

# COLLABORATIVE HEALTHCARE



INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

Fall 2020/Winter 2021 | Vol. 11 No. 2

## FROM THE EDITORS

Welcome to the fall 2020/winter 2021 issue of the JCIPE newsletter. 2020 was a year like no other. We witnessed and weathered the impact of the COVID pandemic in a variety of ways, and felt it on nearly every aspect of our professional and personal lives. We also collectively witnessed atrocities too numerous to count, resulting from the deep-seated, systemic racism that is intrinsically tied to health disparities and inequities in this country.

The pain and adversity has made this a dark time in our history, yet, has enabled us, individually and communally, to heed and recognize historically marginalized voices, to reflect on who we are and who we want to be, to build connections and collaborations as a means of amplifying voices, to channel our creativity to formulate previously inconceivable visions and novel approaches, and to harness pain and frustration into the form of action. As we look back and look ahead in writing this introduction to our newsletter, we feel the weight of these times and want to share our deep appreciation for the members of our JCIPE team, for our contributors to this newsletter, and for our readers for your daily work, commitment, and courage.

The pieces you'll read in this newsletter are truly a reflection of the values that form the core of JCIPE's mission, "to generate and sustain an adaptive 'living laboratory' for

innovative interprofessional practice and education that improves the lives of patients and populations," as well as the values that have come into laser focus during a trying year. Dr. Wendy Ross says it best in her piece about the Jefferson Center for Autism and Neurodiversity (Jeff CAN), "Thinking outside the box only happens when all kinds of minds come together." You can read about JeffCAN's incredible work which underscores the importance of bringing together diverse perspectives to generate creative approaches and solutions.

Partnering with community-based organizations that serve vulnerable groups is fundamental to valuing and bringing together diverse perspectives. Oksana Kazharova, Director of Clinical Services at Pathways to Housing PA, describes how Pathways to Housing PA and JCIPE have worked together in the Enhancing Services for Homeless Populations (ESHP) project, where teams of students from different health professions are equipped with the knowledge, skills, and practice to enhance their work with individuals experiencing homelessness.

The realities of "uncertainty and change" are key lessons learned by students participating in JCIPE's Student Hotspotting (SH) program, as described by Samantha Burke, Megan Hershman, and Tracey Earland. SH involves

teams of students from different health professions working together to support patients with complex health and social needs who are experiencing patterns of high healthcare utilization. In SH, students learn about barriers to health and the healthcare system that their patients face on a daily basis. Reflections from these students show that it can be frustrating to witness these barriers first-hand that lack an easy fix. Yet, this piece demonstrates how students can lean into this frustration and cultivate a new mindset through action.

In this newsletter, students share their perspectives on interprofessional experiences and their impact on professional development and future practice. Michelle Rochman, a student in the genetic counseling program, reflects on her experience in JCIPE's Health Mentors Program. She relates the importance of having this shared experience with other health professions students. Working side by side helped dismantle preconceived perceptions about different health professions and recognize their commonalities. Umara Iftikhar, Masters of Occupational Therapy Student, also shares about her involvement with interprofessional activities with JCIPE. It is exciting to hear about how she viewed her experience as an opportunity to "gain

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teamwork and leadership skills that you can carry out into practice.”

In addition to student IPE champions, we are thrilled to feature faculty IPE champions at TJU like Kelly Pagnotta, the Program Director of the Master of Science Program in Athletic Training. This year, we welcomed students from Athletic Training to the Health Mentors Program. We are also delighted to hear from IPE leaders at Southeastern Louisiana University describing how they

have embedded IPE into existing individual program’s curriculum. Their innovative approach provides a unique take on how to successfully infuse interprofessional competencies across programs in order to make IPE content relevant and effective.

Last, and certainly not least, we are honored to hear from JCIPE’s founding Co-Director and former Chair of Family and Community Medicine, Christine Arenson, MD, now the Co-Director of the National Center for Interprofessional Practice and Education

(National Center). She shares on the fundamental vision of the National Center and notably recognizes how an integral part of this vision involves addressing racism within health teams.

Happy New Year! We hope you enjoy this edition of the newsletter and find inspiration in our contributors’ words and work. We look forward to seeing you virtually at the JCIPE Conference: Interprofessional Care for the 21st Century, being held on April 13, 15, and 17th, 2021.

## JCIPE Update

- Our 2020-21 Student Hotspotting program kicked off in September, with 11 Jefferson teams and 3 external teams (from Harvard, Johns Hopkins, and Northeastern Pennsylvania). Between all the teams, we have 80+ students and 40+ advisors, engaged in an online curriculum and recruiting medically/ socially complex patients this year.
- The Health Mentors Program closed out Module 1 and Module 3 in December 2020. Cohort 13 students completed Module 3, with 133 teams presenting their Advocacy Projects online with the help of 25 facilitators. Cohort 14 students completed Module 1, with 137 teams presenting their Life and Wellness History and Social-Ecological Model (SEM) Synthesis online with the help of 21 facilitators. In Fall/Winter 2020, over 250 Health Mentor (community member volunteers) met with their student teams, making HMP possible!
- The Jefferson Teamwork Observation Guide (JTOG) released a new and updated mobile App on both Apple and Android platforms. JCIPE successfully piloted the JTOG App within multiple Jefferson programs, adding ~1420 users into the system. We are gearing up to collaborate with external partners in 2021!
- Our TeamSAFE introductory sessions were held online this fall; between our fall 2020 and spring 2021 sessions, we welcomed ~1300 students from 6 professions (Medicine, MIRS, Nursing, OT, PA, Pharmacy, Public Health). We look forward to hosting virtual Advanced TeamSAFE in spring 2021 for approximately 150 interprofessional students (Medicine, Nursing and Pharmacy).
- JCIPE also piloted Team Care Planning online in fall 2020, with ~ 30 students from Medicine, Nursing and Pharmacy. We will run additional sessions in March 2021.
- The Alzheimer’s Virtual Interprofessional Training (AVIT) team has partnered with the Hill at Whitemarsh, a local continuing care retirement community, to develop and deliver case-based employee training. Our other virtual world program (Enhancing Services for Homeless Populations, or ESHP) continues to offer students from multiple disciplines the opportunity to participate in virtual case-based simulations.

## Interprofessional Practice and Education During the Pandemic



Christine Arenson, MD

As the unique year that is 2020 comes to a close, it seems an appropriate moment to reflect back on Jefferson’s history as a national leader in interprofessional practice and education, and to look forward to the future. This has been

a year filled with transitions for me personally, and uniquely colored by the COVID-19 pandemic for all of us.

Back in 2007 two educational visionaries, Thomas J. Nasca, MD and James Erdmann, PhD recognized the need to intentionally prepare every Jefferson health professions student to practice as members of effective interprofessional teams. They were the deans of Jefferson’s two health professions

colleges, the Jefferson Medical College (now Sidney Kimmel Medical College) and the Jefferson College of Health Professions (which at the time included all Jefferson health professions programs except medicine, including nursing). My colleague and mentor Molly Rose, PhD, CRNP and I were fortunate enough to be asked to lead Jefferson’s formal interprofessional education efforts and JCIPE was off and running. From the very beginning, Jefferson has approached interprofessional practice and education as a critical tool to improve health, and we have embraced the need to include patients as full members of the healthcare team and critical educators. With that in mind, the Health Mentors Program was our very first Jefferson IPE curriculum, and I am proud that it remains the national and international model for patient as interprofessional educator.

Over the past 13 years, the JCIPE team has continued to grow together with the

Jefferson community. JCIPE has enjoyed incredible support from senior Jefferson leaders, including Michael Vergare, MD, former Executive Vice President for Academic Affairs, and now Provost Mark Tykocinski, MD and President Stephen Klasko, MD, MBA. Not to mention the many patients, faculty and students who have made JCIPE strong since the very beginning! I have watched and learned as leaders like Lauren Collins, MD, Elena Umland, PharmD, and now Brooke Salzman, MD have developed interprofessional learning strategies that prepare our students for collaborative practice so far beyond what Dr. Rose and I could have imagined back in 2007. The Health Mentors Program continues to evolve to meet the needs of our students and our patients. TeamSAFE ensures that every Jefferson health professions graduate has fundamental skills to support patient safety. And advanced opportunities like Student Hotspotting, Team

Care Planning and JCIPE's virtual world programs are leading national innovation in interprofessional curriculum.

Most importantly, IPE is just "how we do business" at Jefferson. The enterprise has such a rich history of excellence in patient care. It is only natural that Jefferson would be a national leader in the IPE movement. After all, it's never been about interprofessional education for education's sake; it's always been about preparing all of us who are health professionals to be more effective members of the teams working to improve the health of the individuals and communities we serve.

Which brings me to my new adventure as Co-Director of the National Center for Interprofessional Practice and Education (National Center) at the University of Minnesota. After an amazing 34 years at Jefferson (including as a medical student, family medicine resident, geriatric fellow, and member of the faculty), it was hard to say goodbye to my incredible partners and colleagues at Jefferson. But, what an opportunity to build on the lessons I learned at Jefferson!

The National Center was established in 2012 through a unique public-private partnership and exists to bridge the gap between health professions education and healthcare delivery in the United States, by creating a deeply connected, integrated learning system to transform education and care together. We envision a Nexus where education and practice meet and create multisector interprofessional partnerships to achieve the Quadruple Aim: improve the experience of care for individuals, improve the health of populations, increase value, and enhance

professional satisfaction of the workforce. The National Center advances this work through Informing, Connecting, Engaging and Advancing the field of interprofessional practice and education.

2020 has truly been a year like no other. We are living through the COVID-19 pandemic, which continues to stress our education and healthcare systems. Then on May 25, 2020, George Floyd was killed in Minneapolis – the home city of the National Center. The national response to the twin pandemics of COVID and systemic racism in America has been dramatic and presents an opportunity to advance interprofessional education as one important part of the answer to creating true health equity in our nation. The National Center has listened to stakeholders across the United States and across many professions to formulate new strategic priorities to be part of the solution. Our fundamental vision of the Nexus of Interprofessional Practice and Education has not changed: *Redesigning both healthcare education and healthcare delivery simultaneously to be better integrated and more interprofessional while demonstrating outcomes.* In order to advance this critical work, the National Center has committed to five areas of strategic focus.

1. Educating Ourselves and Our Communities
2. Think Globally, Act Locally: IPE By the ZIP Code
3. Addressing Racism within Health Teams
4. Co-creating Care with the Strengths of Individuals and Families
5. IPE Knowledge Generation for Achieving

the Quadruple Aim

None of this is new for the National Center, and it stems from a growing body of work that makes it clear that when we improve teamwork and fully engage patients, families and communities, we can and will advance the Quadruple Aim. This is a unique moment in time when we must step back and recognize that we must be intentional about addressing the history of systemic racism in America as part of this process. We are creating curriculum, tools and strategies to advance our work and to support our community to engage with the places and people they serve to co-create better health. Please visit us at [nexusipe.org](http://nexusipe.org) and join us on this journey!

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**Christine Arenson, MD**

*Co-Director*

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## Health Mentors Program Reflection



**By Michelle Rochman**  
*Genetic Counseling Program  
Team 69*

Growing up, I did not know anyone in the healthcare field. Additionally, none of my friends chose careers as doctors or other healthcare providers. This lack of access

to people in the healthcare world made me idealize these people, mainly doctors. Admittedly, I looked at them as superhuman people who had this extra gift that no one else had and a type of intelligence that was inconceivable. Even when I decided to pursue a career in genetic counseling, I didn't think I would get into a program or be smart enough to do well in class. Throughout my two years at Thomas Jefferson University, I have had this "imposter complex". I never felt like I was worthy of being in the program and didn't have any business becoming a genetic counselor. By working with doctors in training and other medical professionals throughout this course, I was able to see that these people are not different than me. They do not have all the answers and they are not superhuman.

Throughout this health mentor experience, I came to realize that each person on the team was helpful to the group in different ways. I was very good about keeping the team on

track when we had the virtual and in person meetings with our Health Mentor. I also was great at redirecting our Health Mentor when she went on a tangent and focusing the team to nail down an advocacy project. Other people contributed in other ways like structuring the assignments, taking notes, brainstorming, etc. Each person was down to earth and willing to communicate with one another about schedules and assignments. We all had the same goal in mind and wanted to work together to meet the needs of this course and our Health Mentor.

As I go on to work in the healthcare industry and very closely with various providers, I will remember this health mentor experience. What I will remember the most is that doctors are human beings just like me. They get stressed, may be overloaded with work, and like to joke around. I am like them. I am worthy of being a healthcare provider. At the end of the day, we all want to do what is in the best interest of the patient.

# PEOPLE Building a Better World Together



Wendy Ross, MD

Dyan was at the football game with her autistic son. He started to get overwhelmed. She walked around the stadium to find the sensory room while his agitation grew. She was wondering if they should just leave. At last, the sensory room was in sight.

Inside, it was dim, it was calm. It was a relief to him—and to her. They spend the rest of their time here. Occasionally, they can hear the faint roar of the crowd. It reminds her of how much they're missing. She initially thought this outing would be a touchdown, but it feels like only a first down instead. Good, but not good enough to win the game...

Community participation can be an issue across all areas of life. What about when it applies to medical care? The numbers of those with autism began steeply climbing in 2003, meaning that over the next decade, over half a million individuals with autism will be reaching adulthood and require adult medical care.

Studies show that most individuals affected by autism do not obtain medical care after aging out of pediatrics<sup>(1,2)</sup>. When admitted to the hospital, they are significantly more likely to die than neurotypical individuals<sup>(3)</sup>. Neurodiversity encompasses autism and includes anyone with thinking or communication differences, such as those with psychological issues, intellectual challenges, impacts of aging, learning disabilities, and the like. In reality, accommodations made for those with challenges have historically benefited everyone. As a powerful example, ramps were designed for wheelchairs but support those with walkers, strollers, and delivery dollies. By accommodating those with autism and neurodiversity, we simultaneously provide the care that some need and that all deserve.

Jefferson Center for Autism and Neurodiversity has been reaching out across Jefferson University and Jefferson Health to bring individuals with neurodiversity and clinicians and scientists from diverse backgrounds with unique talents together to share ideas, conceptualize, and build a better future. The importance of interdisciplinary and interpersonal collaboration cannot be overemphasized in the development of an accessible community. Key stakeholders drawing from their personal and professional perspectives enhance the outcome by layering experiences with expertise in multiple areas. No single viewpoint can embody the enrichment and learning experience as fully as a united effort can. To this end, we have designed the PEOPLE model:



It is all about Perspective; this young lady with autism is providing us with the solutions to communication and conversation.

## P.E.O.P.L.E.

- 1. PERSPECTIVES:** Ask people what matters to them. Getting perspectives from all stakeholders creates a better outcome. While those affected by autism and neurodiversity are a priority, networking with experts in occupational therapy, speech and language pathology, architecture, design, nursing, medicine, and more provides innovative solutions to challenges facing all of us.
- 2. EDUCATION:** Educating providers and patients alike reduces anxiety and prepares everyone for the path ahead. Resources and accommodations make all of us feel welcome.
- 3. OUTCOMES:** Measuring outcomes is critical for determining best practices and moving the needle on policies that can extend opportunities to more people with clinical fidelity.
- 4. PROCESS:** Developing processes to introduce new experiences facilitates opportunities. We do not become adept at new challenges by simply preparing materials or reading about them. Experience is an essential ingredient to success.
- 5. LEARNING:** True learning happens when we meet people where they are and create meaningful stepping stones to where they want to go. For some, this will mean direct support for their treatment. For others, it will mean helping them to reach their goals more independently. Professionals will also enrich their own learning by partnering with each other, with the people they hope to serve, and by extrapolating strategies to other populations.
- 6. ENVIRONMENTS:** Environments are critical to the effective functioning of many,

especially to those with sensory issues. Creating new built environments – where we can – will be valuable. Where we cannot, we must find adaptations that maximize accessibility.

We are applying this model internally to medical care at Jefferson, and externally to other community settings, like sporting events and more.

## PEOPLE in Action—Imagine This:

**PERSPECTIVES:** Dyan is in a focus group with occupational therapists, individuals with autism, caregivers, speech and language pathologists, behavioral specialists and more, before taking her son to the game. She shares her perspective that she and her son could stay in the game if sensory-friendly seating was provided in the accessibility section of the stadium.

**EDUCATION:** The seating is provided along with visual stories, noise reduction headphones, fidgets, and other strategies pulled together by an interprofessional team for Dyan, her family and others. The stadium personnel are educated so they understand autism and have the seating and sensory friendly room available.

**OUTCOMES:** Jefferson Center for Autism and Neurodiversity's interprofessional team conducts outcome studies to assess the efficacy of interventions.

**PROCESS:** Tickets are provided to Dyan, her family, and others. Interprofessional team members are assigned families to observe, help problem-solve, identify any other barriers to participation, and collect data.

**LEARNING:** After the experience, professionals and participants describe the lessons learned. Applications of the model, for example, to other settings like healthcare, are explored.



*Creating new Processes and Environments that facilitate inclusive access is essential for individuals with autism*

**ENVIRONMENT:** Aspects of the environment that worked and may not have worked are assessed by participants and discussed with designers and architects. Feedback is applied to future experiences to help drive progress for improved participation.

Fundamentally, connecting the neurodiverse population with the breadth of expertise across the Jefferson Enterprise will improve navigation, as well as the quality and safety of care for everyone. Thinking outside the box

only happens when all kinds of minds come together. Our goal is to provide opportunities across the enterprise and across the population. Jeff CAN aspires to be a catalyst, empowering others to reach their potential in the world, not just in a room. When we all come together, everyone is in the game. And in this game, everyone wins.

**Wendy Ross, MD**

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Note: while some prefer a people first language model (i.e. 'person with autism'), many autistic individuals themselves are currently insisting on an autism-first moniker (i.e. autistic individual). With this in mind, this article has alternated in methodology of reference in order to accommodate both schools of thought.

Jefferson Center for Interprofessional Practice and Education cordially invites you to our 7th biennial virtual conference

## Interprofessional Care for the 21st Century

April 13, 15, 17, 2021



The purpose of this conference is to showcase scholarly work and works in progress related to interprofessional education and/or practice. This conference reflects on innovative implementation and evaluation strategies of the interprofessional competencies. Educators, clinicians, practitioners, researchers, health system leaders, policymakers, patient organizations, students, and other interested stakeholders in the health and social services fields are welcome to attend.

### Keynote Speakers

**Tuesday, April 13th**

*Accelerating Interprofessional Trailblazing...Imagining the Possibilities*

**Ivy Oandasan, MD, CCFP, MHSc, FCFP**

**Saturday, April 17th**

*How Interprofessional Collaborative Practice Can Help Dismantle Systemic Racism*

**Peter S. Cahn, PhD**

### Keynote Presentation

**Thursday, April 15th**

*Green City, Clean Waters - Lessons Learned*

**Jessica Brooks, PE, Director**

Green Stormwater Infrastructure Unit

**Tiffany Ledesma, Manager Public Engagement**

CDM Smith – In-House Consultant

**Elizabeth Svekla, AICP, Manager**

Green Infrastructure Planning Group

Philadelphia Water Department

Conference registration begins the week of 2/15/2021. If you have questions in the meantime, you may contact [JCIPE@Jefferson.edu](mailto:JCIPE@Jefferson.edu).

# Collaborative Interprofessional Work as Means to Prepare Better Healthcare Professionals



**Oksana Kazharova,  
MSW, LCSW, LCADC**

Over the past few years, I've had the honor to represent Pathways to Housing PA in the interprofessional collaborative work with JCIPE on the project called ESHP (Enhancing Services for Homeless Populations).

This partnership opportunity was as much exciting as it was needed. Many professionals in the healthcare field have the driving compassion and desire to improve someone's life; after all, staying healthy is one of the most important aspects of life. While many who choose to work in a health profession strive to deliver the best services, young healthcare professionals have very little practice and/or knowledge on how to best engage some of the most stigmatized, vulnerable, and "invisible" individuals – the homeless. This is partly due to the curricula composition. Feldman, Stevens, Lowe, and Lie (2020, p. 1) recognize that "While educators have focused on exposing their trainees to a variety of vulnerable populations... less attention has been paid to other marginalized groups such as the homeless and the incarcerated." Fine, Zhang, and Hwang (2013) state that some studies showed homeless individuals' sense of being unwelcome in healthcare settings and that lack of appropriate trainings for medical professionals served as a major barrier to homeless individuals seeking medical care.

The ESHP project was designed to address just that: equip future health professionals with knowledge, skills, and practice to enhance their work with homeless individuals. ESHP allows interprofessional



*ESHP students from Cohort 5 of Spring 2020 engage in the "Jeff Case" simulation. Here one student has assumed the role of Jeff, who has made their home in a tent in back of an abandoned warehouse. The other student is part of a team from a Housing First organization that does mobile outreach. ESHP provides students the opportunity to simulate an intervention and debrief with each other and a faculty facilitator.*

teams of students to use a virtual world platform, to simulate (in real time) situations they may face when working in community settings, such as a street, a medical clinic, and transitional housing. As I recall our collaborative work with JCIPE, Helen Keller's extraordinary work comes to mind, as her belief that more can be achieved when working together proved true for us (Lash, 1980). Pathways to Housing PA was the expert in our work with people experiencing homelessness, and JCIPE was the expert in interprofessional education. Together, the two forces created the virtual simulation world, where future healthcare professionals would effectively engage simulated homeless individuals and provide them with medical care and support. Students have an opportunity to apply what they learn into practice, and do so in the most constructive way, while embracing one of the three roles they'd play: that of the healthcare professional, the homeless individual, and

the observer. While you may wonder if one can learn as much by observing, I'd argue the opposite: the "observer" can learn the subtle cues (language tone, speech rate and language, body gestures, etc.) one must be aware of in order to effectively engage the homeless individuals.

The virtual world simulation is undoubtedly a miracle of today's technology, but the opportunity to participate in direct observation and engagement was a pivotal part of this project. Pathways to Housing PA served as the site for direct observations and proudly supported healthcare students in completing this process in person prior to the pandemic.

We know that the human brain can push through many limits, no matter the size. While the human race can claim credit for the progress of civilization, no ONE person can do so. Some of the greatest achievements were reached through partnership, collaboration, and interprofessional teamwork and alliance, regardless of the profession. There are no limits to what we can achieve through skillful collaboration, as through collaboration we learn from each other and share what we know (Jones-Stine, 2000). One of the greatest American playwrights, Tony Kushner, recognizes the rewards of collaboration, and helps us remember that no great work is created in isolation. Kushner elaborates on how his work was most successful when working with other people and states "The fiction that artistic labor happens in isolation, and that artistic accomplishment is exclusively the provenance of individual talents, is politically charged, and in my case at least repudiated by the facts...Had I written these plays without the participation of



*Members of the JCIPE and Pathways to Housing PA teams presented at the 2019 Collaborating Across Borders VII conference in Indianapolis, Indiana.*

my collaborators, they would be entirely different—would in fact never have come to be” (as cited in John-Steiner, 2000, p. 4). Similar to the artistic work that Kushner describes, the work of ESHP was a true collaboration of many professions from two different settings: healthcare education and human services/social work.

While Pathways to Housing PA played an important role in this process, bringing to the table the most hands-on experience and knowledge on how to best engage homeless individuals, we also recognize the benefits this partnership has brought to Pathways to Housing PA. Some of the many reasons we were excited to collaborate with JCIPE on the ESHP project was for the opportunity to build working relationships with students and potentially recruit them for our endeavors. Our work with JCIPE on the ESHP project gave us the privilege to help shape future healthcare professionals. The idea of expanding our professional network was even more appealing when we started this collaborative work. I was honored to be a part

of the JCIPE presentation team at the CAB VII conference in Indianapolis, IN in 2019.

As with any great work, this collaboration came with challenges, which mostly related to coordinating schedules and exercising a great amount of flexibility; but like any great teams would do, we worked through them with much success.

We are proud to have been a part of this journey and contribute to the shaping of our future healthcare professionals.

I am hopeful that the ESHP program will be an inspiration and a change force in other professions, such as the Criminal Justice system, where we can make a difference and improve the lives of many people beyond the healthcare field.

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## Meet an IPE Student Champion from Thomas Jefferson University

### Umara Iftikhar, Masters of Occupational Therapy '21

#### Briefly describe your work with/ related to JCIPE:

For the past year and a half, I have been a graduate assistant (GA) for JCIPE and have had the opportunity to work on various projects. Along with numerous smaller tasks, some key projects I have been a part of Enhancing Services for Homeless Populations (ESHP), the Hotspotting Program, and Team Care Planning (TCP). ESHP focuses on enhancing students' knowledge of the needs of homeless populations through virtual world simulations. As an active participant of this program, I was able to work with students from the East Falls Campus; in addition, I was able to collaborate with the program leader to identify ways to improve the learning experience. The Hotspotting program focuses on helping patients with complex health and social needs navigate the current healthcare system. My involvement has been more behind the scenes such as data collection of super-utilizers, assisting in identifying evidence to support the program, attending panels focused on complex care, and planning the program kick-off and wrap-up. More recently, I have joined the TCP team. TCP is a program where students receive a case study and create a discharge plan and conduct a family discharge meeting. My role has been working on the literature review and assisting in planning a new case study for the program to use in the future. Other programs I have participated in are Health Mentors and TeamSAFE, all of which have expanded my skills of being an effective team member when caring for a patient/client.



#### What excites you about this work?

JCIPE provides amazing opportunities to engage in collaborative practice and I think this is one of the many aspects that makes Jefferson great. As a GA, I have had the privilege to be an active participant in interprofessional practice, to work behind the scenes in program planning, and to expand my skillset within research. I have learned so much through this experience and I would not have gained some of these skills if it was not for JCIPE.

#### What have you learned that was new?

All of these programs and projects have been valuable to my education; however, my involvement in Hotspotting stands out. As a data collector on super-utilizers, it has really opened my eyes to the effects of the social determinants of health (SDOH) and the needs of the community.

#### Why is IPE/CP important to you?

IPE is important to me because collaborative practice will improve patient experience. As they say, “there is no I in team” and interprofessional teams do enhance the quality of care. In addition, this opportunity helps you gain teamwork and leadership skills that you can carry out into practice.

#### How do you think you will apply your IPE/CP learning to your future role?

Good healthcare is interprofessional practice and being a part of a care team will be my role as a future occupational therapy practitioner. IPE learning has helped me develop the skills of communication, listening, problem-solving, critical-thinking, collaboration/teamwork, and leadership, all of which I will carry with me as a future healthcare professional.

# Striving for Consistency Among Change and Uncertainty: A Year of Interprofessional Student Hotspotting



Tracey Earland, PhD,  
OTR/L



Megan Hershman, MS



Samantha Burke, OTD

## Introduction

In the United States, patients with complex health and social needs make up a small percentage of the population; however, they comprise a large percentage of healthcare utilization and costs to the healthcare

system (Long et al., 2017; Bates et al., 2014). Individuals in this population are likely to have comorbid conditions (often mental health or substance use disorders in addition to physical ailments), report negative perceptions of healthcare experiences (Collins et al., 2019) and be negatively impacted by factors related to the social determinants of health that strongly influence healthcare outcomes (Blumenthal et al., 2016).

Researchers have also noted the potential benefit of student collaboration in the context of interprofessional teams for helping patients to problem-solve (Bedoya et al, 2018). In an effort to generate better health outcomes for individuals with complex health and social needs, along with lower healthcare costs, institutions are designing educational models for interprofessional care (IOM, 2015; Bedoya et al, 2018). One such model is the Interprofessional Student Hotspotting Learning Collaborative (originally developed by the Camden Coalition of Healthcare Providers) at Thomas Jefferson University. This annual program facilitates teams of interprofessional students who learn about the challenges faced by patients with complex health and social needs during their interactions with the current healthcare system. Hotspotting interventions are created in collaboration with individual patients to address their specific needs and goals; they are established over time through the development of consistent, caring relationships with patients and aim to promote patient engagement in the process. While this process avoids a “one-size-fits-all” fix, the lack of a standardized approach can be challenging for students. Prior programmatic feedback from students suggested that while they appreciate the need for tailoring interventions to individual patients, they feel they need a more structured framework to guide their efforts.

With countless variables that can alter the team experience or impact patient goal-setting throughout the year, students in

the Hotspotting program have noted in assessments that they strive for consistency as a pillar of efficiency (such as a consistent time to meet with their patient or consistent progress toward a patient goal). To better understand the students’ experiences with Hotspotting, we analyzed the monthly reflection assignments that the student teams wrote and submitted during their year in the program. Our qualitative look examined the uncertainties students can face in this program, as well as how they persist despite these ambiguities. These firsthand accounts can help administrators guide interprofessional and complex care curricula development forward, and prepare students for careers in working with complex patients.

## Background

The Interprofessional Student Hotspotting Learning Collaborative (hereafter, Student Hotspotting or Hotspotting) is an educational curriculum originally developed by the Camden Coalition of Healthcare Providers in 2014. Camden Coalition’s initial efforts (by trained clinicians) with their first 36 patients back in 2007 cut hospital bills in half and ED visits by 41% in the first year (Vaida, 2017).

Thomas Jefferson University (hereafter TJU or Jefferson) has been part of Student Hotspotting since the program’s inception in 2014; in 2017, TJU was selected by the Camden Coalition of Healthcare Providers, Association of American Medical Colleges (AAMC), Primary Care Progress, Council on Social Work Education (CSWE), National Academies of Practice (NAP) and American Association of Colleges of Nursing (AACN) as one of four Hotspotting Hubs in the country, allowing the program to scale up and expand its reach. Interprofessional student teams of approximately five or six members engage with one to three patients over the course of six to seven months. The Student Hotspotting program at Jefferson supports several internal teams, as well as additional regional teams each year.

In 2019-2020, Jefferson hosted eight internal teams (with 40 students and 16 advisors) and eight external teams (with 42 students and 23 advisors), for a total of 121 participants. The regional teams were students and faculty from the Geisinger School of Medicine/University of Scranton (Northeast Pennsylvania/NEPA team), Harvard University, Johns Hopkins University, LaSalle University, Rutgers University, Temple University, Uniformed Services University of the Health Sciences, and The University at Albany. Teams consisted of two to three advisors as well as five or six interprofessional students in the medicine, social work, nutrition, nursing,

*\*This paper analyzes student assignments submitted between October 2019 - March 2020, prior to the COVID-19 pandemic and its implications.*

## Abstract

In Student Hotspotting, interprofessional teams provide hands-on, individualized interventions to patients with high healthcare utilization to address underlying social determinants of health (such as education, economic stability, or neighborhood safety), promote interprofessional collaboration, and reduce unnecessary hospital admissions for patients with complex health and social needs. While these patients only make up a small percentage of those hospitalized at a given moment in the United States, they contribute disproportionately to the nation’s healthcare expenditures and may be hospitalized frequently. In health profession education programs, students are increasingly expected to graduate with an understanding of how to address the social determinants of health. At Thomas Jefferson University, students in the Hotspotting program are able to spend six to seven months working in interprofessional teams with one to three patients, and are trained to address factors that can improve the health outcomes and experiences of their patients. Throughout the 2019-20 program, the 16 student teams (eight Jefferson and eight from external institutions) each submitted five reflection assignments (for a total of 80 assignments) detailing how their interprofessional teamwork and patient goals were progressing. The assignments were then thematically analyzed by the researchers. After the content analysis was completed, four main themes emerged, which students repeatedly addressed: Interprofessional Collaboration, Building Authentic Relationships, Transforming Frustration, and Maximizing Time. While these data captured just one year of student perspectives on the Hotspotting program, the reflections demonstrated how students balanced a desire for consistency in the program with the constant realities of uncertainty and change for their patients.





A Hotspotting team meets in Fall 2019 in the JCIPE office to kick off the year and learn more about their patient's story.



Jefferson Pharmacy student Jordan Mak (left) and Couple & Family Therapy student Rachel Smoot meet with their Hotspotting advisor, Dr. Anne Mitchell of Jefferson's College of Nursing, during a lunch workshop in January 2020.

pharmacy, physical therapy, occupational therapy, couple and family therapy, population health, and physician assistant degree programs. Throughout the program, students complete a Hotspotting curriculum consisting of a fall Kickoff orientation meeting, monthly "Essentials Workshops," monthly preceptor-facilitated Case Conference Calls, written assignments, team meetings, and a spring Wrap Up session. Teams also received support and direction from the student Hotspotting staff, regarding patient education materials and resources.

This paper addresses the findings of the student team-written monthly reflection assignments, including the final written assignments at Wrap Up 2020. These assignments provided students with the opportunity to discuss a variety of complex care topics, including how they identified and engaged patients, how members worked as an interprofessional team, and the goals they set in collaboration with their patients. The aim of reviewing these reflection assignments was to

comprehensively understand the student experience in the Hotspotting program, including successes and barriers that teams encountered. Our analysis was an effort to build upon program successes as well as change elements that may be less beneficial for student outcomes and patient care.

### Methodology

Student teams turned in their reflections for the months of October, November, December, January and March. The team of two researchers, which included a Hotspotting coordinator and a graduate assistant both from the Jefferson Center for Interprofessional Practice and Education,

conducted a research analysis of student reflections which were written in the students' own words.

The researchers utilized an inductive, conventional style of content analysis. This method is typically deemed appropriate when pre-existing literature or theory about phenomena is limited (Hsiegh & Shannon, 2005). Methodology included immersing

### Findings

With 16 student teams and five opportunities for students to submit these assignments, 80 reflection assignments were collected and analyzed.

### Interprofessional Collaboration

According to the World Health Organization (2010), interprofessional collaboration "happens when multiple health workers

from different professional backgrounds work together with patients, families, caregivers and communities to deliver the highest quality of care" (p.7). In the 2019-2020 Hotspotting academic year, students submitted periodic reflection assignments in which they referenced how working with other professions helped them see value in each profession's unique skillset and its respective contribution to improving care for the patient. A Jefferson team indicated that this interprofessional program characteristic "... allowed each of us to... see first hand [sic] how each of our training benefitted the patient in different ways."

Even with setbacks or slower progress than anticipated, students reported that the program's process itself made them feel "ahead of the curve" as it related to the teamwork skills that they would be expected to call upon in their professional lives. One team identified an essential tip to pass on to the next cohort of student Hotspotters, emphasizing "Find a communication method and stick to it." Mutual respect for others on the team, as well as for the professions they represented, was also cited as a key component of an effective Hotspotting team. Students recommended that future participants clearly outline team members' roles to effectively distribute tasks throughout

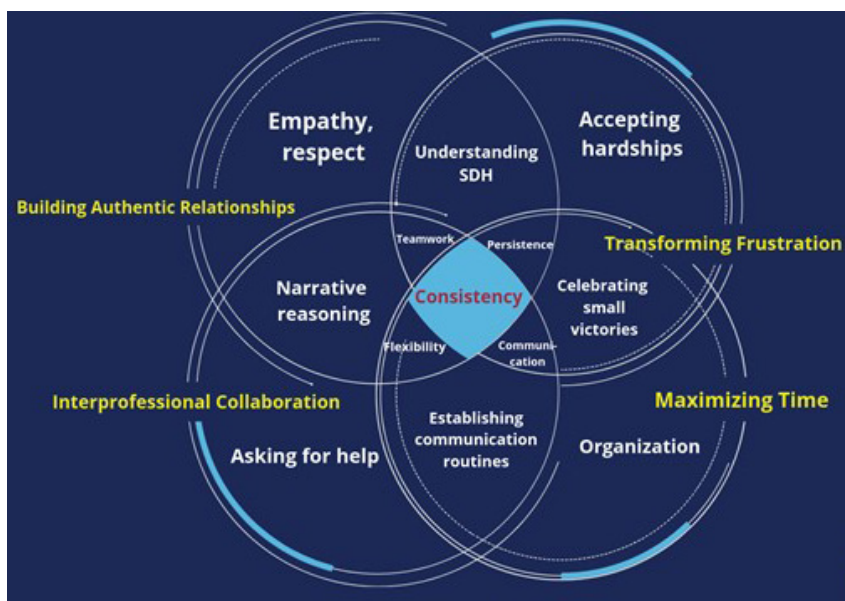


Figure 1. Student Hotspotting Themes 2019-2020

in the data through reviewing write-ups four to five times in their entirety, reaching agreement between researchers, creating a chart to define emergent categories (e.g. communication, teamwork, etc.), grouping together like statements in categories, and coding the text for recurring themes.

After considering the overlap in topics, two of the original five themes were consolidated, and four main themes emerged: Interprofessional Collaboration, Building Authentic Relationships, Transforming Frustration, and Maximizing Time. Figure 1 depicts the four themes and their dynamic interplay as identified by the researchers.

the program duration. Advisors were regarded as important sources of assistance during times of feeling stuck, further solidifying the program's collaborative emphasis.

### **Building Authentic Relationships**

Patients are likely to be more receptive to a healthcare provider or team who understands their unique challenges and viewpoints. They may be more motivated to try to make changes in their lives when surrounded by individuals they perceive to care about them (Grinberg et al., 2016). Students were generally quick to mention the important role of empathy in their assignments, especially when reflecting on why they may have first decided to participate in the program. As a Johns Hopkins student mentioned, "Sometimes the best care we could provide [a] patient was a compassionate, supportive, non-judgmental ear." Part of this authenticity entailed tangible efforts to remain consistent in patients' lives, even when the patients may have been unable to match this consistency. This was often the case when patients had unreliable access to communication, transportation, and/or other supports. Authentic relationships were important between the team members as well as between teams and patients.

### **Transforming Frustration**

The inevitable frustration of not being able to accomplish everything the team might have hoped or envisioned was cited frequently. One team described how the acceptance of this hardship could help practitioners reflect on how their super-utilizing patients may also feel let down by the healthcare system itself. This team elaborated more on this importance of "getting on the patient's level" and familiarizing themselves with patients' unique hardships, stating that "It has been important to become familiar with the systemic barriers and the history of minority and low-income populations that make it difficult to provide continuity of care." Using this mindset, frustration could counterintuitively help create or improve an authentic relationship with the patient and facilitate increased engagement towards achieving health goals. There was one team that was unable to recruit any patient participants over the course of the year, but they articulated how future practice would be positively impacted through the experience: "It's difficult to watch other successful teams share their positive experiences without a success story of our own. Team members felt disappointed and disheartened at times...[but] through it all, we experienced these emotions together, and we believe it brought us closer as a team. This experience has taught us a lot about seeing the patient as a whole and considering their concerns, worries,

perspectives and background when coming up with a plan to help them or treat them. As future health care providers, the Hotspotting experience has taught us how to look for patients who would benefit the most from this kind of extra support and we will also be able to better advocate for the patients who need us the most once rapport is established."

### **Maximizing Time**

Student reflections frequently mentioned the busy and conflicting schedules of team members and/or advisors that may have posed a threat to quicker progress. Attempts to mitigate lost time included having flexibility, holding meetings virtually, proceeding with meetings without all members present, or keeping a more ongoing stream of communication on a preferred platform. "It can be helpful to use Excel, Survey Monkey, or [a] Doodle poll to figure out team availability," a Jefferson team noted. "Create a schedule [for] check-in meetings, and stick to it. Use Google to share documents...from each patient encounter." Teams were also at times pressured to strategize ways to catch up. Toward the end of the program, some reported that they would be engaging in more frequent communication or meetings after progress had been slowed or halted for too long. Teams that were more proactive in anticipating certain challenges (such as delays in recruiting patients) and subsequently acting or planning urgently were likely to have met a greater number of program objectives (e.g., working with a second or third patient). Important components of maximizing time effectively also included finding ways to restart or maintain momentum through celebrating small victories, boosting team morale and connections, or framing slow or delayed progress as net gains for the team in order to keep engagement positive. These strategies are also corroborated by recent literature as effective ways to improve care continuity (Hardin, Kilian, & Spykerman, 2017).

### **Future Directions**

Moving forward in the Hotspotting program, we recommend that institutions repeat these reflection assignments for at least another academic year in order for researchers to explore themes and commentary over a longer period. Since the reflection assignments were submitted by teams rather than individual students, the assignments may have captured less feedback than could be possible in future academic years; individual comments could have been omitted from the assignments if the majority on the team vetoed including them. Reflection activities moving forward could be analyzed alongside quantitative methods of feedback in which students numerically rate or compare aspects of their experience. Institutions might also

consider exploring alternative ways to gather qualitative student feedback throughout the Hotspotting program besides email communication with the coordinator, as some students may feel more comfortable or effective using other formats. This could include in-person team-building activities or live focus groups in order to offer some variety in data collection methods.

### **Conclusion**

Students who participated in Jefferson's Hotspotting Hub for the 2019-20 year repeatedly touched on the four themes of Interprofessional Collaboration, Building Authentic Relationships, Transforming Frustration, and Maximizing Time. Embracing these components through consistent communication and effort appeared to be key to building and maintaining an effective, resilient team that could transform program-related experiences into personal and professional growth, even when overarching plans and goals were subject to a great deal of change and uncertainty throughout the year. Other academic programs that have participants engage with complex patients could benefit from offering their students a variety of opportunities for written reflection, as these assignments provide insight into potential team barriers, and how change over time/unpredictability can impact a team's progress.

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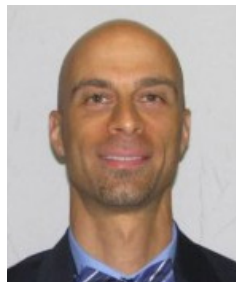
## Infusing Interprofessional Education Core Competencies and Collaborative Practice Into Standards-Driven Curricula



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One challenge facing healthcare training programs is balancing the need to provide students with interprofessional education (IPE) and collaborative practice (CP) opportunities in the context of highly prescribed standards-driven curricula (e.g., nursing and speech-language pathology). An infusion-based approach is an option for institutions and standards-driven programs that do not have specific IPE/CP courses or open electives in their curriculum.

Infusion is a strategic way to include content and practical opportunities for applying learned skills across disciplines (McGuire, n.d.). A curriculum infusion model can strategically integrate IPE content and CP opportunities into regularly offered courses across programs (Renzulli & Waicunas, n.d.). An infused curriculum underscores the roles of the faculty, students, and administrators in its development and implementation, whereas an integrated curriculum may be content-driven without the systematic integration of content and application of knowledge and skills across disciplines (McGuire, n.d.). Infused content may comprise two or more units of a course, or the content may weave thematically through courses (Fairfield, 2012). Infusing interprofessional education core competencies and collaborative practice into standards-driven curricula depends on “intrinsic connections that can be made

between a course’s intellectual content and health issues” (Riley & McWilliams, 2007, p. 1). The purpose of this project was to examine the feasibility of using case-based scenarios and motivational interviewing techniques to teach IPE/CP and professional communication skills to students in standards-driven healthcare training programs.

### Background

The Framework for Action on Interprofessional Education & Collaborative Practice (WHO, 2010) provides strategies that help training programs implement interprofessional education and collaborative practice into the curriculum. The World Health Organization (WHO) describes interprofessional education as occurring “when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (p. 10). “Collaborative practice happens when multiple healthcare professionals from different backgrounds work together with patients, families, [caretakers], and communities to deliver the highest quality of care” (WHO, 2010, p. 7).

A state university’s College of Nursing and Health Sciences established an Ad-hoc Interprofessional Education committee to help direct IPE/CP activities in the College’s

three units (i.e., Department of Health and Human Sciences, Kinesiology and Health Studies, and the School of Nursing). There are ten undergraduate programs in the College and five graduate programs. The College Ad-hoc IPE committee was formed to assess the feasibility of implementing IPE/CP among the College’s healthcare programs. Consequently, the committee prioritized the IPE core competencies and selected Interprofessional Communication as a priority, followed by (2) Roles and Responsibilities, (3) Teams and Teamwork, and (4) Values and Ethics for Interprofessional Practice (IPEC, 2016). The Ad-hoc committee’s priorities for curriculum development energized faculty to move forward with IPE/CP opportunities.

### Methodology

Four faculty members from four programs in the College of Nursing and Health Sciences developed an IPE/CP curriculum (i.e., two IPE modules and one CP module) that was infused into each program’s required coursework: three undergraduate programs (i.e., athletic training, nursing, and kinesiology and health education and promotion) and one graduate program (i.e., speech-language pathology). Students completed Module 1 and 2 as out-of-class (100% online) assignments. Module 1 introduced IPE/CP and Interprofessional Communication. Module 2 presented Motivational Interviewing (MI) techniques that are a collaborative conversation style for strengthening a person’s motivation and commitment to change.

Module 3 was an in-class case-based CP activity. Figure 1 is an example of one of the case-based scenarios where student teams made clinical decisions using Motivational Interviewing strategies. Each team of students from across the four disciplines chose a case-based scenario

and developed Motivational Interviewing responses (i.e., empathy, partnership, acceptance, evocation, and affirmation) to address the patient's/client's statements. Teams met face-to-face to brainstorm their Motivational Interviewing techniques and shared their comments.

Collaborating faculty collected data for the modules using the described assessments: pre-and post-tests, knowledge assessments (i.e., Learning Checkpoints), self and team evaluations, personal communication style inventories, and a post-survey tool. Instructors had the flexibility to add additional

**Table 1.** Pre and Post-Conference Confidence in Skills on Interprofessional Learning in Practice, 2018-2019

	Pretest Extremely Important	Post-Test Extremely Important
Open Communication	80.0	87.5
Clear Direction	76.7	95.8
Non-threatening Work Environment	70.0	91.7
Clear and Known Roles and Tasks for Team Members	56.7	91.7
Respectful Atmosphere	73.3	87.5
Shared Responsibility for Team Success	46.7	83.3
Appropriate Balance of Member Participation for the Task at Hand	40.0	83.3
Acknowledgment and Processing of Conflict	70.0	87.5
Clear Specifications Regarding Authority and Accountability	53.3	91.7
Clear and Known Decision-Making Procedures	60.0	95.8
Regular and Routine Communication and Information Sharing	76.7	100
Enabling Environment, including Access to Needed Resources	63.3	95.8
Mechanism to Evaluate Performance Outcomes and Adjust Accordingly	53.3	83.3

assessments or questions to the described assessments to meet course objectives and learner outcomes.

### Module 1: Interprofessional Education (IPE)/Collaborative Practice (CP) and Interprofessional Communication.

Students, before beginning Module 1, completed a teacher-made pretest comprised of 13 closed-ended questions. Students rated the importance of communication techniques on a 1 to 5 scale (i.e., 1= Not At All Important; 2=Slightly Important; 3=Moderately Important; 4=Very Important; 5= Extremely Important). Once the students completed Module 1, students' knowledge of the importance of communication in interprofessional practice was assessed using ten objective questions (i.e., five True/False questions and five multiple-choice questions).

### Module 2: Motivational Interviewing

Students, before beginning Module 2, completed an 8-question teacher-made pretest. The pretest asked students to rate their role as healthcare providers to assist patients/clients to adopt a new behavior. Their ratings ranged from 1=Strongly Disagree, 2=Disagree, 3=Agree and 4=Strongly Agree. Students then completed the Motivational Interviewing module. Students completed the module and answered a ten-item objective assessment (i.e., five True/False questions and five multiple-choice questions) about their knowledge of Motivational Interviewing techniques.

### Module 3: Interprofessional Collaborative Practice Activity

Before beginning Module 3, students completed the *Communication Style Inventory (CSI)* (Alessandra & O'Connor, 1996). The CSI is comprised of 18-paired statements. Instructions asked students to circle the statement that most described how you usually act in everyday situations. The idea is to get a clear description of how you see yourself. The students' answers were classified into one of four categories: Controller/Director, Promotor/Socializer,

Supporter/Relater, or Analyzer/Thinker. After students completed Module 3, they completed a 13-item teacher-made closed-ended post-test. This post-test was the same as the pretest completed before Module 1. Students also completed a self-evaluation and a team-evaluation using a 7-item assessment. Students rated themselves and fellow team members on questions dealing with collaborative relationships, sharing information, productive feedback, and team focus. A 1 to 5 rating scale was applied (1=Well Below Expected; 2=Below Expected; 3=Nominally Expected; 4=Above Expected, and 5=Well above Expected).

### Results

Thirty students from across four healthcare programs (i.e., speech-language pathology n=11; nursing n=5; athletic training n=6; kinesiology and health education and promotion n=8) independently completed Modules 1 and 2. Four teams, comprising 28 students from the original 30 students, met for Module 3, for a case-based collaborative practice activity.

Thirty students completed a pretest and post-test, which asked them to rate the importance of effective Interprofessional Communication. All students rated each factor at least a 4 (i.e., Very Important) or a 5 (i.e., Extremely Important). The percentage of students who rated the factors as "Extremely Important" markedly increased on the post-test (see Table 1).

After the project, each student completed a self-assessment and team assessment on the quality of interprofessional communication. Each assessment was comprised of 6 factors, and each factor was assessed on a 1 to 5 scale. All scores for the self-assessment and team assessment ranged from 3 to 5. In general, students rated the quality of interprofessional communication high (i.e., 4 or 5) for both themselves and their team (see Tables 2 and 3).

**Table 2.** Percentage of Students' Self-Assessment of Interprofessional Communication

	Nominally Expected	Above Expected	Well Above Expected
Establishes Collaborative Relationships with Team	0	44	56
Integrates Information for Decisions	16	36	48
Asks Appropriate Questions	0	41	59
Provides Productive Feedback	28	28	44
Explains Unfamiliar Vocabulary/Role(s)	28	28	44
Helps Team Remain Focused	16	20	64

**Table 3.** Percentage of Students' Team-Assessment of Interprofessional Communication

	Nominally Expected	Above Expected	Well Above Expected
Establishes Collaborative Relationships with Team	16	20	64
Integrates Information for Decisions	0	44	56
Shares Useful Information with Others	12	24	64
Provides Productive Feedback	36	4	60
Explains Unfamiliar Vocabulary/Role(s)	16	28	56
Helps Team Remain Focused	28	24	48

## Discussion

Interprofessional education and collaborative practice in healthcare have been recognized as a precursor to effective team functioning and quality care (IPEC, 2016). Faculty and students who participated in this project reported positive feedback for all of the infused IPE modules and CP activities, and all student-learning objectives were met. Faculty assessed students' learning outcomes using uniform assessments with some additional assessments implemented for individual course objectives and learner outcomes. Barriers to scheduling courses and teaching content were overcome by offering out-of-class core content and face-to-face CP formats. Module 1 is under revision, and another core module, Roles and Responsibilities, is being developed. Programs in the College are identifying more courses where the modules could be infused, and they are developing additional collaborative practice activities.

## Conclusion

Case-based scenarios and motivational interviewing techniques can be effectively infused into standards-driven healthcare training programs to teach IPE/CP competencies and collaborative practice. Barriers to an infusion-based approach are not unlike the obstacles encountered when offering stand-alone IPE courses with CP opportunities, such as scheduling conflicts, classroom space, and community-based learning events. High-level visible administrative and organizational support and structure are necessary to successfully implement an infused IPE/CP curriculum across healthcare programs. Faculty training and support (e.g., compensation or reassign time), and instructional and assessment flexibility are critical to successful implementation.

Students in healthcare training programs cannot continue to learn in silos yet be expected to exhibit collaborative practice

behaviors and attitudes in work settings. Healthcare training programs must identify effective and efficient ways to offer students opportunities to learn from and with students across different disciplines to deliver the highest quality of care.

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## Figure 1. Example of Scenario

*Chad is a 21 year-old single, college football player. Chad is in the gym at least twice a day, lifting weights. He "grunts" loudly with each lift. He injured his lower back when lifting weights at the university's athletic facility. Post MRI, he has received physical therapy (PT) for 4 months, with only minor relief. He was also referred to the speech department for a voice evaluation because of a "very hoarse voice." Since his injury, Chad has not been able to lift weights, participate in football practice, games or daily workouts. Today, he's meeting with his athletic trainer and speech therapist.*

*Chad: "I thought I would be over this by now. I'm only 21 years old, and I feel like I'm 80! I'm hesitant to do much of anything. I can't even look over my shoulder without being afraid I'm going to do something to make it worse. I'm depressed and eating too much. I've thought about smoking weed for the pain. At least everyone tells me my voice sounds better. I don't know what I'll do if I can't play football again."*



## Meet an IPE Faculty Champion from Thomas Jefferson University

### Kelly Pagnotta, Program Director, Master of Science in Athletic Training Program

#### Briefly describe your work with/related to JCIPE:

I currently help facilitate sessions within the Health Mentors Program.

#### What excites you about this work?

I am most excited about this work because of the wide reach of the JCIPE programming. This is the first year our Master of Science in Athletic Training Students joined the Health Mentors Program so I am excited for them to join the community of learners already established at Jefferson. Allowing our students to learn from, about and with all of the other healthcare professional students at Jefferson is an integral part in their

education and I'm excited for them to get that opportunity. As a facilitator, working with students from around the University is exciting because it is an honor to be a small part in their educational journey. Exposing them to interprofessional education, team work and a variety of professions that all impact our patients' outcomes is extremely rewarding.

#### Why is IPE/CP important to you?

IPE is important to me because it is the foundation of our healthcare system. No one works in a silo in clinical practice, so we should continue to expose our students to the knowledge, skills and abilities of the wide range of health professionals they'll be interacting with.



JCIPE is engaged in innovative IPE work year-round on and off the Thomas Jefferson University campus. Want in-the-minute updates about our programs and events?

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