The Webinar will begin at 12:00 p.m. CST
Nontraditional Partners for Interprofessional Education and Practice: Two Case Studies Featuring Exercise Physiology and Athletic Training

Monday, December 14
Moderator & Presenter

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Disclosures

The National Center for Interprofessional Practice and Education has a conflict of interest policy that requires disclosure of financial interests or affiliations with organizations with a direct substantial interest in the subject matter of their program.

Dr. Anthony Breitbach does not have a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this interprofessional continuing education activity, or any affiliation with an organization whose philosophy could potentially bias his presentation.

Dr. Lora Humphrey Beebe reports that she has a grant from Health Resources and Services Administration (HRSA), project #D09HP25932-01-00.
Nontraditional Partners for Interprofessional Education and Practice: Incorporation of Psychiatric Mental Health Nursing and Athletic Training

Anthony Breitbach PhD, ATC
Saint Louis University

American Interprofessional Health Collaborative Webinar
December 14, 2015
Learning Objectives

At the end of this presentation, participants will be able to:

• Describe the profession of Athletic Training and the interprofessional nature of education and clinical practice in the field.
• Describe how inclusion of Athletic Training faculty and students can enhance IPE initiatives.
• Describe specific examples of how Athletic Training programs have included Interprofessional Education into the professional preparation of their students.
Athletic Training

• Athletic Trainers (ATs) are health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

• Students who want to become certified athletic trainers must earn a degree from an CAATE accredited athletic training program.

SOURCE: http://www.nata.org/athletic-training
Interprofessional Practice (IPP)

- AT’s have been engaged in IPP for decades.

- The traditional Intercollegiate Athletic Health Care facility functions like a Patient Centered Medical Home.
Interprofessional Education (IPE)

- Peer professions have been active in IPE initiatives, with some already embedding into their standards.
- However many times, for various reasons, AT Programs have been left out of IPE initiatives by universities and other organizations.
Inclusion of IPE/IPP in AT

• In 2012, the Executive Committee for Education of the National Athletic Trainers’ Association authored “Future Directions in Athletic Training” which made recommendations regarding the evolution of AT.

• IPE was included and a strategy for formal inclusion of IPE into AT was developed.
Future Directions in AT Education

• Recommendation #3
  – Interprofessional education (IPE) should be a required component in professional and post-professional education programs in athletic training.
Goals of Recommendation

- For IPE to become embedded in AT programs.
- To explicitly identify the interprofessional nature of the athletic trainer’s traditional role.
- For athletic trainers to become valuable members of interprofessional teams positively contributing to improved patient/client outcomes.
IPE/IPP in AT White Paper

• **To inform the profession**
  – regarding IPE and IPP, including appropriate terminology, definitions, best evidence and the important role it plays in the future of health care.

• **To inform institutions, academic units and other professions**
  – about our profession and the advantages of including AT in IPE and IPP initiatives.

• **To inform educators and clinicians**
  – regarding best practice, giving practical examples of how to get involved in IPE and IPP.

• **To inform the CAATE**
  – providing evidence for inclusion of IPE and IPP in accreditation standards.
# Interprofessional Pedagogy Matrix

<table>
<thead>
<tr>
<th>Time/Resource Demands</th>
<th>Intra-curricular</th>
<th>Extra-curricular</th>
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<tbody>
<tr>
<td><strong>LOW</strong></td>
<td>IPE Competencies Included in Individual Program Courses</td>
<td>One-time Interprofessional Workshop or Orientation</td>
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<td></td>
<td>IPE Modules Embedded into Individual Program Courses</td>
<td>Interprofessional Grand Rounds Sessions</td>
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<td>Cross-listed Courses with IPE Content</td>
<td>Interprofessional Simulation Activities</td>
</tr>
<tr>
<td><strong>MEDIUM</strong></td>
<td>Single IPE-prefix Introductory Course</td>
<td>Regularly Scheduled Seminars, Workshops, etc.</td>
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<tr>
<td></td>
<td>Multiple IPE-prefix Core Content Courses</td>
<td>Interprofessional Capstone Projects, Portfolios, etc.</td>
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<tr>
<td></td>
<td>Academic Curriculum Including Practicum</td>
<td>Mentored Interprofessional Service Learning Activities</td>
</tr>
<tr>
<td><strong>HIGH</strong></td>
<td>Academic Concentration, Major or Minor</td>
<td>Established Clinical Practice Utilizing IPP Teams</td>
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Benefits of IPE to AT Programs

• Teaching/Collaborating with experienced faculty in other health professions allows for faculty development.
• AT program faculty teaching students from all health professions helps overcome misconceptions about AT.
• Collaborative interprofessional scholarship opportunities.
• Financial benefits to faculty, such as overload pay or reassign time for IPE course involvement.
Benefits of IPE to the AT Students

• Providing a vehicle to introduce athletic training foundational behaviors in the greater context of interprofessional core competencies.

• Socializing athletic training students to their future roles as health care professionals.

• Recognizes common content knowledge and skills needed by all health care providers. (eg. musculoskeletal and emergency medicine)
Benefits of AT for IPE Programs

- Providing students in the IPE program exposure to AT as a health profession with a unique practice setting.
- Providing additional faculty resources for the IPE program.
- Promoting a greater understanding and respect between students in the health professions involved in the program.
NATA IPEP Interest Group

• NATA has developed Member Interest Groups
  – The NATA IPEP Interest Group is the first!
  – Based as a LinkedIn group, with a Twitter feed.

• Provides a structure for:
  – Many different groups to have a voice on IPEP.
  – Dissemination and exchange of information on IPEP.
  – Advocacy of AT involvement in IPEP initiatives.
NATA IPEP Interest Group

LinkedIn: https://www.linkedin.com/grp/home?gid=8229902
Twitter: @NATA_IPEP
IPE at Saint Louis University (SLU)

• IPE has become an instrument to improve the understanding of AT among the faculty, staff and students at SLU

• Instrumental in faculty recruitment and development

• Helped AT students become quickly integrated into the culture of the medical campus
Professions Participating

- Athletic Training
- Health Information Management
- Magnetic Resonance Imaging
- Medical Lab Science
- Medicine
- Nuclear Medicine
- Nursing
- Nutrition and Dietetics
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Physician Assistant
- Radiation Therapy
- Social Work
Professional Socialization

• AT students often do not know where they “fit”.
  – Their professional preparation and practice standards are that of health care providers.
  – They identify with the coaches and athletes with whom they interact daily.
  – Unless this conflict is resolved, it will carry on into clinical practice.
  – Peer professions are socialized as health care providers beginning with their admission process to their programs.
IP Team Seminar (IPTS)

- Separate experience at the post baccalaureate level.

- Six team sessions with faculty facilitator
  - Same core experiences
  - Maps objectives to activities and IPEC Competencies
  - Applied, experiential, shared learning, critical reflection, application to clinical experiences
Case - IPTS Module - AT

• 2013-2014 IPTS course evaluations called for additional “real” patient cases, opportunities to simulate work with changing care teams, and practicing interprofessional communication at transitions of care.

• In 2014, the IPTS curriculum team revised patient cases across three of the six sessions, with one session bringing in AT students in their final semester of the Master of Athletic Training program.
Case - IPTS Module - AT

- Each AT student participated in three sections of IPTS seminar #4 giving them the opportunity to repeat the experience with different teams.

- All students completed individual case-activity worksheets regarding team-based care and significant takeaway points from the seminar.

- The twenty AT students submitted a structured critical reflection paper after the three sessions.
Case - IPTS Module - AT

• The Tommy Mallon case was chosen because it is a real case with full-coverage, live video.
• It highlights the role of AT and enables the discussion to address teamwork and communications across multiple transitions of care.
• Components include AT/EMS response, diagnosis of a C-1 spinal fracture without paralysis, acute care, rehabilitation, and activities of daily living.
Student Reflections

• IPTS Students reflected themes of:
  – Increased understanding of the training and role of AT students
  – The importance of communication as the patient transitions to different settings and teams
  – Insight into essential information necessary to assure patient-centered care
  – New appreciation for the mental health needs of a patient and family dealing with traumatic injuries
Student Reflections

• AT Students reflected themes of:
  – Change in their perception of the value of interprofessional practice
  – Need to advocate and communicate their scope of training and care
  – Impact of teamwork and communication to provide the best, patient-centered care
  – Repeated exposure across three sections increased their skills, confidence, and intent to apply lessons in practice.
Word Cloud from Student Reflections

Students in IPTS (n=600)
- important
- patient
- care
- athletic
- team
- injury

AT Students (n=20)
- care
- patient
- professions
- experience
- athlete
- team
- profession
- training
Quotes from Student Reflections

• “I get nervous when thinking about managing injuries like this because of the high stress environment that it creates, but after presenting all the information three separate times and getting affirmation from faculty and students that we are well trained in situations like this was uplifting. I feel that doing this presentation was a confidence boost and a good reminder that I have practiced and prepared for events like this over and over again.” (AT Student).
Quotes from Student Reflections

• “I was **surprised to learn that the AT is a large player** in the IP team... It is important not to just focus on the physical health, but stress and psychological impact is important as well...we all have areas of overlap and **need to communicate with each other for the best plan of care**” (IPTS Student).

• “As a pharmacy student, I think working closely with social work, OT, and PT is important to determine the patients' goals in their therapy and any adjustments to medications... **each member of the team plays a vital role in the highest quality of care for the patient**” (IPTS Student).
Resources


• Pole D, Breitbach A, Howell T. (2015) Using a Real-life Case Scenario to Integrate Additional Health Professions Students into an Existing Interprofessional Team Seminar. Accepted for publication - Journal of Interprofessional Care.


• Anthony Breitbach PhD, ATC
  – [http://at.slu.edu](http://at.slu.edu)
  – [http://sluathletictraining.com](http://sluathletictraining.com)
  – [breitbap@slu.edu](mailto:breitbap@slu.edu)
The Recovery-Based Interprofessional Distance Education (RIDE) Rotation: Nontraditional partners for interprofessional education and practice

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Hollie Raynor, PhD, RD, LDN
Andrea Franks, PharmD
Acknowledgement:

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Background

Minimal literature addresses integration of IPE in graduate PMH nursing curricula

- Psychiatric disorders are associated with health barriers necessitating intervention from a variety of disciplines
- Obesity, metabolic syndrome, liver disease, hypertension
- Many meds cause weight gain, glucose metabolism dysregulation and dyslipidemias
- Documented poor nutritional habits
- Among the most sedentary groups in US
Our partners

• Graduate students and faculty in
• Psychiatric Mental Health Nursing
• Pharmacy
• Nutrition
• Exercise Physiology
Planning phase

- faculty team building: monthly meetings, formal and informal gatherings in person and online, and attendance at a 3 day IPE conference.
- collaborated with IPE and curricular consultants to design the overall curriculum, objectives and formative and summative evaluations.
- designed student activities and determined delivery methods and grading rubrics in collaboration with an online pedagogy expert.
- All RIDE faculty participated in faculty training in the use of BC.
- A series of six videos were scripted, produced and edited by our videographer in collaboration with RIDE faculty and a graduate student from the University of Tennessee performing arts program. Videos demonstrated common mental health symptoms and IPE core concepts.
- Collaborated with evaluation team to develop and submit IRB approval.
- visited clinical sites to meet our clinical partners and discuss logistics for the 3 day on site clinical intensive
The RIDE Rotation

• A 4-week series of modules, using IPE and recovery concepts

**Before Module 1**, students completed the Pre Training Online Evaluation of Teamwork, Knowledge, Attitudes and Skills for Health Sciences Students (Brock, Chiu & Rish, 2014)

• Modules 1-2 : online synchronous via Bb collaborate or Zoom
• Week 1-IPE
• Week 2-the Recovery model
• Week 3 – “live” interaction with simulated client
• Week 4- Three-day clinical intensive developing team based wellness plans

• Week 5 – online debriefing/evaluation via focus group and completion of the Post Training Online Evaluation of Teamwork, Knowledge, Attitudes and Skills for Health Sciences Students (Brock, Chiu & Rish, 2014).
Innovations

- **Recovery**
- Person centered
- Supported through relationships
- Defined as a process
- Used in a variety of clinical settings by a variety of professionals
- Stated in common terms
- Evidence based (efficient, effective and safe)

- **IPE competencies**
- Client centered
- Relationship centered
- Process oriented
- Applicable across practice settings and professions
- Stated in common language
- Outcome driven
Innovations

- Professions represented: WHO study on 396 educational programs in 42 countries, 16% of IPE learners were nursing students, 7.7% were pharmacy students and 5.7% were nutrition students. Exercise physiology students were not represented in any of the educational programs reporting (WHO, 2010).

- We found no published reports of formal IPE programs with these professions.
Barriers

Nutrition

• Time and commitment
• Small numbers of students
• RIDE not part of formal coursework
• Faculty and student inexperience with online learning
• Timing of RIDE in program

Exercise physiology

• Time and commitment
• Small numbers of students
• RIDE not part of formal coursework
• Faculty and Student inexperience with online learning
• Faculty and student inexperience with psychiatric populations
Solutions

• Identify committed faculty early
• Seek support from administrative partners
• Provide faculty release time for project activities
• Provide early training in online education theory and how-tos (with refreshers)
• Offer extra support to students early in program
• Consider including outstanding undergraduate students in less represented disciplines
• Use independent study mechanism to ensure students receive credit for their work on the RIDE
• Build in orientation to psychiatric populations and facility into online portion of RIDE
• Shadowing experience on day one of clinical intensive
• Tireless work to increase program visibility and student understanding of their roles as both student and research participant
Student experiences-Cohort One

• Quality simulation videos provided:
  – valuable practice assessing patients
  – exposure to interprofessional care at work
• Immersive & interactive way to learn the recovery model
• Online sessions introduced other professions in a meaningful way
• Face-to-face time crucial for the experience – team-building and practical learning
• Patient encounters were the best – empowering for students and clients!
Preliminary results - Cohort Two

• Quantitative data: Positive changes on “we” feeling of team, members happy with team outcomes, team experience personally meaningful, and assumption leadership based on suitability.

• Focus group themes: students understood their role and that of other disciplines, students understood how all disciplines could be integrated, students gave examples of helpful learning experiences and made suggestions for project improvement
Next Steps

- This feedback will be used in our planning for future student cohorts. Changes being considered:
  - Additional technology training for some students
  - Additional videos demonstrating RIDE student team interactions with simulated client
  - Streamlining content to maximize online time
  - RIDE activities optional for nursing post masters students
  - On site clinical intensive optional for distance students
Questions?
AIHC Membership

Join us as a charter affiliate of this exciting new professional society – the first member-based organization in the growing field of interprofessional practice and education.

• Go to Our Website: http://www.aihc-us.org/

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<tbody>
<tr>
<td>Individual</td>
<td>$150</td>
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<tr>
<td>Student</td>
<td>$30</td>
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<tr>
<td>Lifetime Sustaining Member</td>
<td>$1,000</td>
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Thank you!

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