**2018 ASAHP Annual Conference – Concurrent Schedule**

**WEDNESDAY, OCTOBER 10, 2018 (1:30pm-3:25pm)**

**PLAZA A**

**CONCURRENT SESSION A: BEYOND THE CLASSROOM – INNOVATIONS IN IPP**

**A.1 (1:30pm-2:05pm):** HEALTHCARE WORKFORCE READINESS FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE **(2018 ASAHP LEADERSHIP DEVELOPMENT PROGRAM PRESENTATION)**; Anthony Breitbach (St. Louis University); Elizabeth M. Adams (University of South Alabama & ASAHP LDP Research Team); Lisa L. Dutton (St. Catherine University & ASAHP Leadership Development Program (LDP) Research Team); Patricia Y. Talbert (Howard University & ASAHP LDP Research Team); Andrew J. Butler (Georgia State University & ASAHP LDP Research Team); Tracy Christopherson (MissingLogic, LLC); Michelle R. Troseth (MissingLogic, LLC)

**Hypothesis/Issue**: The context of interprofessional education (IPE) and collaborative practice (IPCP) has led to calls for greater alignment, coordination and coalitions among education and healthcare delivery systems. One method that may improve these coalitions is Polarity Thinking. Polarities represent interdependent pairs of different but complementary values or perspectives. This project investigates IPE and IPCP as perceived by educators, practitioners and healthcare industry representatives.

**Method**: This exploratory study utilized survey research to examine how IPE and IPCP support efficient, effective and integrated care. Participants attending the ASAHP Summit on Healthcare Workforce Readiness for IPCP were surveyed in July 2018.

**Observations/Outcomes:** The survey consisted of demographic questions and 16 items producing a Polarity Map® that identifies the positive outcomes focusing on IPE and IPCP and the negative outcomes associated with over-focusing on either IPE or IPCP.

**Conclusion**: This study explored the tension between IPE and IPCP as a polarity to be managed rather than a problem to be solved. This provides a better understanding how IPE and IPCP can be leveraged to achieve efficient, effective and integrated care.

**A.2 (2:10pm-2:45pm):** IPE AND IPP AT THE UNIVERSITY OF KANSAS MEDICAL CENTER: CAMPUS-WIDE EFFORTS, GERIATRICS-FOCUSED ACTIVITIES, AND CLINICAL OPPORTUNITIES; Susan Jackson (University of Kansas Medical Center); Debby Daniels (University of Kansas Medical Center), Lindsey Heidrick (University of Kansas Medical Center), and Kristy Johnston (University of Kansas Medical Center)

**Issue to be Addressed**:There is an educational need to prepare students to work interprofessionally to best serve the needs of clients and their families.

**Method**: Speech-language pathology (SLP) students at the University of Kansas Medical Center (KUMC) participate in campus-wide IPE events, geriatric IPE activities, and interprofessional clinical practice opportunities. All first-year students from the Schools of Health Professions, Nursing, and Medicine participate in a 4-hour IPE event that provides an introduction to TeamSTEPPS®. The IPE event for all second-year students involves the disciplines working together on an interprofessional case study. Students interested in geriatrics can choose to participate in a simulation with a standardized patient and attend the Geriatrics/Palliative Care Ethics Seminars. Three interprofessional clinical practice opportunities are part of the clinical practicum experience for SLP master’s students: cleft palate clinic, developmental evaluation clinic, & ALS clinic.

**Outcomes**: Survey data, comments during debriefing, & clinical supervisor evaluations attest to acquisition of the students' knowledge & skills.

**Conclusion**: IPE/IPP activities are valuable additions to the curriculum.

**A.3 (2:50pm-3:25pm):** INSPIRING A CULTURE OF EXCELLENCE: ADVISING PARTNERSHIPS FOR STUDENT SUCCESS; Lauren McCants (University of Cincinnati); Carney Sotto (University of Cincinnati); Chalee Engelhard (University of Cincinnati); Monica Wilkins (University of Cincinnati)

The College of Allied Health Sciences (CAHS) at the University of Cincinnati coordinated an interprofessional half-day workshop and corresponding web-based educational, certificate program with the goal of strengthening the faculty and staff advising community as well as providing improved tools and resources needed to ultimately increase an advisor’s ability to impact student success and retention. Data from the workshop were qualitatively analyzed through Grounded Theory resulting in a central category. The findings illustrated that participants perceive integrating the Respectful Model into student interactions through demonstrating active listening, compassion, respect and taking the time to “meet the students where they are” will enhance not only their understanding of the “why” behind taking general education courses to achieve their ultimate career goal, but also to enhance students’ abilities to critically think and be empowered to make informed decisions.This presentation will challenge attendees to brainstorm and discuss ways an integrated advising community between faculty and staff can lead to enhanced student outcomes and how this best practice model could be implemented at other institutions.

**PLAZA B**

**CONCURRENT SESSION B:** **BEYOND THE CLASSROOM – INNOVATIONS IN IPP**

**B.1 (1:30pm-2:05pm):** EFFECT OF AN INTERACTIVE ONLINE COLLABORATION TOOL ON FACULTY COMMUNICATION AND COLLABORATION; Lance Villers (University Texas Health Science Center at San Antonio); David C. Shelledy (University of Texas Health Science Center and San Antonio)

**Issue/Hypothesis**: Interprofessional communication among faculty is critical for health profession’s collaboration. Faculty must work together to develop or revise curriculum, implement new programs, develop policies and procedures and coordinate course offerings. We sought to determine if an online collaboration tool could improve communication and teamwork among allied health faculty.

**Method**: Slack is an online, instant messaging communication and collaboration tool. Slack is widely used for business communications and project management. Conversations between members are contained in one virtual place and are focused on “channels” where team members can collaborate. We assessed the effectiveness of Slack in improving communications and project completion, replacing face-to-face meetings, and improving faculty satisfaction and engagement.

**Results**: We implemented Slack for all faculty (n = 12) across two campuses in our emergency health sciences department. Most faculty chose to download the application onto their smartphones. Faculty were then surveyed with respect to the effectiveness of the app in improving communications, reducing frequency and need for face-to-face meetings, and overall satisfaction with communicatio

**B.2 (2:10pm-2:45pm):** BEYOND THE CLASSROOM: STUDY ABROAD AS A MECHANISM FOR INTERPROFESSIONAL EDUCATION; Sarah Manspeaker (Duquesne University); Sarah Wallace (Duquesne University)

**Issue**: Allied health accreditation standards have increased emphasis on interprofessional education (IPE) while recognition of global learning as a high-impact educational practice has also emerged. This project describes the developmental process and outcomes of an immersive study abroad IPE experience for students from seven allied health professions.

**Method**: Twelve American allied health students (i.e., athletic training, nursing, occupational therapy, physical therapy, physician assistant studies, pre-medical, and speech language pathology) enrolled in a faculty-led IPE course to Australia. A mixed methods pre/post-study abroad survey determined student perceptions of the study abroad program and their readiness for interprofessional learning (RIPLS).

**Outcomes**: Students reported positive perceptions of the study abroad experience; no significant change in attitudes or perceptions of collaboration, professional identity, or roles and responsibilities occurred.

**Conclusion**: Due to the lock-step nature of allied health programs, summer study abroad may be an appropriate venue for global learning of an interprofessional nature. This project may assist other allied health professionals in developing IPE in the international setting.

**B.3 (2:50pm-3:25pm):** A CURATED ONLINE IPE REGISTRY SYSTEM: ENSURING QUALITY, CLARITY, AND UNIFORMITY OF IPE PROGRAMMING AS A MEANS TO DOCUMENT ACCREDITATION STANDARDS; Renee Bogschutz (Texas Tech University Health Sciences Center); Dawndra Meers Sechrist, (Texas Tech University Health Sciences Center)

**Hypothesis**: Interprofessional education (IPE) is a proven approach to collaborative learning that addresses fragmentation in healthcare delivery. Yet, the quality and consistency of IPE programming can vary across activities. For this, a curated IPE Learning Activity Registry was developed to ensure quality, clarity, and consistency of IPE programming.

**Method**: The registry is an annually curated database, which details each IPE activity. All IPE learning activities in the registry have been vetted for quality and are readily accessible and searchable. The registry serves as prospective registration and quality assurance of IPE programming. The registry also documents the types/variety of IPE learning activities that target specific health professions learners to meet programmatic accreditation standards. Submissions to the registry are evaluated for quality and approved activities are migrated to the online registry.

**Outcomes**: To date over 50 registered IPE activities have been approved through the system. The registry also is the basis for an annual needs assessment to determine strategic growth initiatives for IPE.

**Conclusion**: Development, implementation, utility, and lessons-learned will be discussed during the presentation.

**PLAZA C**

**CONCURRENT SESSION C: SELECT TOPICS IN ALLIED HEALTH**

**C.1 (1:30pm-2:05pm):** TURNING 20: EVALUATING AN INTERPROFESSIONAL DOCTORAL PROGRAM IN HEALTH RELATED SCIENCES; Diane Dodd-McCue (Virginia Commonwealth University); Paula Kupstas (Virginia Commonwealth University);Teresa Nadder (Virginia Commonwealth University)

Virginia Commonwealth University's Doctoral Program in Health Related Sciences launched in 1998. It includes representation from nine clinical departments and targets working professionals, features interprofessional students/ faculty, blended on-campus, online delivery, and emphasizes shared health services issues. Program effectiveness is measured by mixed methods assessment of processes and outcomes, 1998-2018.

**Processes** include faculty, cohort composition; curriculum focus; IPE/C content, activities, comprehensive exams; dissertation committee composition.

**Outcomes** include PhDs awarded; graduates' publications; downloads of dissertations; career impact. Faculty and students represent all disciplines. Of the program's 51 credit hours, 30 emphasize IPE/C focus on theory or methods. The program awarded over 100 PhDs. Graduates' publications span diverse journals. Graduates are in positions marked by significant IPE/C . Instructional content and activities emphasize IPE/C .The program meets doctoral education needs through IPE/C.

**Results** reflect opportunities to focus on IPE/C research, specifically the processes by which faculty introduce and nurture education spanning professional silos.

**C.2 (2:10pm-2:45pm):** AN INTERPROFESSIONAL EDUCATION FRAMEWORK FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY STUDENTS; Susan Gordon-Hickey (University of South Alabama); Tara Davis, Dahye Choi, Julie Estis

We hypothesized that students will achieve improved knowledge and skill through combining two pedagogical approaches, team-based learning and interprofessional education. For this presentation, we will share our experiences in implementing and refining a team-based Interprofessional Education (IPE) course for graduate SLP and AUD students over the past four years. An educational model/ framework, which includes course design, student learning outcomes, IPEC competencies, and measurement tools will be described and discussed. We will provide specific ideas for prospective IPE topics and assignments based on the results of a recent collaborative practice survey, which identified specific disorders and clinical populations that require appreciable collaboration between SLPs and AUD. We will share the outcomes data of the Interprofessional Socialization and Valuing Scale which indicated significant improvements for students in their self-perceptions of their ability to work on a team, their value for the other profession, and their comfort working in a team. Additionally, we will share qualitative data regarding student perceptions of the course.

**C.3 (2:50pm-3:25pm):** ADVANCES IN IP EDUCATION: A COMPARISON OF TWO DISTINCT TEACHING MODELS; Shahana Koslofsky (Pacific University); Katherine Bell (Pacific University Oregon, School of Dental Hygiene Studies), Amy Coplen (Pacific University Oregon, School of Dental Hygiene Studies), Sue Stein (Pacific University Oregon, School of Pharmacy), Mathew Hunsinger (Pacific University Oregon, School of Graduate Psychology)

**Issues to be addressed**: Despite the recent emphasis on the need for formal Interprofessional Education (IPE), there has been little examination of the impact different teaching models can have on IPE outcomes. This presentation will review data from two different IPE teaching models and provide evidence that one training model has significantly better outcomes than another.

**Method**: This presentation will compare the level of change between two different IPE teaching models using the Readiness for Interprofessional Learning Scale (RIPLS) Questionnaire. Constructs measured include team work and collaboration, negative professional identity, positive professional identity, and roles and responsibilities.

**Outcomes**: This presentation will review pre and post class data which demonstrate that the updated IPE model generally improved attitudes towards interprofessional collaboration to a greater extent than an older teaching model along all constructs measured by the RIPLS.

**Conclusion**: Information from two distinct IPE teaching models will be presented with an emphasis on the differences between the models. Discussion will include an overview of the different course designs, the innovative teaching techniques implemented in t

**LASSING - MILLER**

**CONCURRENT SESSION D: LEADERSHIP AND SELECT TOPICS IN ALLIED HEALTH**

**D.1 (1:30pm-2:05pm):** MOVING BEYOND THE 'STUDENT LEADER' OXYMORON IN ACADEMIA: AN ILLUSTRATION FROM THE TRENCHES; Lisa Burns (Mary Baldwin University); Brighid Rebolledo (Mary Baldwin University)

**Issue**: Practitioners must be able to not only thrive but lead in today’s healthcare context. This requirement places weighty responsibility on academic educators to support students’ development of leadership. Educators need practical, effective, engaging ways to support student leaders and prepare them for the real world of healthcare.

**Methods** employed should support best educational practice, follow principles of universally designed education and andragogy, and produce positive learning outcomes. Method: Session presents a complex learning activity recently implemented in speakers’ doctoral leadership course. The activity included students’ preparation for and purposeful participation in an interprofessional Equity Workshop (with more than 250 attendees) focusing on local access to healthcare. Preparation activities, assignments, Workshop, follow up tasks, and outcomes will be reviewed. Alignment with ‘good teaching’ principles will be emphasized.

**Outcomes**: Illustrated activity enabled students to apply new knowledge about equity and healthcare access, and demonstrate leadership in a real world context.

**Conclusion**: Session participants will gain strategies to enrich leadership within their own curricula.

**D.2 (2:10pm-2:45pm):** NON-CLINICAL CLASSROOM BASED INNOVATIONS IN INTERPROFESSIONAL EDUCATION FOR THE BACCALAUREATE ALLIED HEALTH STUDENT; Ronda Sturgill (The University of Tampa); Allison Kaczmarek (The University of Tampa)

**Issue**: The Interprofessional Education Collaborative (IPEC) Core Competencies for Interprofessional Collaboration are critical for allied health professionals. Most baccalaureate allied health curricula are non-clinically based, creating a challenge to incorporate the competencies into the curriculum.

**Method**: This presentation describes methods of introducing IPEC competencies to a non-clinical student population. The competencies are introduced through an introductory allied health course. After understanding the difference of groups and teams, students gain experience in applying the competencies. During the seminar in allied health course, upper level students are provided opportunities to apply, analyze and evaluate the competencies. Activities incorporating the IPEC competencies include a group leadership simulation, an outdoor leadership challenge course, a professional shadowing experience, and a ethics committee review. These experiences build skills in communication, teamwork, mutual respect, and recognizing the value of roles/responsibilities.

**Outcomes**: Specific examples and data from the courses are presented. Conclusion: Lessons learned, and recommendations for teaching competencies are discussed.

**D.3 (2:50pm-3:25pm):** BARRIERS, CHALLENGES, AND SUCCESSES TO LEADERSHIP POSITIONS IN SCHOOLS AND COLLEGES OF HEALTH PROFESSIONS IN HIGHER EDUCATION **(2018 ASAHP LEADERSHIP DEVELOPMENT PROGRAM PRESENTATION)**; Ericka Zimmerman (Western Carolina University); Francine M. Seruya (Mercy College), Rafael E. Bahamonde (Indiana University Purdue University Indianapolis), April L. Harkins (Marquette University)

**Hypothesis**: Faculty recruitment into leadership positions is increasingly more difficult. There are personal and professional factors that discourage faculty from progressing into leadership/ administrative positions. The purpose of this research was to determine the barriers, challenges, and successes to leadership positions in health professions.

**Method**: A literature based, online survey was developed and sent to 115 ASAHP member institutions through the organization list-serve. ASAHP representatives distributed the survey link to faculty in their school or college with an expected participant pool of about 500 faculty. Survey questions address basic demographics, faculty information, and barriers, challenges, and successes related to administrative/leadership positions. The survey is open for a one-month period.

**Results/Outcomes**: Aggregate data will be presented at 2018 ASAHP annual conference.

**Conclusion**: Findings will provide ASAHP members a better understanding of the barriers and challenges to administrative/leadership roles, which will help universities or professional organizations develop strategies for recruitment, retention and professional development to make administrative/leadership positions more appealing.

**AVERY - CHANCELLOR**

**CONCURRENT SESSION E: SOCIAL DETERMINANTS OF HEALTH/CULTURE OF HEALTH**

**E.1 (1:30pm-2:05pm):** EXPLORING LOCAL HEALTH DISPARITIES AND THE SOCIAL DETERMINANTS OF HEALTH TO DEVELOP INTERPROFESSIONAL VALUES AND ETHICS CORE COMPETENCIES; BC Charles-Liscombe (Mount St. Joseph University); Jamie Bayliss (Mount St. Joseph University)

**Issue to be Addressed**: To improve overall quality of life and eliminate health disparities, clinicians should provide patient-centered and population-focused collaborative care.

**Method**: A faculty committee from athletic training, nursing, physical therapy, and physician assistant studies developed the Greater Cincinnati Quality of Life Forum to develop interprofessional practice skills as a required component of several courses. During a two-hour class session, interprofessional teams of students discussed an infant and maternal case study which highlighted economic, social, and environmental health disparities in the region using the International Classification of Functioning, Disability, and Health (ICF) model.

**Observations/Outcomes**: During in-class debriefing sessions, students reported value in discussing the patients’ needs and the health disparities within the local community. Small and large group discussions enabled students to consider their own and others’ contributions, shared values and ethics, and barriers to providing care.

**Conclusion**: A community-focused forum on quality of life issues can increase students’ knowledge of health disparities, roles within an IP team, and the values and ethics of collaborative care.

**E.2 (2:10pm-2:45pm):** WITHDRAWN

**E.3 (2:50pm-3:25pm):** DIVERSITY & INCLUSION STRATEGY DEVELOPMENT AT THE COLLEGE OF HEALTH SCIENCES, RUSH UNIVERSITY; Laura Vasquez (Rush University); Natalie Landfair, (Rush University), Mary J. Guglielmo, (Rush University), Charlotte L. Royeen, (Rush University)

**Hypothesis**: This abstract proposal will highlight a method used to decrease determinants in health care education. A comprehensive four-year strategic plan and preliminary results for the advancement of diversity and inclusion will be highlighted.

**Method**: A college situational analysis was conducted on student enrollment and faculty demographics. Recommendations put forth by the College of Health Sciences Diversity Committee were approved by Rush’s institutional leadership and the college was granted university-wide support by leveraging resources and coordinating efforts towards addressing healthcare inequities in education.

**Observations/Outcomes:** The college’s goals, action items, anticipated outcomes, metrics and an all-encompassing college diversity statement will be highlighted.

**Conclusion**: Increasing diversity and inclusion is vital to the institution. Addressing compositional diversity requires collaborative institutional support. It is to be expected that integration of diversity, and inclusion will require a shared understanding and continuation of collaborative efforts from all stakeholders.

**THURSDAY, OCTOBER 11, 2018 (1:45pm-4:20pm)**

**PLAZA A**

**CONCURRENT SESSION A: BEYOND THE CLASSROOM – INNOVATIONS IN IPP**

**A.1 (1:45pm-2:20pm):** ADVERTISING STUDENTS WORKING WITH PUBLIC HEALTH PROFESSIONALS- THE (NOT SO) ODD COUPLE; Tobe Berkovitz (Boston University); Pegeen Ryan (Boston University); Dustin Supa (Boston University)

**Issue**: The BU School of Public Health Life Impact Burn Recovery Evaluation (LIBRE) needs to achieve its goal of helping burn survivors to live a better quality of life by having them complete the special survey designed to increase understanding of their recovery process. Students in AdLab, the BU student run advertising agency learn professional advertising skills by developing a strategy for LIBRE leading to communication that achieves the organizations’ goals.

**Method**: This is a case study how advertising students and public health professionals work developing techniques heightening understanding between two disciplines contributing to successful outcomes for both groups.

**Outcomes**: AdLab and LIBRE work together in a learning environment sharing their expertise with each other to achieve the goal of helping burn survivors and their families improve their quality of life. LIBRE works with AdLab defining the objective of increasing participation in the survey and AdLab creates strategy documents and persuasive advertising material achieving these goals. This material is presented in the paper.

**Conclusion**: Collaboration between the two groups shows how IPP benefits advertising students, public health professionals and burn survivors.

**A.2 (2:25pm-3:00pm):** INNOVATIVE CURRICULUM DESIGN & BEST PRACTICES FOR PREPARING EXERCISE SCIENCE PROFESSIONALS; Cassandra Ledman (Purdue University); Lane Yahiro (Purdue University), Tim Gavin (Purdue University)

**Issues to be addressed**:1.Bridge the gap between college course-work and preparedness for professional/grad school and entry level professions. 2.Create a succinct academic path to best prepare students for future successes and enable academic freedom to shift focus’ throughout their undergraduate term without increasing academic career length and debt.

**Method**:1.Purdue created a singular career pathway in Kinesiology with an optional concentration in clinical exercise physiology that focuses on hands-on coursework, experiential learning opportunities, and outside the classroom educational experiences. 2.Curriculum is designed to prep students for professional schools in allied health professions and certifications, such as, ACSM CEP.

**Outcomes**:1.Students can shift focuses within their academic career without major deviations to the schedule/graduation date. 2.Improved preparedness for internships and entry-level employment, noted in preceptor evals. 3.All students have coursework to apply for professional/grad school.

**Conclusion**:Succinct degree paths and areas of specialization that emphasize experiential learning and clinical applications are necessary to create successful young health/fitness professionals.

**A.3 (3:05pm-3:40pm):** CREATIVE DESIGN THREADS INNOVATION INTO A DPT CURRICULUM; Teresa Conner-Kerr (University of North Georgia); Kimberly B. Castle, Mary E. Oesterle, Teresa Conner-Kerr, Andrzej Przybyla (University of North Georgia)

The purpose of this presentation is to describe the experience of one PT program in developing an innovation curricular pathway. The University of North Georgia (UNG) PT department partnered with Georgia Institute of Technology’s School of Industrial Design to develop the cREATe program (Creating Rehab Engineering and Assistive Technology Experiences). During this elective experience, engineering and PT students engaged in collaborative efforts to address the needs of local individuals., 2 Over three summers, 26 engineering students and 37 DPT students made 10 innovative devices.

Through cREATe, faculty recognized the value of incorporating this content into a formalized curriculum. The program was modified and renamed IDEA4rehab (Innovate-Develop-Evaluate-Apply). IDEA4rehab was integrated into the PT curriculum as a parallel track to the traditional research project. The innovation path involves coursework in concept design, intellectual property protection, strategic market analysis, prototyping, field testing, and market implementation.

This program aligns with objectives of the APTA FiRST (Frontiers in Rehabilitation Science and Technology) Council. Specifically, the third APTA FiRST objective, “Leverage scientific and technological discoveries to advance physical therapist practice, education, and research”. Through this curriculum DPT will develop skills to work in the innovation workspace.

**A.4 (3:45pm-4:20pm):** ALLIED HEALTH PLUS: INTERPROFESSIONAL PRACTICE IN AN ELEMENTARY SCHOOL ENVIRONMENT; Ellen Contopidis (Nazareth College); Catherine S. Rasmussen (Nazareth College)

Typically, pre-service professionals are introduced to interprofessional practice through course work and clinics on campus. The next level of application is to provide clinical experiences in the field that model and allow for authentic interprofessional practice. One innovative method of providing this next level of clinical practice is through a collaborative partnership with a school district. This partnership brings together in-service and pre-service professionals in mentoring relationships from Social Work, Physical Therapy, Occupational Therapy, Speech and Language Pathology, and Education. In addition to the traditional supervision that is specific to the different professions there is a group orientation and 2 additional meetings for facilitated discussion to reflect on the interprofessional practice, benefits, and future application and advocacy for this model. The expected clinical outcomes of this model are:1) Skill and experience in co planning/treating students in a school, 2)Identifying the reciprocity of benefits in an interprofessional mentoring relationship, and 3)Advocacy skills in leadership for system’s change.The presentation will conclude with discussion of how to begin such a collaboration.

**PLAZA B**

**CONCURRENT SESSION B: SOCIAL DETEMRINANTS OF HEALTH/CULTURE OF HEALTH**

**B.1 (1:45pm-2:20pm):** CULTURAL COMPETENCE CURRICULUM FOR HEALTHCARE STUDENTS: DESIGNING A COURSE FOR SOCIAL CHANGE; Christina Gunther (Sacred Heart University); Gail Samdperil (Sacred Heart University)

**Issue:** The demand for inter-culturally competent healthcare professionals is growing at an exponential rate in globalized societies, therefore, inquiry is needed to inform curriculum for healthcare students. Healthcare professionals must identify an individual’s cultural dimensions as they influence patient centered care in a multicultural way.

**Method:**  A cohort sample of convenience was used to validate a newly designed curriculum for inter-cultural competence training in healthcare professions students after generalized training failed to reach significant results. An introductory lecture style information session was presented to students in a classroom setting.  The remaining cultural competence instruction was provided through an online learning platform.  In order to assess the growth of students’ intercultural competence, we administered the Intercultural Development Inventory (IDI) both pre- and post-training module.  Initial outcomes indicate positive movement along the IDI developmental continuum.

**Outcome:** The customized training had a statistically significant effect on inter-cultural competence ability. Research has suggested that we cannot expect students to grow inter-culturally without specific, guided intervention facilitated by faculty members. Incorporating a formal, customized program can be operationalized across healthcare programs resulting in growth in inter-cultural competence skills among healthcare professionals that will better serve a diverse population of patients.

**B.2 (2:25pm-3:00pm):** CLIMATE CHANGE CHANGES HEALTH; Lorraine Mongiello (NYIT)

**Issue**: Climate change (CC) resulting in the frequency or intensity of extreme weather events affects health and the impact is likely to be overwhelmingly negative. Between 2030 and 2050, 250,000 additional deaths/yr are expected and the health cost is estimated to be 2-4 billion/yr. CC affects the social and environmental determinants of health: clean air, safe water, sufficient food and secure shelter. Minorities, the poor and elderly will be disproportionally effected. The influences of CC on human health are significant, varied and will include increased: •deaths from respiratory and CVD from extreme heat and pollutants•pollen will trigger asthma and allergies•malnutrition as food production will decrease •weather disasters will cause a range of conditions from mental disorders to communicable diseases•geographic range of many vector-borne diseases and lengthen transmission seasons •floods will contaminate water, create breeding grounds for disease insects, cause drownings, physical injuries, damage homes and disrupt the supply of medical services

**Conclusion**: The goal of this session is to raise the awareness of allied health professionals and prepare them for the threats that CC presents to their patients.

**B.3 (3:05pm-3:40pm):** EXAMINING THE ROLE OF ALLIED HEALTHCARE MANAGERS IN IDENTIFYING & MITIGATING BARRIERS TO ACCESS CRITICAL HEALTH CARE SERVICES- A PILOT INTERVENTION; Janet Reid Hector EdD (Rutgers University Biomedical & Health Sciences – SHP); Michael Kortbawi, NMT (Chief Nuclear Medicine Technologist-University Hospital, (Rutgers University, Newark, NJ); Al Heuer, PhD, MBA, RRT, RPFT, FAARC. Professor- MS in Healthcare Management, (Rutgers - School of Health Professions)

The Triple AIM targets three key initiatives for optimizing healthcare delivery. These include improving health of populations, reducing per capita cost, and optimizing patient experience including access, quality and satisfaction. There are many barriers which inhibit making the Triple Aim a reality. One such barrier involves inequalities in healthcare access and delivery, especially to vulnerable populations. To mitigate this barrier, allied health managers (AHMs)/supervisors are in a pivotal position as they operate at the intersection between clinicians, patients and senior level executives who oversee strategic initiatives and resource allocation.This unique overlap of clinical and administrative responsibilities enables AHMs to readily identify issues related to gaps in care to the under-served. Optimizing care to patients is especially critical for not-for-profit hospitals to maintain their classification as 501(c)(3) organizations, and to avoid diminishing the health status of constituent communities. The purpose of this presentation is to describe strategies which AHMs may use to identify gaps in services provided to socioeconomically challenged populations, and specific methods to overcome barriers to such strategies.

**B.4 (3:45pm-4:20pm):** SERVICE LEARNING FOR PRE-PROFESSIONAL UNDERGRADUATES: CULTIVATING A DEEPER UNDERSTANDING OF THE SOCIAL DETERMINANTS OF HEALTH; Michele Previti (Stockton University); Margaret (Peg) Slusser (Stockton University), Luis Garcia (Stockton University), Anthony Dissen (Stockton University)

**Issue:** While classroom lectures and assigned readings introduce pre-professional students to social determinants of health, student understanding of the deep impact of determinants is limited by lack of contact with affected populations. Incorporating service learning opportunities into the curriculum enhances student understanding and provides a framework for action to reduce negative impacts of the determinants.

**Method:** Upper level pre-professional students in a B.S. in Health Science program form teams and engage in a service learning project with a community agency to assist underserved populations. Students:1) research the mission of the agency, 2) directly engage with the population, 3) identify unmet needs and 4) develop and implement a project to meet an identified need. Students reflect on their experiences and consider how they have “made a difference.”

**Outcome:** Through written reflections, poster and oral presentations on their projects, students demonstrate a deep understanding of how specific negative impacts of social determinants of health can be modified to improve well being.

**Conclusion:** Service learning opportunities enable pre-professional students to develop a deeper understanding of social determinants of health.

**PLAZA C**

**CONCURRENT SESSION C: BEYOND THE CLASSROOM – INNOVATIONS IN IPP AND SELECT TOPICS IN ALLIED HEALTH**

**C.1 (1:45pm-2:20pm):** BEYOND BORDERS: INTERNATIONAL CERTIFICATION FOR REHABILITATION WORKERS; Lea Brandt (University of Missouri); Rich Oliver (Univeristy of Missouri), David Henzi (UT San Antonio), and members of the ASAHP International Task Force

**Hypothesis/Issue to be addressed** – The ASAHP International Task Force was established as a means to develop a sustainable rehabilitation workforce for underserved domestic and global markets through industry-academia partnerships.

**Method** – The taskforces partnered with CARF International to disseminate a survey to the international rehabilitation community to determine the organizational need for rehabilitation workers within the global community.

**Observations/Outcomes** – Survey results from 61 participating organizations from 21 countries will be reviewed. Survey results indicate that there is a high level of interest in partnering with US based educational institutions to develop an international certification for rehabilitation workers.

**Conclusion** – ASAHP has the unique position of connecting scholars from across institutions to engage in furthering health professions education and practice for the global community.

**C.2 (2:25pm-3:00pm):** FACTORS ASSOCIATED WITH CAREER CHOICE IN ALLIED HEALTH PROGRAMS; Matt Anderson (UT Health Science Center San Antonio); Venessa Kodosky (UT Health San Antonio), David Shelledy (UT Health San Antonio)

**Issue**: Many health professions face significant labor shortages over the next decade. To ensure a sufficient workforce, academic programs must effectively recruit students. Little data exists regarding factors driving career choice.

**Method**: We surveyed all incoming allied health students over a four-year period (n=855) to determine factors related to career choice. Students surveyed included medical laboratory sciences, occupational therapy, paramedic, physical therapy, physician assistant, and respiratory care. Mean (SD) scores were calculated for each survey item. ANOVA with post-hoc testing was used to identify differences between programs.

**Outcomes**: The top reasons for career choice were desire to help others, contribute to society, interest in healthcare, exciting profession and jobs. There were significant differences (p < .05) between programs for 31 of 33 factors assessed. The top five reasons for career choice were consistent across all programs except Physical Therapy.

**Conclusion**: While scores differed between academic programs, we found consistent results when grouping the top five factors together. By focusing on these factors, schools can improve the effectiveness of their program recruitment activities.

**C.3 (3:05pm-3:40pm):** TRAINING CYCLES IN CLINICAL AND TRANSLATIONAL RESEARCH (CTR) FOR UNDERGRADUATE HEALTH SCIENCES PROGRAMS (UHSP) AT UNIVERSITY OF PUERTO RICO-MEDICAL SCIENCES CAMPUS (UPR-MSC) AND UNIVERSIDAD CENTRAL DEL CARIBE (UCC): PATHWAY FOR STUDENTS AND FACULTY IN CTR; Dr. Margarita Irizarry-Ramírez (University of Puerto Rico- Medical Sciences Campus); María E. González-Méndez, Elaine Ruiz-Izcoa, Mildred I. Rivera-Vázquez and José R. Moscoso-Álvarez (Univeridad Central del Caribe); Carlamarie Noboa-Ramos, Lizbelle De Jesús-Ojeda, Edgardo L. Rosado Santiago, Juan C. Soto-Santiago, Efraín Flores-Rivera and Rubén García-García (University of Puerto Rico-Medical Sciences Campus)

Responding to the need of students/faculty of the UHSP in learning about CTR, the Title V Cooperative Project between UPR-MSC/UCC offered training cycles (TC) in CTR. Undergraduate students (US), undergraduate faculty (UF) and graduate students (GS) were registered in: Research Education Towards Opportunities (RETO) and Mentorship Offering Training Opportunities for Research (MOTOR), level 1 and 2, which consisted of 20 hours of training –interdisciplinary sessions– in CTR. Level 1- to introduce them to CTR and CT researchers; Level 2- to prepare them to do CTR and to be mentored by a well-established researcher through the Clinical and Translational Mentoring Team (CTMT) in the development of a research question. Fifty-eight (58) participants completed level 1, distributed: 26 (44.8%) US in RETO, 16 (27.6%) GS and 16 (27.6%) UF in MOTOR, from which, eleven (11) completed level 2. At the end of the first TC level 1, twenty-five (25) participants answered an on-line satisfaction survey. All (100%) were satisfied with the TC, and for 96% of the respondents, their expectations were fulfilled, and will continue in the TC. The TC demonstrated to be an effective strategy to provide new knowledge, experiences and interest in CTR.

**C.4 (3:45pm-4:20pm):** STUDENT-LED FACULTY DEVELOPMENT: MUST WE MIND THE GAP?; Aimee Gardner (Baylor College of Medicine); D. Benjamin Wright; Ashley Mullen

**Objectives**: Given the key role that students play in providing feedback through instructor and course evaluations, it may be beneficial to include students in the design and delivery of faculty development initiatives. The purpose of this study was to assess the effectiveness and receptivity of a student-led faculty development course.

**Methods**: A student-designed and facilitated curriculum was offered to faculty via monthly sessions over the course of five months. Instructors completed evaluations after each module, a final course evaluation, and a pre/post knowledge test.

**Results**: The mean score of the 20-item knowledge test improved from 9.20±1.02 before the course to 13.40±0.92 after the course. The overall average module rating was 4.10±0.15 (5=highly effective). Faculty rated overall curriculum delivery very high (4.30±0.46) on the final course evaluation. On average, faculty rated the student-led course at or above what they would expect of a faculty instructor.

**Conclusions**: A student-led faculty development course improved faculty knowledge of learning, teaching, and assessment principles. The faculty were pleased with the course and rated the individual modules and the overall curriculum delivery very high, wi

**PLAZA D**

**CONCURRENT SESSION D: SELECT TOPICS IN ALLIED HEALTH**

**D.1 (1:45pm-2:20pm):** ISSUES IN PLACING STUDENTS FOR CLINICAL/FIELDWORK PLACEMENTS: CLINICAL COORDINATORS’ VIEWPOINT **(2018 ASAHP LEADERSHIP DEVELOPMENT PROGRAM PRESENTATION)**; Wendy Hanks (Pacific University); Stacy Walz (Arkansas State University), Abiodun Akinwuntan (University of Kansas)

This study examined the commonalities and differences in the benefits and obstacles of placing students for clinical/fieldwork rotations across different health professions.From May through June 2018, a total of 249 clinical coordinators of health professions programs completed a Qualitrics-administered, adapted version of the employer survey created by the ASAHP Clinical Education Task Force. Participants were recruited through the ASAHP Deans listserv and other listservs reaching profession specific academic clinical coordinators.Clinical coordinators from at least 15 different disciplines completed the survey. Approximately 55% of respondents were from doctorate-granting institutions while 33% of institutions were in academic medical centers. Clinical placements were in a variety of settings, 20% of which were hospitals. Possibilities of adjunct appointment, library privileges, and free continuing education accounted for approximately 66% of the benefits. Competition from other academic institutions and staffing shortages at the placement sites together represented about 2/3 of the biggest challenges.Clinical placements of students will continue to be a challenge requiring innovative and multifaceted solutions.

**D.2 (2:25pm-3:00pm):** STUDENTS’ PERSPECTIVES ABOUT OCCUPATIONAL THERAPY EDUCATION AND THE OCCUPATIONAL THERAPY PROGRAM LEARNING ENVIRONMENT; David Henzi (UT Health Science Center San Antonio); Amy Darragh (Ohio State Unviersity); Brooke Doherty (RehabCare); Susan Gordon-Hickey (University of South Alabama); Bridgett Piernik-Yoder (UT Health San Antonio) and Annie Roden (RehabCare)

**Hypothesis**: To gain insight that might guide faculty development for new clinical instructors and enhance understanding of the learning environment, this study addresses the following question: what are OT students’ perceptions of their learning experiences in the clinical setting? The purpose of the study was to evaluate the effectiveness of the clinical instruction from the perspectives of the actual “consumer” of Occupational Therapy education: the student.

**Method**: This consumers’ perspective was provided by OT students who completed the Clinical Education Instructional Quality Questionnaire (ClinEd IQ).

**Outcomes and Conclusions**: The ClinED IQ examines four components of students’ clinical experiences: 1) clinical learning opportunities, 2) involvement in specific learning activities, 3) interaction with clinical instructors, and 4) personal perceptions about clinical education. The results of quantitative and qualitative findings will be shared with members of the audience and the presenters will then discuss possible solutions and opportunities for improvement with the overall goal of improving the clinical education of occupational therapy students.

**D.3 (3:05pm-3:40pm):** GENERATIONAL DIFFERENCES: HOW TO OPTIMIZE ALLIED HEALTH TEACHING PRACTICES FOR ALL LEARNING STYLES; Mahsa Dehghanpour (The University of Texas MD Anderson Cancer Center School of Health Professions; Jamie Baker (The University of Texas MD Anderson Cancer Center School of Health Professions)

Allied health educators encounter a variety of generations within their student populations. A multi-generational classroom presents an instructor with challenges as he or she adapts lectures and laboratory activities to align with contrasting learning styles and preferences. Allied health instructors must tailor their teaching practices to meet the diverse needs of multi-generational learners and graduate professionals with the ability to think critically, adapt to changes, and problem solve within a team environment. Each generation possesses unique characteristics that influence how they prefer to learn. Allied health educators must understand the learning preferences and styles of each generational group to be effective in the classroom. Millennials are exposed to technology from a young age, and educators should understand how the early adoption of technology affects millennial learning style. Instructional techniques to engage millennial allied health students will be shared including raising the pace during classroom discussions, increasing peer interactions, making learning meaningful, and offering customized options for students.

**D.4 (3:45pm-4:20pm):** THE ACADEMIC-INDUSTRY PARTNERSHIP REVOLUTION **(2018 ASAHP LEADERSHIP DEVELOPMENT PROGRAM PRESENTATION)**; Shandra Esparza (The University of the Incarnate Word); Catherine Balthazar (Governor State), Konrad Dias (Maryville), Byron Russell (Midwestern)

**Background**: As education in allied health evolves, the need for strategic partnerships has intensified. Healthcare education must adapt to issues such as: changing learner profiles, technology, and quality of care demands.

**Purpose**: We examined academic and industry partnerships that enhance research and pedagogy to benefit healthcare. This review focuses on current evidence related to how alliances are achieved, improved, and contribute to education. The presentation identifies four areas: best practices in developing effective partnerships, obstacles to success, outcome measures, and various types of partnerships.

**Methods**: This was an exploratory survey of literature and a summary of pertinent case examples.Results: Case studies and data from interviews with successful industry partners will highlight the transformative role of these partnerships.

**Conclusion**: Academic institutions in allied health have much to learn from partnership models and their targeted interventions that facilitate success and innovation. Available evidence provides institutions with a unique opportunity to learn best practices for partnerships that can be used to drive improvements in healthcare, pedagogy, and economic impact.

**AVERY - CHANCELLOR**

**CONCURRENT SESSION E: SELECT TOPICS IN ALLIED HEALTH**

**E.1 (1:45pm-2:20pm):** ALLIED HEALTH STUDENT VOICES REGARDING HONORS PROGRAM RECRUITMENT, ADMISSION AND COMPLETION: A GROUNDED THEORY; Brenda Frie (St. Catherine University); Janet Benz DNP, RN

Nationally honors program completion rates are low with less than half of the honors students initially enrolled completing the program (NCHC, 2014-15). The format and structure of professional programs is a known barrier to honors completion. To improve program outcomes, this study explored allied health student views on collegiate honors program recruitment, admission and completion. A qualitative constructivist grounded theory approach was used in this study. Twenty five honors and non-honors high aptitude healthcare students were interviewed representing ten different healthcare fields. The interviews were transcribed, coded and analyzed for common themes to generate a theory. The analysis revealed four themes that grounded the theory: Pre-college experiences, valuing honors, selective admission, and confounding factors. The study was solution focused capturing students’ innovative ideas on how to overcome barriers to program completion.

**Conclusion**: Analysis of allied health student voices let to a theory which identified the factors that pose barriers program completion. The theory led to change in admission processes and the innovation of two interprofessional honors courses improving program outcomes.

**E.2 (2:25pm-3:00pm):** CLINICAL AND TRANSLATIONAL RESEARCH (CTR) PLATFORM FOR UNDERGRADUATE HEALTH SCIENCES PROGRAMS (UHSP) AT UNIVERSITY OF PUERTO RICO-MEDICAL SCIENCES CAMPUS (UPR-MSC) AND UNIVERSIDAD CENTRAL DEL CARIBE: PIPELINE FOR STUDENTS AND FACULTY; Dr. Rubén García- García (University of Puerto Rico – Medical Sciences Campus); María E. González-Méndez, Elaine Ruiz-Izcoa, Mildred I. Rivera-Vázquez and José R. Moscoso-Álvarez (Univeridad Central del Caribe); Carlamarie Noboa-Ramos, Lizbelle De Jesús-Ojeda, Edgardo L. Rosado-Santiago, Juan C. Soto-Santiago, Efraín Flores-Rivera and Margarita Irizarry-Ramírez (University of Puerto Rico-Medical Sciences Campus)

The Title V Cooperative Project between UPR-MSC and UCC devised a CTR platform to pipeline students and faculty (S/F) of UHSP into CTR. Educational interventions (EI) in CTR –Introductory Activity (IA) and Symposiums (S) – were designed to promote awareness and stimulate interest of S/F in CTR. In the IA the participants (N=159) were surveyed pre and post presentations on CTR. After the sessions on CTR, the participants (N=201) of the S were surveyed for satisfaction and learning experience in CTR. Participants of the IA (134, 84.3%) were students. Fifty-eight (58, 36.5%) completed the post IA survey. Of these, 53.4% satisfactorily defined the CTR concept vs only 31.0 % that could define CTR in the pre survey, 47 (81.7%) were unable to identify a CTR researcher and 45 (78.3 %) expressed interest in CTR. Sixty-seven (67) participants of the S completed the satisfaction survey, out of which 35 (52.2%) were students. One hundred percent (100%) agreed that the S served as a vehicle to increase their knowledge in CTR. The EI were effective strategies to promote awareness and stimulate interest of S/F in CTR and provided valuable information for the development of training cycles in CTR.

**E.3 (3:05pm-3:40pm):** ALLIED HEALTH EDUCATION CLINICS – THE TRIPLE BOTTOM LINE; Elissa Kellett (EYP); Angie Pickwick (Montgomery College, Dean of Health Sciences)

**Hypothesis** – Strategic partnerships between clinics and Health Education facilities provide crucial community access to healthcare, train health care professionals, and promote academic institution and community collaboration.

**Method** –We explore the value that strategically designed community clinic space at Health Education institutions bring to students, overall institutions, communities, and private sector partners.

**Observations/Outcomes** – This session will examine the outcomes associated with clinics at Montgomery College, James Madison University, and East Carolina University, including:-Meeting or exceeding experiential learning requirements-Impacts on the cost of delivering healthcare to low-income populations-The ability to increase access to, and consumption of, health care to low-income and rural populations-The ability to forge partnerships and the benefits accrued from those alliances; and -Their roles as catalysts for innovative business opportunities and community welfare.

**Conclusion** – Presenters will examine the significant impact of clinics including and partnering with academic health, sharing successful examples and the mechanisms, support, and outcomes that can be expected from such endeavors.

**E.4** **(3:45pm-4:20pm):** CULTURALLY-BASED PARENTING EDUCATION INTERVENTION FOR HIV-INFECTED MOTHERS; SENSITIZING FUTURE HEALTH PROVIDERS; Ruth Muze (Winston-Salem State University)

Parenting young children which can be generally stressful, becomes an important public health concern when the mothers are living with HIV. As black women continue to be disproportionately affected by the human immunodeficiency virus (HIV) that causes AIDS, they also account for the highest numbers in childbirths and in rearing young children compared with women of other races/ethnicities. Substantive evidence has suggested that maternal HIV among African American women is linked with negative parenting outcomes included as social determinants of health. The suggested parenting related social determinants including poor parent-child relationships, poor parenting skills, and child behavior maladjustments can have negative impact on both maternal and child health wellbeing. In response to the lack of literature describing use of parenting education programs in the care of childbearing women living with HIV and rearing children, the positive parenting education intervention program presented below, sought to describe a positive parenting intervention program based on Roy's Adaptation model as a strategy for addressing some of the social determinants of health among HIV-infected mothers.

**LASSING – MILLER**

**CONCURRENT SESSION F: BEYOND THE CLASSROOM – INNOVATIONS IN IPP**

**F.1 (1:45pm-2:20pm):** FROM PRACTITIONER TO IP PUBLIC HEALTH EDUCATOR: A PHYSICAL THERAPIST’S JOURNEY TOWARD THE ‘GREATER GOOD’; Pauline Hamel (Northeastern University)

**Issue**: Many allied health professionals (AHPs) pursue careers to serve in clinical, administrative, academic and research settings while a smaller number choose public health, where access to healthcare frequently begins. This case demonstrates how AHPs, though not necessarily or specifically trained to enter this field, can use existing skills to become future leaders in public health.

**Method**: Recent research indicates students who complete interprofessional (IPP) modules demonstrate greater levels of self-efficacy (Kirwin 2016); thus, IPP and traditional allied health education (AHE) models may support future competencies and skill development needed in public health. This case study will utilize narrative, practitioner perspectives, IPP team examples and comparisons of traditional and innovative approaches in AHE.

**Observations/Outcomes**: Learning and understanding the social determinants of health (SDOH) can lay the foundation for successful AHP educational outcomes, personal growth and contributions to the public health domain by transferring professional, research and administrative skill sets to this arena.

**Conclusion**: Early exposure to SDOH may empower AHPs as future public health leaders, policymakers and change agents.

**F.2 (2:25pm-3:00pm):** BUILDING INTERPROFESSIONAL EXPERIENCES FOR IN-PERSON AND ONLINE LEARNERS: THE STRICE SIMULATION; Letycia Nunez-Argote (University of Kansas Medical Center); Amber Teigen (University of Arkansas for Medical Sciences); Cherika Robertson (University of Arkansas for Medical Sciences)

**Issue**. The Syphilis Testing Result Interprofessional Counseling and Education (STRICE) simulation provides a meaningful interprofessional (IP) learning activity both in-person and online. It highlights the medical laboratory scientist’s contributions to patient care and cultivates essential IP communication skills among future health professionals.

**Methods**. In-person experience: after a pre-scenario briefing, IP teams developed a plan and had an encounter with a standardized patient followed by debriefing. Online experience: IP teams were guided asynchronously to review materials as they developed a plan. They observed a video-recorded patient encounter and were debriefed by faculty facilitators using online discussion. Survey data was obtained.

**Outcomes**. Analysis performed to ascertain change in the median for reported participant perceptions before and after the in-person activity resulted in significant change. Compared post-activity perceptions favored the in-person over the online experience.

**Conclusion**. Students practiced IP concepts such as communicating and counseling about syphilis test results using in-person or online simulation. There are great opportunities for continued implementation of the STRICE simulations.

**F.3 (3:05pm-3:40pm):** BEYOND KNOWLEDGE...THE POWER OF EDUTAINMENT; Lea Brandt (University of Missouri); Richard Oliver (Enrichly & University of Missouri)

**Hypothesis**: The new learning economy requires we go beyond grades, degrees and certifications, and break down walls between topics, disciplines and professions. It's a world of potential we want every student, educator and professional to realize when they answer, "What problem do you want to solve?"

**Method**: Exploration of a new educational model that embraces understanding over acquisition of a degree, where learners have access to a wide range of curated multimedia content.

**Outcomes**: Presenters will engage in dialogue with participants regarding the development of a streaming edutainment platform designed to go beyond knowledge and close the gaps in learning. Participants will engage in discussion regarding the opportunities related to having access to curated engaging content for inter-professional communities in Science, Technology, Engineering, the Arts and Mathematics (STEAM).

**Conclusion**: Educational institutions need to promote access to an online community where scholars, be they educators, students, practitioners or industry leaders, can work across professions to nurture team-building skills, respect for alternative viewpoints, and a passion for learning to solve problems in a diverse, globally connected society.

**F.4 (3:45pm-4:20pm):** DEVELOPING AN INTERPROFESSIONAL EDUCATION PROGRAM: A MULTIPRONGED APPROACH; Sonia Moorehead (Mercy College); Kathy Kenney-Riley, PNP, EdD Nannette Hyland, PT PhD

**Issue**: Interprofessional education (IPE) contributes toward students evolving into collaborative practice ready practitioners (WHO, 2010). Planning for IPE is crucial, and requires active involvement and extensive dialogue among the disciplines involved.

**Method**: Mercy College has multiple accredited professional programs, and an undergraduate health sciences program. Programs vary greatly in structure and class schedules. We have implemented a multipronged approach that targets patient-client interactions, and larger events that are broader in scope. IPE activities include: students working together to interview persons with chronic conditions, a case simulation based on an acute care hospitalization, a poverty simulation event, and a book talk.

**Observations/Outcomes:** Students and faculty have increased awareness of each other as professionals. Quantitative and qualitative data reflect improved attitudes and understanding of teamwork, roles and responsibilities, and communication.

**Conclusion**: Multiple IPE experiences are recommended for a diverse student population and varied program needs.World Health Organization (2010). Framework for Action in Interprofessional Education and Collaborative Practice. Geneva: WHO

**FRIDAY, OCTOBER 12, 2018 (10:10am-12:05pm)**

**PLAZA A**

**CONCURRENT SESSION A: SELECT TOPICS IN ALLIED HEALTH**

**A.1 (10:10am-10:45am):** HEALTH CARE PROFESSIONALS: HUMAN TRAFFICKING FIRST RESPONDERS; Brianna Kent (Nova Southeastern University); Sandrine Gaillard-Kenney, EdD (Nova Southeastern University)

Florida is a major hub for human trafficking (Florida DCF, 2016). Health care professionals need training and education to increase awareness of trafficked persons in clinical settings (Chisolm-Straker & Richardson, 2016; Stevens & Berishaj, 2016; Jablow, 2017). To address this need and promote collaboration for prevention, the investigators used 4 modules to train allied health, dental, optometry, and psychology faculty. The modules addressed; awareness and knowledge of human trafficking, medical issues, legal aspects, and victims’ needs. Pre and post-test data assessed the trainings’ effectiveness, faculty preparation, faculty willingness to incorporate human trafficking in health care curriculum, and care for trafficked victims in clinical settings. Data analysis from an outcome survey and one focus group showed that participants progressed through the Transtheoretical Model of Change (Prochaska & DiClemente, 1983) and were willing to include human trafficking in their courses. Awareness and knowledge of human trafficking significantly increased, as well as the skills necessary to identify victims of human trafficking. The focus group results showed the presence of barriers to change and faculty need of ongoing support.

**A.2 (10:50am-11:25am):** A SIMULATED SKILLS CLINIC: INTERPROFESSIONAL TEAM-BASED DISCLOSURE OF A MEDICAL ERROR; Kim Krumwiede (UT Southwestern School of Health Professions); James M. Wagner (UT Southwestern Medical Center) Lynne M. Kirk (UT Southwestern Medical Center) Tara Duval (UT Southwestern Medical Center) Thomas Dalton (UT Southwestern Medical Center) Kathryn M. Daniel (University of Texas at Arlington) Allison S. Huffman (Texas Woman’s University) Beverley Adams-Huet (UT Southwestern Medical Center) Craig D. Rubin (UT Southwestern Medical Center)

This purpose of this study was to address the question of whether a multimodal educational activity that included a simulation could allow students to learn interprofessional team-based disclosure of a medical error.We developed and assessed the effectiveness of a multimodal educational activity for learning interprofessional, team-based disclosure of a medical error. This study utilized a Methodological Triangulation research design using multiple techniques within a given method to collect and interpret data. Participants included students from the School of Medicine and School of Health Professions at UT Southwestern Medical Center, the College of Nursing and Health Innovation and the School of Social Work at the University of Texas at Arlington, and the College of Nursing at Texas Woman’s University.The data indicated improved knowledge gains for all students in the concepts surrounding team-based disclosure of a medical error. Teams of interprofessional students demonstrated successful performance of team-based disclosure of a medical error based on Standardized Family Member (SFM) assessment. Evaluation of the activity indicated the students felt this was a valuable and worthwhile experience.

**A.3 (11:30am-12:05pm):** ENCOUNTER WITH CLINICAL AND TRANSLATIONAL RESEARCHERS: FIRST EXPERIENCE FOR STUDENTS AND FACULTY FOR UNDERGRADUATE HEALTH SCIENCES PROGRAM (UHSP) AT THE UNIVERSITY OF PUERTO RICO-MEDICAL SCIENCES CAMPUS (UPR-MSC) AND UNIVERSIDAD CENTRAL DEL CARIBE (UCC); Natalia Valentin-Carro (Universidad Central del Caribe); Melanie Sánchez-Jiménez, Quiriat Torres-Rosario, José L. Rodríguez-Muñiz, Juan Pérez-Ocasio, Elaine Ruiz-Izcoa and José R. Moscoso-Álvarez (Univeridad Central del Caribe); Edgardo L. Rosado Santiago, Juan C. Soto-Santiago, Efraín Flores-Rivera and Rubén García-García (University of Puerto Rico-Medical Sciences Campus)

Forty-seven (47, 81.7%) respondents of a post survey at an introductory educational intervention in clinical and translational research (CTR) were unable to identify a clinical and translational CT researcher. Responding to this, the Title V Cooperative Project between the UPR-MSC and UCC provided interdisciplinary sessions (IS), in topics related to CTR as part of the training cycles for: undergraduate students of Research Education Towards Opportunities (RETO) and Mentorship Offering Training Opportunities for Research (MOTOR) for faculty and graduate students (as peer mentors). Faculty and students identified and interviewed CT researchers, following guidelines for interviews and presentations discussed as part of RETO MOTOR. Twenty-seven (27) out of 58 participants of RETO-MOTOR shared a presentation of a CT researcher and eight of them presented during the CTR-Symposium. They were also asked to answer an online survey. Of the 17 that answered the survey, 96% agreed that they had the opportunity to meet and interact with a CT researcher from a variety of health professions. The IS and the encounter with a CT researcher were effective and innovative strategies to introduce participants to the CT field and researcher.

**PLAZA B**

**CONCURRENT SESSION B: SELECT TOPICS IN ALLIED HEALTH**

**B.1 (10:10am-10:45am):** Withdrawn

**B.2 (10:50am-11:25am):** USING TEAMWORK AS AN EDUCATIONAL STRATEGY: GUIDELINES FOR FORMING TEAMS; Margaret (Peg) Slusser (Stockton University); Jessica Fleck (Stockton University); Michele Previti (Stockton University)

The ability to work collaboratively in teams is essential for healthcare professionals. To promote this competency, teamwork is frequently a component of IPE activities. The literature indicates that team member selection methods play an important part in maximizing the experiences students have while working in teams, yet little has been done to proactively identify team formation strategies that support high team performance and group efficacy. This experiential presentation summarizes the results of a literature review regarding the formation of high functioning teams and a multi-method survey conducted to determine faculty practices related to implementation of team-based educational activities. Although team formation methods were identified in the literature as key to successful team outcomes, the majority of faculty were not acquainted with Best Practices for team formation.This presentation draws from the research literature to provide targeted guidance in the process of forming “ideal” teams for IPE activities. Attendees will be guided in identifying and applying appropriate team-selection strategies as they actively participate in a team selection activity. The session will conclude with guided audience reflection

**B.3 (11:30am-12:05pm):** MOM'S HAVING A KNEE REPLACEMENT; NOW YOU'RE A CAREGIVER! USING YOUR NEW ROLE AS A TEACHING TOOL; Sandy Wagoner (Murphy Deming College of Health Sciences (Mary Baldwin University); Lisa Burns (Murphy Deming College of Health Sciences)

**Issue**: It is inevitable that many of the millions of caregivers in the United States are also healthcare educators. Educator-caregivers readily identify, in hindsight, that their encounters were rich with 'real-world' teaching opportunities.

**Method**: Drawing on speaker's own recent experience, this session prepares educators to capture their own caregiving experiences and incorporate them in thought-provoking, engaging teaching resources. Specific strategies, such as use of a pre-planning checklist, video recording, structured interviewing, and pre-post assessment are included. Session emphasizes best practice, use of evidence, and interprofessional and longitudinal perspectives.

**Observation**: Principles of andragogy and universally designed education emphasizes that learning experiences are especially effective when they are practical, relevant, and meaningful to the learner. With purposeful facilitation, educators' caregiving experiences can effectively support students' learning.

**Conclusion**: With today's affordable, accessible technology, educators' real, often imperfect caregiving experiences (knowledge situation in real world contexts) can enrich and enliven learning. Educators can be ready when the role arises.

**PLAZA C**

**CONCURRENT SESSION C: SELECT TOPICS IN ALLIED HEALTH**

**C.1 (10:10am-10:45am):** DEVELOPING PERFORMANCE ANALYTICS FOR COLLEGE OF HEALTH SCIENCES; Susan Cashin (University of Wisconsin-Milwaukee)

**Issue:** The landscape of higher education has moved to rely on data and using data for strategic decision making. This reliance requires a shift from a simple table of numbers to an integrated analysis of data from multiple sources. A Performance Analytics Team working together to analyze and interpret data in an integrative manner will best position a college or administrator through times of limited resources.

**Method:** A team including members from academic affairs, student affairs, a data specialist, and a statistician was created to collectively address questions related to enrollment, retention, staffing, and course offerings.

**Outcomes:** This team streamlined products and analyses to allow for informed decision making. Projects include the creation of an integrated metrics database, persistence and retention analyses, degree recipient profile, integrated annual report, enrollment flow of students through a program, and retention of students from introductory courses. The results of these analyses help to prioritize resource allocation (e.g., funds, staffing, student support, course offerings). Examples of projects and implementation will be presented along with a discussion of lessons learned for developing a new area of analytics for colleges of health.

**C.2 (10:50am-11:25am):** IDENTIFYING FALL PREVENTION CONTENT IN GRADUATE HEALTHCARE CURRICULA; Lisa Dutton (St. Catherine University); VaLinda Pearson (St Catherine University), Brenda Frie (St Catherine University), Alvina Brueggemann (St Catherine University)

**Hypothesis/Issue**: Falls are a significant cause of morbidity and mortality in older adults. Research suggests that interprofessional care teams can lead to improved outcomes. The purpose of this study was to explore how fall prevention education is taught in entry level graduate programs.

**Methods**: Fall prevention curriculum data was gathered from occupational therapy, nursing, physical therapy and physician assistant programs at a Midwestern university. The dataset included a narrative summary, textbook analysis and course objectives. The data was analyzed using a three-step qualitative coding process.

**Outcomes**: Data analysis revealed four themes including learning fall risk factors, assessment, and interventions and interprofessional education. Depth and breadth of emphasis in these areas varied by discipline. Most curricula included a subjective assessment of fall history, gait/mobility, home safety and a neurologic examination. All departments addressed patient/caregiver education and environmental interventions.

**Conclusion**: Fall risk factors, assessment and intervention are areas for interprofessional course development. Collaborative interprofessional practice was only represented in one discipline.

**C.3 (11:30am-12:05pm):** DEVELOPMENT OF AN INSTRUMENT OF AN INSTRUMENT TO MEASURE ATTITUDES TOWARD CORE COMPETENCIES OF INTERPROFESSIONAL COLLABORATION; Carole-Rae Reed (Stockton University); Luis I. Garcia (Stockton University)

**Issue**: To develop and validate an instrument to measure attitudes toward core competencies of interprofessional collaboration.

**Method**: A 41-item Likert-style self-report instrument was developed based on the Core Competencies of Interprofessional Collaboration (IPEC, 2011). It was piloted with 250+ pre-professional undergraduate Health Science majors. Principal components factor analyses were conducted. Internal consistency was determined for the entire scale and each Core Competency component: Values/Ethics, Roles and Responsibilities, Interprofessional communication, and Teams and Teamwork. Based on results, the survey was revised to eliminate items that did not load on the correct component factor, and those that did not load on any factor. We then eliminated items that dramatically increased the internal consistency when removed. We added and additional item new to the IPEC 2016 Core Competency update.

**Observations/Outcomes**: The revised instrument with factor analysis results and internal consistency data will be available to report at the 2018 ASAHP conference.

**Conclusion**: Further piloting of the revised instrument will be conducted with undergraduate and graduate health professional students and practicing professionals.

**AVERY – CHANCELLOR**

**CONCURRENT SESSION D: BEYOND THE CLASSROOM – INNOVATIONS IN IPP AND SELECT TOPICS IN ALLIED HEALTH**

**D.1 (10:10am-10:45am):** WITHDRAWN

**D.2 (10:50am-11:25am):** EXAMINING THE ROLE OF FACULTY FACILITATED INTRAPROFESSIONAL COLLABORATIVE LEARNING ON DPT AND PTA STUDENT PERCEPTIONS OF THE PT-PTA RELATIONSHIP; Leona Hidalgo (Keiser University Fort Lauderdale); Karen Coupe (Keiser University), Diane Roadarmel (Keiser University), Jelaine James (Keiser University), Gail Padrino (Keiser University) and Dorice Ross (Keiser University)

**Hypothesis/Issue to be addressed**: The study describes the effect of a collaborative learning experience utilizing the APTA’s PT-PTA Team: A Tool Kit on student perception of the PT-PTA relationship. Does the faculty facilitated collaborative learning experience impact student perception?

**Method**: The study design was non-experimental, prospective, and utilized the collaborative learning model. DPT and PTA students completed the faculty designed, PT-PTA Relationship Attitudes Survey which included items modified from the Readiness for Interprofessional Learning Scale (RIPLS). Pre and Post-Survey Means and combined means along with data trends were analyzed.

**Outcomes**: Teamwork and Collaboration items were viewed more positively Pre-Survey. The mean effect size post activity was 0.31 for the PTA students compared to 0.10 for the DPT students. The Roles and Responsibility items appears to be the most influenced with the largest increase on the Post-Survey.

**Conclusion**: Students appeared to demonstrate an increase in positive perception of the PT-PTA Relationship post activity supporting collaborative learning experiences. Additional research is indicated to determine why the DPT and PTA students had variations in perception.

**D.3 (11:30am-12:05pm):** INNOVATIVE STRATEGIES FOR TEACHING INTERPROFESSIONAL CORE COMPETENCIES USING ONLINE SIMULATIONS; Elizabeth Tanner (Johns Hopkins School of Nursing); Nancy Sullivan (Johns Hopkins School of Nursing), Sandy Swaboda (Johns Hopkins School of Nursing), Monique Mounce (Notre Dame of Maryland School of Pharmacy), Hanan Aboumatar (Johns Hopkins School of Medicine), Mary Ann Zaborowski (Education Management Solutions, LLC)

**Hypothesis/Issue to be addressed:** Educational institutions preparing health professionals for practice must focus on interprofessional education (IPE). Core competencies for Interprofessional Collaborative Practice (IPCP) provides guidelines for developing IPE, however substantial logistical barriers exist, including scheduling, space and, most importantly, lack of access and ability to educate interprofessional learners to collaborate. Thus, innovative teaching strategies must be developed and evaluated to effectively implement IPE across profession and academic programs.

**Method**: Methods included creating and delivering interprofessional simulations online, for use with faculty for addressing IPEC competencies. Funding Agency: Maryland Higher Education Commission, NSP II 17-125

**Observations/Outcomes**: Annual training sessions provide faculty with knowledge, guidelines and skills to incorporate IPE simulations into clinical teaching. Evaluation is conducted to determine effectiveness of online IPE simulations for addressing goals.

**Conclusion**: Effective IPE is critical to education and patient outcomes. Online IPE simulations provide learning opportunities to integrate IPE into curricula and address IPEC competencies.

**LASSING – MILLER**

**CONCURRENT SESSION E: ALPHA ETA**

**E.1 (10:10am-10:35am):** THE EFFECT OF REAL-TIME AUDIO FEEDBACK FOR STUDENT PHYSICAL THERAPISTS DURING SIMULATED LUMBAR SPINE PALPATION. A PILOT STUDY; Mark Gugliotti, Min-Kyung Jung, Kevin Alves, Frank DeLeo, Victor Do, Alyssa Hariprashad, Jessica Makowski, Jessica Tau (New York Institute of Technology)

**Background:** Physical therapy programs are slow to embrace the use of simulation technology as a high-impact teaching tool. Most simulation technologies used during student physical therapist (SPT) instruction are limited to mobilization and palpation.

**Hypothesis:** We hypothesize that the utilization of real-time audio feedback (RAF) during simulated lumbar spine palpation will improve the speed and accuracy skills of SPTs.

**Methods**: This was a mixed design study. The effect of RAF on palpation speed and accuracy during use of a simulated lumbar spine was examined in 30 SPTs. All were randomly assigned to one of three groups: RAF/tactile feedback training, tactile feedback training, and a control without training. A mixed ANOVA was performed if any interaction effect existed within and among groups.

**Results:** No interaction effect was found within or among groups. Within group difference for actual accuracy was found significant with those training with RAF. (p=0.038) Accuracy for those training with RAF/tactile feedback was 54% higher than those who trained with tactile feedback alone.

**Conclusion:** This study shows SPTs were able to improve their palpation accuracy with the use of RAF and a lumbar spine palpation simulator.

**Pertinence:** These findings support that RAF and simulation technology can be advantageous to palpation skill acquisition for SPTs.

**E.2 (10:40am-11:05am):** PROVIDING CARE THAT TRANSCENDS LANGUAGE AND CULTURE: ATTITUDES TOWARD INTERPROFESSIONAL HEALTH CARE TEAMS IN COLOMBIA, SOUTH AMERICA; Adam Popowitz, Mary Lou Galantino, Lauren Del Rossi, Patricia McGinnis (Stockton University)

Interprofessional education (IPE) has become fundamental across health professional programs. This study examined attitudes of students within a school of health sciences toward health care teams prior to and after completion of a one week clinical and didactic interprofessional experience in Colombia, South America. Authors hypothesized participation in this IPE experience will promote improved perceptions of health professional students toward health care teams. Quantitative data collection consisted of the modified Attitudes Toward Interprofessional Health Care Teams Scale while qualitative data were collected regarding the best and most challenging components of the experiences as well as domains of culture, language, and communication. Pre/post scores on the survey tool showed more positive attitudes toward health care teams (p<0.001). Themes included the following: new perspectives gained, value of the immersion experience, and communication strategies. This IPE experience improved attitudes of students toward health care teams. Additionally, students identified the benefit of communicating via nonverbal methods while being immersed in a new language and culture. As IPE has become crucial in academic preparation of health professional students, accreditation standards have now required that IPE be included. Thus, it remains important to develop and evaluate the effectiveness of a variety of IPE experiences.

**E.3 (11:10am-11:35am):** RELIABILITY AND STABILITY OF THE Y BALANCE TEST IN HEALTHY EARLY ADOLESCENT FEMALE ATHLETES; Elizabeth Rollo (New York Institute of Technology), Matthew Barle (New York Institute of Technology), Erica Glassmann (New York Institute of Technology), Hussein Jaafar (New York Institute of Technology), and Liya Jacob (New York Institute of Technology) April Johnson (New York Institute of Technology) JinkyNicole Layug (New York Institute of Technology) Eric Greenberg (New York Institute of Technology)

**Background**: Reliable and stable tests of dynamic postural control are needed to identify adolescent female athletes with a high risk of lower extremity injury and assess progress after injury.

**Question to Address/Purpose**: To determine the reliability and stability of the Y Balance Test (YBT) in a group of early adolescent females over one-month.

**Methods**: Twenty-five early adolescent females (mean age 12.7 ± 0.6 years) participated. Two raters assessed the same subject’s performance on the YBT for two testing sessions, one month apart (mean 32.3 ± 9.6 days). Intraclass correlation coefficients (ICC) were calculated for

between rater and between session agreement. Measurement error and smallest detectable change (SDC) values were calculated for clinical interpretation.

**Results**: Interrater reliability was excellent for all reach directions and composite scores of both limbs (ICC 0.960-0.999) except for day 1 left anterior reach (ICC 0.811). Intra-rater (test-retest) reliability ranged from moderate to excellent (ICC 0.681- 0.908). Standard error of measurement was less than 2% of all respective mean reach distances. SDC values ranged between 2.02- 3.63%.

**Conclusion**: The YBT may be utilized in early adolescent females to determine functional improvements over a one-month time interval.

**Clinical Relevance**: The YBT is a reliable tool to identify balance deficits in early adolescent females. Secondly, the YBT is a stable tool and can track functional improvements and assist clinical decisions following injury.

**E.4 (11:40-12:05pm):** IDENTIFICATION OF CLINICALLY ACCESSIBLE MEASURES TO ASSIST IN MODULATING KNEE JOINT LOADING DURING GAIT; Jonathan Brown (Georgia State University), Jonathan J. Brown (Georgia State University),Cynthia P. Chambliss (Georgia State University), Jake C. Jensen (Georgia State University), Kristin N. Lauterbach (Georgia State University), Ashley L. Miller (Georgia State University), Olivia M. Hoey (Georgia State University), Abigail K. Woodard (Georgia State University), Mark A. Lyle (Emory University), and Liang-Ching Tsai (Georgia State University)

**Background**: Although altered knee flexion/varus torques during gait have been associated with developing osteoarthritis following anterior-cruciate-ligament reconstruction (ACLR), the inability to monitor knee loading in the clinic makes it difficult for clinicians to design proper interventions.

**Question to be addressed**: Can some clinically accessible measures (e.g. spatial/temporal gait parameters, knee motion, strength) be informative of knee loading during gait?

**Method**: Knee flexion/varus torques during walking were measured in 23 ACLR and 30 healthy subjects. Spatial/temporal gait parameters were assessed using a pressure walkway, and peak isokinetic knee strength was recorded.

**Results**: Knee flexion or varus torque was correlated with step length, knee flexion, base of support (BOS) width, swing/stance time, and knee strength (r=0.28-0.83; P<0.05). Stepwise regression indicated knee flexion (P<0.01) and BOS width (P=0.04) as the main predictors of knee flexion torque, together explaining 43% of data variation. Knee flexor strength (P<0.01) and BOS width (P=0.01) were the main predictors of knee varus torque, together explaining 31% of variation.

**Discussion/Conclusions**: Interventions that modify knee flexion, step length, swing/stance time, BOS width, and/or knee strength may help modulate knee loading during walking.

**Pertinence**: Several clinically accessible measures may serve as intervention targets to restore patients’ knee loading during rehabilitation.