The Interprofessional Care for the 21st Century infographic provides details on the conference program and participation.



## **Recognizing Facilitators for their Contributions**

JCIPE activities are not possible without the contributions of more than 120 faculty and staff members who lend their time and expertise to facilitate our programs and advise our students each year. In an effort to more formally recognize and celebrate their contributions, incentivize continued and new participation, and grow a more formal pipeline of facilitators equipped to meet the expanding demands of the Center over time, the team created a tiered recognition system, the tiers of which are described at right.

In May, JCIPE held its inaugural Recognition Ceremony, consisting of the presentation of all JCIPE awards (previously presented at individual college and departmental events and meetings) as well as celebration of JCIPE facilitators in each tier. Over 50 participants joined us in honoring the outstanding participation of our award winners and facilitators and to expand their networks across departments and colleges. Future years will bring additional recognition of facilitators who have achieved milestone contributions relative to total hours and consecutive years of service.



### FACILITATOR RECOGNITION TIERS

### R INITIATORS

Lay the foundation for interprofessional competency attainment, aiding learners in defining and valuing team-based, patient-centered care. Individuals in this tier have volunteered up to 6.99 hours in the 2023-2024 academic year in support of interprofessional education and collaborative practice.

## 

Model interprofessional competencies and solidify their value for learners through deep commitment to a single program and/or broad commitment to multiple programs. Individuals in this tier have volunteered 10 to 16.99 hours in the 2023-2024 academic year in support of interprofessional education and collaborative practice.

## 📆 BUILDERS

Build on the interprofessional foundation, committing to greater engagement with learners as they develop and implement interprofessional competencies. Individuals in this tier have volunteered 7 to 9.99 hours in the 2023-2024 academic year in support of interprofessional education and collaborative practice.



Provide collaborative leadership across JCIPE programs, supporting connection among them, growth of the culture of teamwork at Jefferson, and visibility of JCIPE at Jefferson and nationally. Individuals in this tier have volunteered 17 or more hours in the 2023-2024 academic year in support of interprofessional education and collaborative practice.

## Launching a Course on the Foundations of Interprofessional Education and Collaborative Practice

In fall 2023, five years of planning and development culminated in the launch of JCIPE's Foundations of Interprofessional Education & Collaborative Practice course, housed in the Jefferson College of Health Professions. 26 students enrolled in the Doctor of Health Science (DHSc) – Clinical Leadership Track, MS of Health Professions Education, and Health Professions Teaching & Learning Graduate Certificate programs partnered with JCIPE faculty and staff to learn more about the theories underpinning, evidence supporting, and best practices of team-based education and practice as a required component of their programs. Foundations of IPE/CP is a semester-long, virtual course comprised of 14 modules and biweekly, online synchronous class sessions.

Course evaluations were positive, with students reporting that the course motivated them to learn more about IPCP (M = 3.33, SD = .67). Student comments described the value of learning to work in teams and of the experiential exercises (See right column for examples). The course was offered again with 35 interprofessional students in fall 2024.

"This was a great course for spending time with individuals in other disciplines and practicing how we communicate and collaborate with one another. I really appreciated the small group exercises and the relationships that have been developed." "This course broadened my perspective and pushed me to work outside of the silo of my own profession. I met people from a variety of other professions and found their perspectives

to be very insightful. I also really enjoyed facilitating the Health Mentors Program."

"Learning how static teams work, the stages of teams, and being able to actively go through those stages with my team members helped me become a better team member outside of class, like at my job."

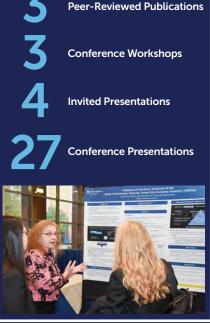
## Piloting Team Microaggression Interventions for CollaboRative Outcomes (Team MICRO)

Microaggressions pose a major barrier to interprofessional collaborative practice and negatively impact communication and effective collaboration, which can negatively influence Quintuple Aim outcomes, including patients' and care team members' well-being. In spring 2024, the Center launched Team Microaggression Interventions for CollaboRative Outcomes (Team MICRO), a new simulation developed and led by the Team SAFE program team and funded by the Center for Faculty Development and Nexus Learning. 14 learners volunteered for the pilot program, including student health services managers, occupational therapists, pharmacists, physicians, and public health practitioners. During two progressive simulation cases set in a hospital during team rounding, learners played the role of their future selves along with two simulated participants playing other members of their healthcare team and serving as the source and recipient of a microaggression.

The simulation allowed learners to practice identifying and responding to microaggressions in real time and debrief after each case with interprofessional facilitators and simulated participants. An expert in trauma-informed care provided resources to the program team and guidance to facilitators. Program evaluations were very positive; when asked to report their level of agreement with six statements about the program, average Likert-scale agreement was high (M = 4.35, SD = 0.74; 5 = "Strongly Agree"; example statement: "this learning activity prepared me to recognize and respond to bias in the interprofessional clinical workplace"). Pre-program knowledge of microaggressions terminology and impacts of microaggressions on IPCP and patient outcomes was high (M=83%) and increased at post-program (M=94%). Pre-program, learners neither agreed nor disagreed with statements about their self-efficacy in their intervention skills (M=3.3, SD=.59) but showed higher selfefficacy in these skills at post-program (M=4.11, SD=.53). The curriculum and preliminary results have been presented at four conferences this past academic year.

The Center team expanded on this pilot in fiscal year 2025, with approximately 100 students from two professions participating in the fall 2024 semester.

## Scholarship By the Numbers



# The JCIPE Team

Our work is made possible by the steadfast commitment of many interprofessional faculty and staff members, other stakeholders, and funders, who generously lend their time, expertise, and financial resources in support of it. We are deeply grateful for and indebted to these individuals and to the organizations which funded our projects over the last year, including the Center for Faculty Development and Nexus Learning at Jefferson and the Sandmeyer and Salzman families. Thank you for your commitment to improving patient and population health through interprofessional team-based education and care!

## **JCIPE Leadership & Staff**



Amber King Co-Director



Brooke Salzman Co-Director



Shoshana Sicks Director of Curriculum & Administration



Maria Brucato Director of Assessment, Evaluation, & Research



Kenna Hersey Program Assistant (Team SAFE, Team MICRO, TCP, & J-SICCC)



Julie Liskov Project Manager



**Reena DePaolo** Program Coordinator (J-SICCC)



**Kerry Baumer** Program Coordinator (Simulations)



Frank Marzullo Program Coordinator (ECHO & IP Palliative Care)



Melicia C. Edmonds Program Assistant (Health Mentors & Virtual Simulations)





**Catherine Mills** Administrative Assistant

## **JCIPE Faculty & Staff Leads**



Nethra Ankam Health Mentors

Lauren LaTourette

IP Palliative Care



Tracey Vause Earland J-SICCC



E. Adel Herge Team Care Planning



Jeannette Kates AVIT & IP Palliative Care



Mariana Kuperman J-SICCC



Alyssa Yeager Team SAFE & Team MICRO



Jennifer Lacy Team SAFE & Team MICRO



Xiao Chi (Tony) Zhang Team SAFE & Team MICRO



Anne Mitchell Health Mentors



Juli Phillips Pedagogy



Susan Toth-Cohen AVIT & PIVOT





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## **JCIPE National Board Memberships & Fellowships**

ORGANIZATION	INVOLVEMENT	JCIPE TEAM MEMBER
	Communication Collaborative	Tracey Vause Earland
	Evidence Collaborative (Collaborative Research Registry Lead)	Maria Brucato
American Interprofessional Health Collaborative	Leadership Workgroup (Co-Chair)	Brooke Salzman
(AIHC)	Collaborating Across Borders Networking/Social Committee Membership Committee Awards Sub-Committee (Lead) Roles, Responsibilities, and Terms Workgroup	Amber King
National Academics of Practice (NAD)	Council (leadership group) Pharmacy Academy (chair elect)	Amber King
National Academies of Practice (NAP)	OT Academy Nominations Committee Partnership Committee	Tracey Vause Earland
National Center for Interprofessional Practice and Interprofessional Continuing Education Review Committee		Maria Brucato
Interprofessional Research Global (IPR.Global)	Interprofessional Research Global Steering Committee	Maria Brucato

# Scholarship & Dissemination

Scan or click to see the full list of Invited Presentations, Peer-Reviewed Publications, Conference Proceedings, and Conference Presentations and Workshops.



## **Grant Funding**

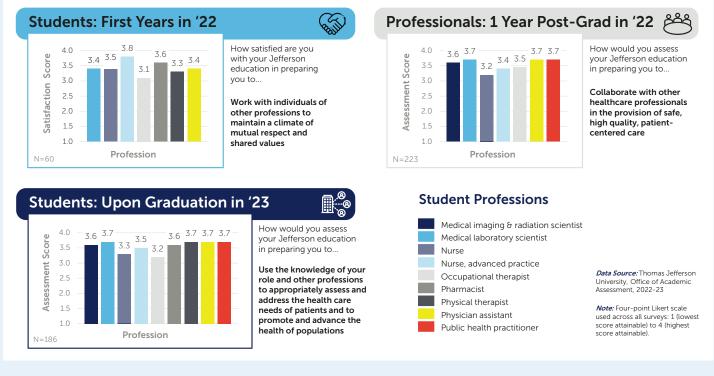
- Child Adolescent Interprofessional Practice and Education (CAIPE) Fellowship. Health Resources and Services Administration (HRSA), Behavioral Health Workforce Education and Training, July 2021 – June 2025. Grant total: \$2,000,000. (PI: Jeanne Felter; Co-I: Richard Hass).
- JeffBeWell: Whole Health Integration. Health Resources and Services Administration (HRSA), Primary Care Training and Enhancement: Integrating Behavioral Health and Primary Care, July 2019 – June 2024. Grant Total: \$2,000,000. (PI: Robert Motley; Co-I: Brooke Salzman).
- Jefferson Education and Training: Primary Healthcare in IDD and Language Access (JET: PHILA). Health Resources Services Administration (HRSA). September 2023 – June 2028. Grant Total: \$2,758,152. (PI: Mary Stephens; JCIPE sub-awarded).
- Teaching Microaggression Interventions for Safer Interprofessional Collaborative Practice: A Novel Simulation-Based Program. Center for Faculty Development and Nexus Learning (CFDNL) Pedagogy Grant. July 2023-June 2024. Grant Total: \$6,000. (PIs: Jennifer Lacy, Xiao Chi Zhang, Alyssa M. Yeager, Maria Brucato).
- The Complex Care Curriculum (3Cs): Navigating Social Determinants of Health in Geriatric Practice. Geriatric Academic Career Award (GACA), Human Resources and Services Administration (HRSA), 2019 – 2024. Grant total: \$300,000. (PI: Lauren Hersh, mentor: Brooke Salzman).

## **Philanthropic Funding**

- The Sandmeyer family, six years of generous support of novel interprofessional programs and projects created, adapted, and administered by JCIPE.
- The Salzman family, in support of expanded and enhanced JCIPE programming.

# JCIPE

Programs at a Glance 2023–2024 The remainder of this report contains one page of information about each of JCIPE's programs and their FY24 outcomes. As desired, please peruse it for details about content and design, level of learning, new components, learner and facilitator participation, assessment and evaluation results, and scholarship pertaining to each activity. JCIPE programs appear in alphabetical order to facilitate direct access.



# Student Satisfaction & Assessment of Interprofessional Education at Jefferson

Thomas Jefferson University's Office of Academic Assessment surveys were analyzed to explore student satisfaction with and assessment of interprofessional education at Jefferson from three cohorts. The Matriculant survey asked first year students in 2022 how satisfied they were with their Jefferson education in preparing them in four areas mapped to the Interprofessional Education Collaborative competencies.

The Exit and Post-Graduation surveys asked students who graduated in 2023 (graduates) and 2022 (1 year post-graduates), respectively how they would assess their Jefferson education in preparing them in those same areas. Post-graduates were additionally asked to assess their Jefferson education in preparing them to collaborate with other healthcare professionals in the provision of safe, high quality, patient-centered care.

Overall, mean satisfaction and assessment scores of students' Jefferson education was very high among each profession, cohort, and question. A preview of satisfaction and assessment ratings by profession from each cohort area are shown in the graphic above.



## Alzheimer's Virtual Interprofessional Training (AVIT)

Student teams learn to appropriately assess, manage, and support patients and families affected by Alzheimer's and other dementias. Each team completes three simulations in a virtual world, acting out scenarios as patients with Alzheimer's, their caregivers, and providers in different settings.



## Key Curricular Elements

- Virtual world interprofessional simulation
- Awareness and recognition of Alzheimer's Disease
- Racial disparities in diagnosis and treatment of dementia
- Communication strategies with individuals with dementia and their caregivers
- Caregiver burden
- Introduction to roles of interprofessional team members caring for individuals with dementia
- Teamwork and communication skills with members of the interprofessional team

	IPEC Competencies
	<b>39 LEARNERS</b> Professions
	Nurse
	Nurse, Advanced Practice
	Occupational Therapist
	Pharmacist
	Physician
	Public Health Practitioner
	14 FACILITATORS Professions
	Nurse, Advanced Practice
	Occupational Therapist
	Pharmacist
	Physician
	JCIPE Staff

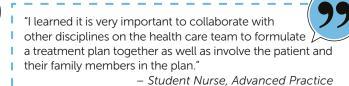
## • New This Year

Offered the Virtual Dementia Tour, an in-person simulation for learners to experience first-hand what it's like to live with dementia, to participants before AVIT.

## Program Outcomes | Assessment & Evaluation

METRIC	Ν	PRE MEAN	PRE SD	POST MEAN	POST SD
Knowledge - Alzheimer's disease & dementias: causes, consequences, & IPCP approach to care	28	81.82%	14.05%	84.09%	12.77%
Confidence - screening, medication review, identifying roles & value of IP team, & patient-centered care (Min = 1, Max. = 6)	28	3.75	0.50	4.33	0.49
Overall experience with program (Min = 1, Max. = 6)	32	NA	NA	4.20	0.52

- - **(99**)
- "Communication with other professions is key to working with patients with dementia. It is important to know others' roles and how they can help increase
- the care of the individual."
  - Student Occupational Therapist

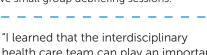


## Scholarship Highlight

Toth-Cohen, S., Kates, J., Brucato, M., & Salzman, B. (2024). Alzheimer's interprofessional training: Comparable learning gains for nursing and pharmacy students (conference proceedings). *Journal of the American Geriatrics Society*, 72(4, Supplement), p. S49.

## Health Mentors Program (HMP)

Student teams learn first-hand from a community member (Health Mentor) about living with one or more chronic health condition(s), impairment(s), or disability(ies) and the value of team-based, person-centered care. Small teams meet with their Health Mentor three times during the program, complete short assignments, and have small group debriefing sessions.



- health care team can play an important
  role in advocating for underserved
  populations to help mitigate health
  disparities."
  - Student Occupational Therapist



"I learned a lot about the perspectives of other health care professionals and how combining these perspectives can lead to overall better recognition and addressing of the problems faced by patients." - Student Physician

• New This Year

#### Developed a virtual reality (VR) escape room and home visit component to prepare students for a visit of their Health Mentor's home. The experience also encompasses videos of each health professional on the patient's team.

Key Curricular

Health Mentors as teachers

• Each person as an expert in

• Social Ecological Model as

• Impact of social determinants

• Application of 4Ms of Healthy

• Advocacy project on issue of

Person-centeredness,

importance to Health Mentor

communication, and teaming

Aging framework (what matters,

mobility, mentation, medications)

theoretical framework

of health

managing their health

**Elements** 

## Program Outcomes | Assessment & Evaluation

METRIC [*pre-program assessments were retrospective]	Ν	PRE MEAN	PRE SD	POST MEAN	POST SD
COHORT 16 (MODULE 3)					
Program Evaluation of M3 (Max. = 4)	562	NA	NA	3.37	0.60
Program Evaluation of HMP (Max. = 4)	562	NA	NA	3.40	0.60
COHORT 17 (MODULES 1 & 2)					
Program Evaluation of M1 (Max. = 5)	559	NA	NA	4.24	0.78
Program Evaluation of M2 (Max. = 5)	662	NA	NA	4.33	0.76
Knowledge of the 4Ms (Max. = 100%)	459	54.23%	25.74%	69.86%	21.14%

## Scholarship Highlight

Mitchell, A. B., Ankam N. S., Brucato, M., & Salzman, B. (2024, May). *Teaching the 4Ms in prelicensure interprofessional education* [Poster presentation, selected for the geriatric education materials and methods swap]. American Geriatrics Society 2024, virtual.

•Sirak, K., Brucato, M., Hass, R. W., Mitchell, A. B., & Ankam, N. S. (2023, November). Who can contribute to collaborative patient care? A novel task for measuring student associations [Oral presentation]. Interprofessional Care for the 21st Century, Philadelphia, PA. •Student led presentation



#### 1,534 LEARNERS

Cohort 16=742 | Cohort 17=792 Professions

Athletic Trainer

Dietitian Nutritionist

Genetic Counselor

Medical Laboratory Scientist

Nurse

Occupational Therapist

Pharmacist

Physical Therapist

Physician

Physician Assistant

Speech-Language Pathologist

76 FACILITATORS Professions

Athletic Trainer

Counseling & Behavioral Health Specialist\*

Dietitian Nutritionist

Medical Imaging & Radiation Sciences Professional\*

Medical Laboratory Scientist

Nurse\*

Nurse, Advanced Practice

Occupational Therapist\*

Other

Pharmacist\*

Physical Therapist

Physician\*

Physician Assistant

Public Health Practitioner\*

Social Worker\*

Speech-Language Pathologist

JCIPE Staff

#### 228 HEALTH MENTORS

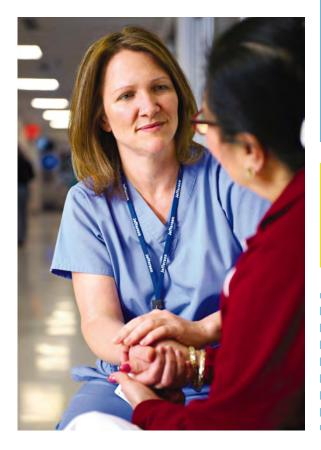
14 facilitators were dual-degree DHSc/physician assistant students. \*12 facilitators were professionals also enrolled as students.

Т



## Interprofessional Palliative Care Program

Small interprofessional student teams learn about the team-based provision of palliative care for persons with serious illness and at the end of life. Teams work collaboratively through case-based discussions and presentations. There is also an opportunity to observe a Jefferson palliative care provider in practice.



## Key Curricular Elements

- Principles of palliative care
- Introduction to roles and responsibilities of different team members in providing palliative care
- Communication with patients with serious illness and at the end of life, as well as with their caregivers

## New This Year

Added a third site for in-person shadowing of palliative care providers.

"Shadowing health care professionals helped me to see how teams work and how they utilize their personal skills."

– Student Physical Therapist



Speech-Language Pathologist

### Program Outcomes | Assessment & Evaluation

METRIC	PRE MEAN	PRE SD	POST MEAN	POST SD
End-of-life Professional Caregiver Survey (EPCS) – Total (Max.=140)	76.97	20.91	107.17	18.49
EPCS - Patient- and Family-Centered Communication (Max. = 60)	34.28	9.62	46.97	7.53
EPCS - Cultural & Ethnic Values (Max. = 40)	22.79	7.01	29.90	5.90
EPCS - Effective Care Delivery (Max. = 40)	19.90	6.13	30.31	5.87

Program Evaluation (n = 31): **97%** of learners would recommend this program to their peers.

Note: EPCS N = 29

#### Jefferson Student Interprofessional Complex Care Collaborative (J-SICCC) **IPEC Competencies** TT RR VE

Student teams work with patients with complex health and social needs, providing "high-touch" interventions targeting the social determinants of health and intended to empower patients and reduce hospital utilization and costs. Curriculum components include accompaniment and observation, online modules, workshops, and case conferences, teaching students about the systemic barriers to obtaining high-quality care and maintaining health.



New This Year

Created a debriefing guide for advisors to facilitate discussion with students on team progress and next steps using their Team JTOG® results.

## 😵 Key Curricular Elements

- Complex health and social needs
- Patient advocacy and patient-
- centered care • Approaches to:
  - Barriers to care
  - Genuine healing relationships
  - Harm reduction
  - Motivational interviewing
  - Positive unconditional regard
  - Social determinants of health
  - Trauma informed care
- Collaboration and communication

## Community **Partnerships**

- National Center for Complex Health and Social Needs
- Pathways to Housing PA Housing First University

## Program Outcomes | Assessment & Evaluation

METRIC	N (PRE/POST)	PRE MEAN	PRE SD	POST MEAN	POST SD
Jefferson Complex Care Knowledge & Skills Assessment (Max. = 100%)	17/7	73.86%	12.4%	78.93%	7.74%
Self-efficacy in Complex Care Skills (Max. = 7)	17/7	5.49	1.23	5.59	0.89
Program evaluation: "Overall, my experiences in the J-SICCC program prepared me for my future	NA/24	NA	NA	4.13	0.74

practice." (1= 'Strongly Disagree' to 5= 'Strongly Agree')



"J-SICCC provided me the opportunity to work with talented, accomplished, and driven people from diverse backgrounds. I learned invaluable lessons on interdisciplinary teamwork and how it can change a patient's life, and will call on the relationships

- I built within Jefferson and the greater Philadelphia community
- for the rest of my career."

## "Working with a client allowed us to see the intricacies of their lives and factors that go

into keeping medical appointments, staying on task with taking medications and why it's difficult to enact change."



#### **37 LEARNERS\*** Professions

Counseling & Behavioral Health Specialist

Nurse

Nurse, Advanced Practice

Occupational Therapist

Other

Pharmacist

Physician

Post-Bac Pre-Health Professional

Public Health Practitioner

#### 32 ADVISORS/FACULTY LEADS\*

Professions Counseling & Behavioral

Health Specialist

Medical Laboratory Scientist

Nurse

Nurse, Advanced Practice

Occupational Therapist

Physical Therapist

Physician

Physician Assistant

Public Health Practitioner

**Respiratory Therapist** 

\*4 Resident/Fellows \*\*7 Alumni Advisors

- Student Occupational Therapist

Earland, T., Brucato, M., Kuperman, M, DePaolo, R., Hass, R., & Salzman, B. (2023, September). The Jefferson Complex Care Assessment: Development, implementation, and outcomes [Lightning Talk]. Nexus Summit 2023, virtual.

- Student Nurse

## People experiencing homelessness Interprofessional Virtual Outreach Training (PIVOT)

Student teams learn to better understand and meet the needs of people experiencing homelessness by enacting three virtual world cases in three different settings. During the cases, students play the roles of providers, persons experiencing homelessness, and observers.



## Key Curricular Elements

- Virtual world interprofessional simulation
- Interprofessional collaboration and teamwork
- Principles of harm reduction and motivational interviewing
- Providing customized resources for people experiencing homelessness
- Mobile and fixed site outreach

## Community Partnership

Pathways to Housing PA

**IPEC Competencies** VE TT RR **9 LEARNERS** Professions Counseling & Behavioral Health Specialist Occupational Therapist Pharmacist Physician Public Health Practitioner **5 FACILITATORS** Professions Nurse, Advanced Practice Occupational Therapist Physician JCIPE Staff

### New This Year

Changed the name of the program from Enhancing Services for Homeless Populations (ESHP) to People experiencing homeless Interprofessional Virtual Outreach Training (PIVOT). "It was a good exercise in practicing a respectful and open attitude toward homeless people, which has to be the starting point of being of service."

- Student Public Health Practitioner

## Program Outcomes | Assessment & Evaluation

METRIC	N (PRE/POST)	PRE MEAN	PRE SD	POST MEAN	POST SD
Knowledge - outreach, motivational interviewing, harm reduction &provider self-care (Max. = 100%)	8/7	52.5%	16.7%	82.9%	17.0%
Self-efficacy - IPCP skills for care of persons experiencing homelessness (Max. = 5)	8/7	3.24	0.54	3.78	0.51
Program evaluation (Max. = 5)	3	NA	NA	3.80	0.70

## Scholarship Highlight

Toth-Cohen, S., Brucato, M., & DiNardo, K. (2023, November). Validation of the factor structure of the Health Professionals' Attitudes Toward the Homeless Inventory [Poster]. Interprofessional Care for the 21st Century, Philadelphia, PA.

Toth-Cohen, S., Brucato, M., & DiNardo, K. (2023, September). Continuous quality improvement for an interprofessional training program to enhance services for people experiencing homelessness focused on harm reduction [Lightning Talk]. Nexus Summit 2023, virtual.

## **Project Extension for Community** Healthcare Outcomes (ECHO)

The Extension for Community Healthcare Outcomes (ECHO) model, developed at the University of New Mexico, employs Zoom to build healthcare workforce capacity and improve access to specialty care by providing frontline clinicians with the knowledge and support they need to manage underserved patients in their own communities. ECHO topics focus on complex conditions requiring a team-based approach to care. JCIPE serves as an ECHO hub which hosts ECHOs, or series of 60-minute sessions, on a regular basis on different topical areas of healthcare need. An interprofessional expert panel guides interactive, case-based learning, including both a didactic and case presentation with a collaborative approach.



- "The case series was very helpful,
- hearing about how other people would

C SW and

evaluate and treat specific issues in several

Interprofessional collaboration

DRA 0.5%

different but effective ways."

Anonymous Learner



😵 Key Curricular

"All teach, all learn" model

Case-based discussion

conditions or needs

New This Year

Launched a series on care for

individuals with intellectual and

with the FAB (From Adolescence &

Beyond) Center for Complex Care.

Project

developmental disabilities in partnership

knowledge

• Roles and responsibilities of

different team members in

• Democratization of specialty

supporting patients with complex

Elements

"Hearing the weekly case studies were great in expanding my personal practice and hearing what others recommend or are doing." - Anonymous Learner

## Program Outcomes | Assessment & Evaluation

			POST SELF	-EFFICACY*	I WOULD RECOMMEND
MET	RIC	N	MEAN	SD	ECHO TO A COLLEAGUE
Integrated Behavioral He	alth (IBH)	14	4.21	1.18	97%
Inpatient Care for Opioid	Use Disorders (OUD)	9	4.58	0.50	100%
Intellectual and Develop	mental Disabilities (IDD)	20	4.20	0.91	97%

\*Self-efficacy in teamwork and ability to provide appropriate care (Max. = 5)

## Scholarship Highlight

Salzman, B., Sicks, S., Hershman, M., Weinstein, L., Rene, R., Cherson, M., & Trichtinger, R. (2023, November). Bridging from classroom to clinical settings: An interprofessional education center's launch of ECHO [Oral Presentation]. Interprofessional Care for the 21st Century, Philadelphia, PA.



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#### INTEGRATED BEHAVIORAL HEALTH (IBH)

#### **136 LEARNERS**

Professions Community Health Worker Counseling & Behavioral Health Specialist Healthcare Administrative Personnel Information Technology Professional Nurse Nurse, Advanced Practice Occupational Therapist Pharmacist Physical Therapist Physician Pre-Health Professional Public Health Practitioner Research Personnel Social Worker JCIPE Staff INPATIENT CARE FOR OPIOID

## USER DISORDERS (OUD)

#### **68 LEARNERS** Professions

Counseling & Behavioral Health Specialist Healthcare Administrative Personnel Nurse Nurse, Advanced Practice Pharmacist Physician Physician Assistant Pre-Health Professional Social Worker JCIPE Staff INTELLECTUAL AND DEVEL-**OPMENTAL DISABILITIES (IDD)** 

#### **29 LEARNERS** Professions

Attorney Nurse Nurse, Advanced Practice Physician Pre-Health Professional Research Personnel Social Worker JCIPE Staff

#### **4 FACILITATORS** Professions

Clinical Research Coordinator Counseling & Behavioral Health Specialist Nurse, Advanced Practice Physician

## Team Care Planning (TCP)

Students conduct a family meeting with simulated participants in one of three cases: 1) creating a discharge plan with an older adult patient hospitalized for an acute stroke and her adult child; 2) discussing birthing plans with a pregnant Black patient and her partner after a preeclampsia diagnosis; or 3) discussing returning to high school sports following an injury with a student athlete, their parent, and coach. After simulated family meetings, students debrief their teamwork skills with facilitators and receive feedback from simulated participants.

"It was interesting to see other health care specialties offering services that I have never heard of before."

– Black Maternal Health Student

"[I learned] how to give everyone their space to explain their expertise to the patient, and then come in to support them in utilizing the support from each specialty." — *Clinical Discharge Student* 

"I learned to confer with the interprofessional team, build on what they are saying, and expand it to work as a team." – *Return to Sport Student* 

## Program Outcomes | Assessment & Evaluation

METRIC	N	POST MEAN	POST SD
BLACK MATERNAL HEALTH			
Self-efficacy*	56	4.53	0.96
Program Evaluation	53	4.65	0.56
CLINICAL DISCHARGE			
Self-efficacy*	126	4.36	0.96
Program Evaluation	124	4.51	0.78
RETURN TO SPORT			
Self-efficacy*	28	4.68	0.80
Program Evaluation	28	4.57	0.73

\*Self-efficacy in teamwork and ability to provide appropriate care (Max. = 5)

## Scholarship Highlight

Brucato, M., DiNardo, K., Liskov, J., & Herge, E. A. (2023, October). An interprofessional teamwork simulation to support Black maternal health: Team and standardized patient perspectives [Oral presentation]. Philadelphia Area Simulation Conference, Lancaster, PA.

Pollen, T. Herge, E. A., Hunzinger, K. J., Brucato, M., DiNardo, K., & Hersey, K. (2024, June). *Outcomes of an interprofessional simulated patient encounter for undergraduate exercise science students* [Oral Presentation]. Thomas Jefferson University Faculty Days, virtual.



BLACK MATERNAL HEALTH

#### 82 LEARNERS

Professions

Counseling & Behavioral Health Specialist

Physician

Key Curricular

Interprofessional simulation

• Patient and family-centered care

• Teamwork and communication

maternal health, reentry to high

Added a nutrition component to the

program materials in anticipation of

nutrition & dietetic practice learners

joining the Clinical Discharge case

school athletics post-injury (case

• Care of older adults, Black

New This Year

**Elements** 

• Healthcare biases

dependent)

in FY25.

Physician Assistant

Public Health Practitioner

#### **5 FACILITATORS** Professions

Counseling & Behavioral Health Specialist Nurse, Advanced Practice Pharmacist JCIPE Staff

#### CLINICAL DISCHARGE

**96 LEARNERS** Professions

Dietitian Nutritionist Nurse Nurse, Advanced Practice Pharmacist Physical Therapist Physician

#### 8 FACILITATORS Professions

Exercise Scientist Nurse, Advanced Practice Occupational Therapist Pharmacist Physical Therapist Physician JCIPE Staff

RETURN TO SPORT 33 LEARNERS Professions Pre-Health Professional 4 FACILITATORS Professions Exercise Physiologist/Scientist Occupational Therapist JCIPE Staff

## **Team Simulation & Fearlessness Education (Team SAFE)**

Students learn leadership, situational awareness, mutual support, and communication skills, with a special emphasis on speaking up about patient safety concerns using the national TeamSTEPPS® framework. Introductory Team SAFE involves practicing these skills in two low fidelity simulations, and Advanced Team SAFE builds on this learning with greater clinical complexity in a higher fidelity simulation.



## Key Curricular Elements

- Interprofessional simulation
- Communication tools:
  - CUS (Concerned, Uncomfortable and Safety Issue)
  - 2-Challenge rule
  - SBAR (Situation, Background, Assessment, Recommendation)
- Leadership and team support

### New This Year

**Respiratory therapy students** and faculty facilitators joined Introductory Team SAFE.

## Program Outcomes | Assessment & Evaluation

METRIC	Ν	POST MEAN	POST SD
INTRODUCTORY TEAM SAFE			
Self-efficacy in Teamwork Skills (Max. = 5)	959	4.04	0.57
Program Evaluation (Max. = 5)	852	4.33	0.76
ADVANCED TEAM SAFE			
Self-efficacy in Teamwork Skills (Max. = 5)	374	3.84	0.42
Program Evaluation (Max. = 5)	374	4.53	0.59

Introductory Team SAFE: "This workshop will help me as I join teams in the clinical setting to efficiently and effectively treat emergencies." – Student Physician



Advanced Team SAFE: "Great introduction to working in an interdisciplinary team. Emphasized importance of delegating tasks, closed-loop communication, and persistence in the face of resistance." Student Physician

\*Introductory Team SAFE: One student nurse facilitator; one resident pharmacist facilitator. \*\*Advanced Team SAFE: One student nurse facilitator; one student advanced practice nurse facilitator; one resident pharmacist facilitator.





#### INTRODUCTORY TEAM SAFE

#### 1,101 LEARNERS

Professions Athletic Trainer Dietitian Nutritionist Medical Imaging & Radiation Sciences Professional Nurse Occupational Therapist Pharmacist **Physical Therapist** Physician Physician Assistant Public Health Practitioner **Respiratory Therapist** Speech-Language Pathologist 43 FACILITATORS Professions Athletic Trainer Medical Laboratory Scientist Nurse\* Nurse, Advanced Practice Occupational Therapist Pharmacist\* Physician Physician Assistant **Respiratory Therapist** JCIPE Staff

ADVANCED TEAM SAFE

#### 1,101 LEARNERS Professions

Nurse

Nurse, Advanced Practice

Pharmacist Physician

#### **43 FACILITATORS** Professions

#### Nurse\*\* Nurse, Advanced Practice\*\* Other Pharmacist\*\* Physician **Respiratory Therapist** JCIPE Staff

# About Interprofessional Practice & Education

#### DEFINITIONS

Interprofessional Education (IPE) occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

Interprofessional Collaborative Practice (IPCP) takes place when multiple health workers from different professional backgrounds work together with patients, families, care[givers] and communities to deliver the highest quality of care.

World Health Organization, 2010

### Competencies

IPE initiatives at Jefferson are guided by the Interprofessional Education Collaborative (IPEC) Core Competencies for Interprofessional Collaborative Practice. An adaptation of these was adopted by the University across all academic programs in 2011 shortly after their initial publication.

All IPE activities at Jefferson are organized within JCIPE's Interprofessional Collaborative Practice Curriculum Framework, a developmental model which categorizes IPE into three levels: exposure, immersion, and preparation for practice. Each health professions program defines the pathway for its students to earn Basic Proficiency in Collaborative Practice. As learners advance from exposure to preparation for practice, they progress in developing attitudes, knowledge, skills, and behaviors related to IPCP and have an opportunity to earn a Certificate of Excellence in Interprofessional Collaborative Practice for advanced participation.

### Interprofessional Collaborative Practice Curriculum Framework



The curriculum framework has three levels of interprofessional education programming and allows all health professions students to achieve Basic Proficiency in Collaborative Practice, as well as to have the opportunity to pursue a Certificate of Excellence in Interprofessional Collaborative Practice.



### JEFFERSON CENTER FOR INTERPROFESSIONAL PRACTICE & EDUCATION

## STAY CONNECTED WITH JCIPE



Read our Collaborative Healthcare eNewsletter



Learn more about the <u>Jefferson Teamwork Observation Guide®</u>, JCIPE's 360-degree teamwork assessment.