

2018 ASAHP Annual Conference – Poster Presentation Abstracts

THURSDAY, OCTOBER 11, 2018 (6:30pm-8:00pm)

OUTCOMES ASSESSMENT OF INTERPROFESSIONAL COMPETENCE COURSE USING THE ATTITUDES TOWARDS HEALTHCARE TEAMS SCALE; Kathryn Bell (Pacific University), Shahana Koslofsky (Pacific University, School of Graduate Psychology); Amy Coplen (Pacific University, School of Dental Hygiene Studies); Susan Stein (Pacific University, School of Pharmacy); Matthew Hunsinger (Pacific University, School of Graduate Psychology)

Issue to be addressed: The Interprofessional Competence Course (IPC) is a required foundational interprofessional education course, focused on the four IPEC competencies. The purpose of this study was to evaluate the efficacy of the curriculum by examining changes in attitudes pre-test to post-test utilizing the Attitudes Towards Health Care Teams Scale (ATHCTS).

Method: The ATHCTS survey was administered to students on the first and last day of class, using Qualtrics. Data was collected for the course in AY2016-2017 (n=420) and AY2017-2018 (n=439). Data was analyzed using SPSS, version 24. The study was approved with exempt status by the Pacific University IRB.

Outcomes: Students from both years demonstrated statistically significant improvements in their attitudes towards interprofessional collaboration (as measured by the ATHCTS) at post-IPC relative to pre-IPC. Changes in ATHCTS scores did not differ as a function of gender and professional program. The changes in attitudes among course participants demonstrate the efficacy of the curriculum and course design of the current IPC model.

Conclusions: The current model of the IPC course at Pacific University is effectively educating first year professional students.

PHYSICIANS' PERCEPTIONS ABOUT COLLABORATING WITH SPEECH-LANGUAGE PATHOLOGISTS FOR DYSPHAGIA TREATMENT IN INTERPROFESSIONAL PRACTICE; Mitzi Brammer (Saint Louis University), Christina Vicari (Saint Louis University)

Issue: The collaborative relationship between speech-language pathologists and medical professionals who work with clients who have dysphagia was explored. The researchers investigated how services for clients with dysphagia are developed/implemented using an interprofessional model, the dynamics of an interdisciplinary team that works with patients with a dysphagia diagnosis, and the perceived quality of care using an interdisciplinary model compared to other intervention models.

Methods: Researchers used an anonymous online survey to collect data from participants comprised of gastroenterologists and otolaryngologists from teaching/learning hospitals in two Midwestern cities.

Observations: Results of the survey indicated that the majority of respondents have not received training on how to implement an interprofessional model. However, a majority of respondents' places of employment have a stated expectation that they engage in interprofessional practice. Benefits to/barriers of interprofessional practice were also themes emerging from survey data.

Conclusion: There is a substantial need to train the future healthcare workforce to prepare for interprofessional management of dysphagia in light of perceived quality of care.

THE LOST ART OF MENTORING: REDISCOVERING A WAY TO SUPPORT LEADERSHIP DEVELOPMENT; Lisa Burns (Mary Baldwin University), Brigid Rebolledo (Mary Baldwin University)

Issue: Healthcare's academic and field experience educators seek effective means of supporting students' leadership development; accreditation standards require this emphasis. Although mentoring plays an essential role both in fostering students' reasoning and in honing their leadership potential, it is often overlooked and is under-emphasized in the literature.

Method: Grounded in recent scholarly literature, poster presents an overview of mentoring and explains how mentoring facilitates development of key attributes required of healthcare practitioners. It describes barriers and supports that affect mentoring and explores opportunities for mentoring in both academic and field settings. Specific communication strategies for effective mentoring are presented.

Observation: Mentoring during academic and field experiences fosters the reasoning and leadership capacity today's healthcare practitioners require. This poster rediscovers mentoring as an effective way to support students' leadership.

Conclusion: Poster participants will be able to identify and assess mentoring opportunities within their own academic settings and consider how that mentoring process can be enhanced to support students' leadership.

THEY'VE GOT PERSONALITY!/: CAN PERSONALITY TRAITS PREDICT SUCCESS IN GRADUATE PROGRAMS?; Erica Friedland (Nova Southeastern University), Alyssa Needleman (Nova Southeastern University)

One of the burdens of the admissions process in first health professional degree programs is to determine those applicants who have the potential to successfully meet the requirements of the program and, ultimately, become great practitioners. While other graduate health care programs have used qualitative indices and personality metrics to predict student success, these areas have yet to be explored in audiology graduate education. The current study explored the personality traits and qualities present in Doctor of Audiology (AuD) students and how these may predict academic and clinical performance.

THE DEVELOPMENT OF A COMMON CLINICAL ASSESSMENT TOOL FOR CLINICAL EVALUATION IN NURSE ANESTHESIA EDUCATION; Francis Gerbasi (COA – Nurse Anesthesia), Sass Elisha (Kaiser Permanente School of Anesthesia), Laura Bonanno (Louisiana State University), Amanda Brown (Antebellum Anesthesia, LLC), Brett Clay (Middle Tennessee School of Anesthesia) Deana Starr (Alamance Regional Medical Center), Kathleen Cook (Oregon Health & Science University)
Issue: Due to an increased demand for accountability, health care professions are establishing methods to demonstrate competency of their graduates. There is currently a lack of consistency in the clinical evaluation tools used by nurse anesthesia programs. To address this issue the Council on Accreditation of Nurse Anesthesia Programs (COA) established a task force to develop a Common Clinical Assessment Tool (CCAT) to accurately assess students' clinical competencies.

Method: Following IRB approval a Delphi Study technique was used to obtain feedback from a Panel of Judges representing the community of interest. Three rounds of review were conducted by the Panel of Judges. Revisions to the CCAT were made based on feedback.

Outcomes: Four domains and descriptors were developed. Domain competency evaluate categories include; are not applicable, safety concern, novice, beginner, advanced beginner and proficient. Twenty-five individual competencies were determined that are consistent with accreditation standards. Definitions were added to improve interpretability.

Conclusion: The CCAT will be made available for all nurse anesthesia programs. Future analysis will assess the CCAT's validity and reliability.

A CONTENT ANALYSIS OF EXPERIENTIAL FIELDWORK ASSESSMENT ITEMS MAPPED TO THE INTERPROFESSIONAL EDUCATION (IPEC) COMPETENCIES; Carolyn Giordano (University of the Sciences), Scott Greene, Gabrielle Hackenberg, Barbara Keller, Suzanne Carbonaro, Elizabeth Speakman (University of the Sciences)

Issue to be addressed: Experiential education is a part of any healthcare curriculum since students aren't educated in the classroom alone. Entering the field poses challenges to competency assessment due to the wide variety of accreditation standards, practice locations, and preceptor/clinical supervisor experience.

Methods: Team members from the disciplines of occupational therapy, pharmacy, and physical therapy met with assessment professionals to discuss the various tools involved in measuring performance during experiential fieldwork. As each profession has a commitment to IPE, items were mapped to the IPEC

competencies: Values and Ethics, Roles and Responsibilities, Communication, and Teamwork. The tools were dissected into components and items were mapped into the IPEC competency area by profession with additional details on item type, student type, and assessment time frame.

Observations: Overall, the fewest items were mapped to Role and Responsibilities and Teamwork, and the greatest number of items were mapped to Communication.

Conclusion: This process highlighted collaboration bringing various professionals together. It found the wide variety of items measuring IPE competencies and the need for more consistency.

COMPARING THE ACCURACY OF IPHONE AND ANDROID HEART RATE MONITORS; Teresa Ingenito (New York Institute of Technology)

Hypothesis: There is no significant difference in the accuracy of Heart Rate Plus, the iPhone 6S heart rate monitor application, and S Health, the Android HR monitor application, when compared to the ECG 3 lead.

Methods: 30 participants comprised of 16 females and 14 males ranging from 23 to 29 years old. Subjects were connected to a 3-lead ECG and resting heart rate values were recorded on the ECG, iPhone Heart Rate Plus app, and Samsung Galaxy S7 app simultaneously. Subjects then performed a three-minute step test using a 12-inch step at a rate of 96 beats per minute. HR was measured 1 minute and 30 seconds into exercise, immediately post exercise, and 3 minutes post exercise.

Discussion: The iPhone application produced greater accuracies of the participant's HR when compared to the Android application. Only fourteen of the original thirty participants' data could be used secondary to do inability of the Android device to obtain a measurement during the workout phase.

Conclusion: As health professionals, it is important to use a device that has been proven accurate in comparison to. Based on our study, when comparing the heart rate during exercise, the iPhone app is comparable to the ECG.

APPLYING TEAM-BASED LEARNING TECHNIQUES TO IMPROVE ASSIGNED READING; Ricky Joseph (University of Texas Health Science Center San Antonio)

Hypothesis: students' failure to develop strong reading habits during their entry level education negatively impact classroom readiness and exam performance.

Method: First and third year students were assessed using a survey that addressed motivation for completing readings, confidence in retention of knowledge, responsibility for accountability to teams, willingness to communicate knowledge, value of the approach, team performance, impact on readiness for class, investment in applying knowledge, and effect on examination performance.

Observation/Outcomes: This work presented a method to enhance entry level students' reading, preparation for class, integration of knowledge, and exam performance. This intervention was a modified version of the team-based learning (TBL) concept. Similar to TBL students were challenged with individual pre-lecture quizzes and were required to complete team quizzes focusing on reading assignments. The teams were identified as accountability teams, designed to warrant students' discussion of concepts and insights gleaned from their readings.

Conclusion: Forty (n = 40) of 82 possibly students completed the survey. 89.5% of students agreed that this approach benefited them in all areas examined.

BUILDING CULTURAL COMPETENCE THROUGH PARTICIPATION IN A INTERDISCIPLINARY SHORT TERM STUDY ABROAD PROGRAM; Cassandra Ledman (Purdue University), Scott Lawrence (Purdue University)

Hypothesis: Building cultural competency and applying theories can be challenging in undergraduate populations.

Method: An interdisciplinary group (n=19) of students in allied health majors participated in a short-term study abroad trip to China. Students participated in educational programs, cultural immersion activities, and guided reflection periods. Students completed pre- and post-experience surveys, including the

Attitudes, Skills and Knowledge Short Scale (A.S.K.S2), The Curiosity and Exploration Inventory (CEI), and the Intensity Factor Index (IFI).

Outcomes: Significant improvements were observed for both the A.S.K.S2($p=0.003$) and CEI($p=0.015$) surveys following the program. Student gains in Cultural Self-awareness, Communication, Empathy and Worldview, Stretching, and Embracing were statistically significant for the A.S.K.S2 and CEI sub-scales ($p<0.032$). Students reporting highest levels of program involvement via the IFI had the greatest gains in A.S.K.S2 ($p=0.016$) and CEI ($p=0.033$) scores. No differences were noted among student major, ethnicity, or gender.

Conclusion: The short-term study abroad program focusing on cultural education and immersive experiences seems to improve student cultural competency.

A MODEL OF INTER-INSTITUTIONAL POPULATION HEALTH RESEARCH COLLABORATION; Randy Leite (Ohio University), Chris Ingersoll (University of Toledo)

Universities often compete against each other for government funding and support to explore critical population health issues and the social determinants of health outcomes. This presentation will describe a unique research collaboration between Ohio University and the University of Toledo that aligns the research resources of the universities, facilitates joint pursuit of government grants and contracts, and empowers formation of cross-institutional research collaborations. The Ohio Alliance for Innovation in Population Health is a unique new collaboration between the two institutions and two dozen outside partners including hospital associations, healthcare systems, public health departments, social service agencies, and local government entities. The Alliance represents an innovative model to align resources, break down traditional silos, and move from inter-institutional competition to collaboration. Early success is evident in the financial support routed to the Alliance by governmental entities and the willingness of faculty to engage in inter-institutional research collaborations. The presenters will describe the formation, organization, governance, and sustainability planning of the Alliance.

LEADING THE WAY: CLINICAL REASONING (CR) IN THE ALLIED HEALTH PROFESSIONS; Gina Musolino

Clinical Reasoning (CR) is an essential non-negotiable element for all health professionals. The ability to demonstrate professional competence, compassion, and accountability depend on a foundation of sound CR. The commitment for educators is to promote healthcare providers who serve as leaders in their CR capacities. The CR process needs to bring together knowledge, experience, and understanding of people, the environment, and organizations along with a strong moral compass in making sound decisions and taking necessary actions. There is a critical need to have a broader, in-depth look at how educators across academic and clinical settings intentionally facilitate the development of CR skills across one's career. CR is an important component for all health professions, yet many would comment that despite many years of research across disciplines, it is poorly understood. CR cannot be seen merely as a generic skill or trait, but it is complex and tightly connected to the development of clinical knowledge as practitioners interact with patients in the context of care. The focus of this presentation examines the various CR frameworks within the health professions and common bias errors, along with leading to avoid bias.

APPLICATION OF UNIVERSITY CLINICAL CURRICULUM ON INTERPROFESSIONAL EDUCATION (IPP) INTO COMMUNITY-BASED PRACTICE. USING A CASE-BASED DESIGN TO TARGET INTERPROFESSIONAL PRACTICE (IPP) WITH GRADUATE SPEECH-LANGUAGE PATHOLOGY STUDENTS; Natalie Neubauer (Seton Hall University), Christine Cayero (P.G. Chambers School), Kristin Geraghty (P.G. Chambers School)

University programs recognize the need for innovation when teaching the importance of interprofessional collaboration and practice, as classroom education alone is not sufficient. To provide a functional, realistic context for learning, Seton Hall University's speech department established a partnership with P.G. Chambers School, a school for children with multiple disabilities, for graduate students to observe and reflect upon interprofessional (IPP) practices in a holistic, integrated clinical environment. The

framework was video case-based; graduate students were guided through a video of a student throughout her daily therapies/classroom activities which included the treatment objectives targeted across disciplines, and strategies, modifications, and equipment used to treat the whole child. An interprofessional panel of the student's treating SLP, OT, PT, and special education teacher led a discussion about IPP patterns the students observed. This provided a context for clinical coursework to be applied in a real-life scenario. Pre-and post-test feedback on student's perceived knowledge of IPP was solicited. Survey data indicated a significant increase in graduate student knowledge of IPP in a specialized school setting.

EVALUATING ACADEMIC-SERVICE LEARNING IN PHYSICIAN ASSISTANT EDUCATION; Alyssa Quinlan (St. John's University), Pamela Gregory-Fernandez (St. John's University), Corinne Alois (St. John's University), Anthony Marziliano (St. John's University), Carla Hernandez (St. John's University), Marc Gillespie (St. John's University)

Issue: Service is the foundation of the medical profession. As medical educators, we hope to inspire future physician assistants to improve the health and well-being of underserved communities. This study focuses on outcomes from an academic service-learning (AS-L) project within a PA education course, assessing learning outcomes, student reflections, and potential improvements.

Methods: An AS-L project was incorporated into Geriatric/Pediatric Medicine at St. John's University Physician Assistant Education Program. Student surveys were collected before and after the volunteer and reflection experience. Surveys assessed interest in geriatric medicine, communication challenges, inherent biases about the elderly and knowledge about resources available.

Observations: Survey respondents reported that the project improved their ability to communicate with the geriatric population and helped them better understand the availability of community services and resources for the aged. Students reported that seniors were more knowledgeable and interactive than expected.

Conclusion: Our study emphasizes the importance of providing service opportunities to enhance learning objectives and inspire mindfulness for the underserved.

CONCUSSION HISTORY OF CAMPERS AND STAFF AT PHILMONT SCOUT RANCH; Jeff Radel (University of Kansas Medical Center), Will Retz, Tanya Filardi, & David Naylor (Univ. Kansas Medical Center)

Philmont Scout Ranch is a high adventure wilderness setting in the mountains of New Mexico. Campers and staff were surveyed about their concussion history, current knowledge, opportunities for concussion awareness education, and predictors of performance concerns. A majority of the 3016 respondents (14% of all adventurers in 2017) were male (93%) and teenaged (47%). A possible prior concussion was reported by 17%; 3% within 3 months of arriving at Philmont. More than half (59%) did not play sports, had no concussion education (63%) and/or no baseline concussion test (80%), although 63% had first aid training. 15% had trouble adjusting to higher altitudes; 12 of 21 people seen for Acute Mountain Sickness (AMS) reported having prior concussions; 4 of these were in the prior year. Four common concussion symptoms (headache, 'not feeling right', dizziness, nausea, confusion) also are experienced in AMS, but persisted after returning to a lower altitude. Sensitivity to light and noise commonly persists after concussion and are atypical in AMS. These patterns suggest potential risk factors for symptom expression or persistence in this setting, and may guide future strategies in selection of wilderness activities.

RESEARCH PRODUCTIVITY IN RESPIRATORY THERAPY DEPARTMENTS IN THE UNITED STATES; Melinda Register (Georgia State University), Lynda T. Goodfellow

Issue: There is a need to standardize faculty evaluations across departments, particularly at research intensive universities. To date, there is no such standard to measure research productivity of respiratory therapy (RT) professors and programs in the U.S.

This study asked: How is research productivity described in RT? What is the research productivity ranking of researchers? and What is the research productivity ranking of departments?

Methods: After IRB approval, 56 B.S./M.S. degree RT programs were surveyed by email. Data were analyzed for descriptive statistics and correlations.

Outcomes: Response rate was 52%. Research productivity in RT is best described using H-Index and M quotient. Range of H-Index for professors was 0 to 44 with a mean of 2.37. Outcome variables found to have positive correlation with H-Index were highest degree earned, academic rank, accreditation role, and Carnegie Classification. Mean program H-Index ranged from 0 to 10.17 with a mean of 1.99.

Conclusion: A positive relationship exists between H-Index of RT professors and several outcome variables. Faculty and program directors seeking to increase research productivity can by way of changes in hiring practice and furthering faculty development.

ACTUAL USE ASSESSMENT OF A HEALTHY CORNER STORE INTERVENTION; John Snyder (The Ohio State University), Kayla Monfort (Activate Allen County), Kamesh Casukhela (The Ohio State University)

Issue to be addressed: Residents of food deserts often rely on local corner stores for groceries, retail environments typically lacking in fresh fruits and vegetables. With support from a grant from the CDC, a community health coalition assisted four corner stores to "convert" their inventory to include more healthy options and fruits and vegetables. This study assessed actual use of the converted inventory by asking respondents if they were generally eating more fruits and vegetables after the conversion and specifically how many servings of fruits and vegetables they were eating daily.

Methods: This study was conducted using brief intercept surveys of shoppers using a written survey administered as an interview by trained data collectors. Descriptive statistics were used to analyze data.

Observations: From 367 completed surveys, 51.1% reported eating more fruits and vegetables since the "conversion" of the corner stores. When queried about daily consumption, 44.3% reported eating 2 or more servings of vegetables and 37.7% reported eating 2 or more servings of fruit. Both of these percentages exceed averages reported by residents of the county in a CHNA study.

Conclusion: Increasing access improved healthier food consumption.

AN INTERPROFESSIONAL ESCAPE ROOM: USING A CURRENT GAMING STRATEGY TO TEACH TEAMWORK AND EFFECTIVE COMMUNICATION; Elizabeth Speakman (University of the Sciences), Carolyn Giordano (University of the Sciences), Karin Richards (University of the Sciences), Eric Pelletier (University of the Sciences), Nicole Roberts (University of the Sciences)

The current renewed interest in interprofessional education (IPE) can often challenge faculty to rethink how learning opportunities can be placed within the context of teamwork and the IPEC core competencies. While health care educators design learning experiences to facilitate the acquisition of the knowledge, skills, and attitudes represented in the competencies they often grapple with today's learner who has a keenness toward digital interactive learning methods. This can be especially daunting since many educators themselves may have minimal personal or educational experiences in using and developing these formats. Since the IPE literature endorses and recognizes the value of engaging students in team experiences early and often in their education interprofessional students enrolled in the undergraduate portion of their professional program participated in an Escape Room activity. This presentation will describe the details of the IPE Escape Room activity that used gaming to teach the four IPEC core competencies of team & teamwork, roles & responsibilities, value and ethics and interprofessional communication, as well as, describe the results of the survey and the themes that emerged about team work and communication.

THE IMPACT OF COLLEGE-LEVEL DISCUSSIONS ON INTER-PROFESSIONAL EDUCATION ON CURRICULUM REDESIGN OF A CLINICAL LEADERSHIP & MANAGEMENT PROGRAM; Jami Warren (University of Kentucky), Sarah Keresmar (University of Kentucky)

Issue to be addressed: Our Clinical Leadership & Management (CLM) Program was being revised at the same time that our College of Health Sciences was re-envisioning undergraduate education as a whole.

This presentation will discuss how the college-level initiative influenced the redesign of the CLM program at the University of Kentucky.

Method: A college-level committee reviewed a variety of sources, including best practices in undergraduate health education as well as in inter-professional education/practice, to ultimately identify four pillars that serve as a common educational model for all undergraduates in the College of Health Sciences at UK.

Observations/Outcomes: The four pillars identified by the college-level committee included: 1) Critical thinking, 2) Professionalism, 3) Cultural Humility, and 4) Inter-professional practice. We examined the current status of our CLM program revisions to ensure we integrated the four pillars appropriately. The revised CLM curriculum will be presented in this presentation.

Conclusion: The simultaneous nature of these college and department level revision processes provided an opportunity to enhance a common vision for college undergraduates and also strengthened the CLM program.

A PILOT STUDY: A STEP UP TO PREVENTATIVE CARE FOR MOTHERS AND BABIES;
Christina Vivit (Saint Louis University); Jessica Barreca, PT, DPT

Purpose: To report and discuss self-identified habits and barriers to a preventative health lifestyle of pregnant and postpartum women living in transitional homelessness

Subjects: Participants were recruited from June to August 2017 for a voluntary program held at a maternal shelter.

Methods: Survey data was taken from a preventative health education program available to all women at a local maternal shelter. The program featured classes on exercise, sleep, hydration, posture and positioning, prenatal vitamins, nutrition, and stress management. The survey regarding habits and barriers was provided prior to each education session and left anonymous.

Results: Results included in the study are from the following educational interventions: Exercise, Sleep, Nutrition, Stress Management. Results outlined the top three habits and barriers the women identified within the collected data from each of these themes. Survey results provided in table format

Conclusion: Our data reported current habits and barriers to various areas of preventative health. This enabled us to provide customized education and mentorship to facilitate goal setting and ultimately empower the women to take a more active role in their health.

AWARD FOR INSTITUTIONAL EXCELLENCE AND INNOVATION IN INTERPROFESSIONAL EDUCATION AND COLLABORATIVE HEALTH CARE

The Association of Schools of Allied Health Professions (ASAHP) strongly endorses interprofessional education (IPE) and interprofessional collaborative practice (IPCP). Support for IPE and IPCP is based on the idea that collaboration will increase the efficiency and effectiveness of delivery systems to promote team-based, patient/family centered health care. As the leading organization representing health professions schools, ASAHP serves as a collaborative resource and advocate for interprofessional education to students, faculty, professional accrediting bodies, and practitioners through instruction, research and service.

FIRST PLACE

Texas Tech University Health Sciences Center (Lubbock, Texas)

Interprofessional practice and education (IPE) is a powerful tool to establish links between the education system and the health care delivery system. As a leader in health care education, Texas Tech University Health Sciences Center's (TTUHSC) overarching goal for IPE is to inspire and transform future healthcare professionals through collaborative learning of interprofessional methods in student education, faculty development, and preceptor training. Classroom instruction alone is not enough is to prepare all

learners for deliberately and collaboratively working together to reach the goal of high quality patient-centered care. To this end, we implemented an institutional IPE Core Curriculum. The IPE Core Curriculum is composed of two components including successful completion of a non-credit online course and successful participation in at least one registered IPE learning activity. Additionally, multiple academic programs require that students participate in more than one registered activity based on accreditation and curricular standards. Currently, TTUHSC has 59 registered IPE learning activities, which are offered across schools and campuses, including distance education environments. The number and diversity of registered IPE learning experiences ensure that our learners will be able to work effectively in teams, as we educate them in learning environments where the model is interprofessional collaborative care.

PROGRAMS OF MERIT

University of Arkansas for Medical Sciences (Little Rock, Arkansas)

Interprofessional Education (IPE) at University of Arkansas for Medical Sciences (UAMS) prepares future healthcare professionals and researchers from all five colleges (medicine, pharmacy, nursing, health professions, public health) and graduate school to work more collaboratively and efficiently in order to meet the triple aim by improving the patient care experience, improving the health of those we serve, and to discover how to reduce the cost of care. In 2012, UAMS established an Office of IPE that provides an infrastructure that expands and supports IPE throughout UAMS. Utilizing a five pillar approach (*Student Curriculum; Faculty Development; Collaborative Practice; Research/Scholarship; and Philanthropy*), a strategic goal framework supports a horizontal organizational structure that bridges across education, the integrated clinical enterprise, and our research enterprise. Each pillar is supported by a faculty team. The Curriculum pillar team is the largest IPE pillar team with seven working subgroups and an intercollegiate council. The curriculum framework consists of three phases (Exposure; Immersion; Competence) with seven core activities leading to relevant learning elements for interprofessional groups of students at novice, intermediate, and advanced levels. All three phases are completed through approximately 30 total contact hours and have been approved as a graduation requirement for all UAMS students.

Pacific University (Hillsboro, Oregon)

Over the last decade the Pacific University Colleges of Health Professions (CHP), Optometry and Education have developed and implemented university-wide interprofessional education (IPE). Embracing interprofessional education and practice as a university community has guided curricular development and enhancement; moving from individual courses and clinical opportunities to comprehensive, portfolio-based IPE curriculum designed to allow students to tailor their IPE objectives to suit their professional interests. All students in CHP programs begin with a required foundational course series based on the Interprofessional Education Collaborative (IPEC) competencies. Students in the Colleges of Optometry and Education may enroll in the foundational course series as an elective. The remainder of each student's IPE portfolio is built from a comprehensive suite of activities including elective courses, service learning, and interprofessional practice immersion opportunities. Through these experiences, students develop the interprofessional competencies and skills necessary to practice in a changing healthcare environment. In the culmination of their IPE portfolio, students may apply for the Concentration in Interprofessional Education, which is the formal recognition of their knowledge and skills in IPE. The Concentration is documented on their transcript as a specialization. We believe these

initiatives are inclusive and comprehensive in scope in the preparation of collaboration-ready health professionals.

Virginia Commonwealth University (Richmond, Virginia)

The Center for Interprofessional Education and Collaborative Care at Virginia Commonwealth University engages over 2000 students and 100 faculty each year in interprofessional activities. Seeking to provide developmentally appropriate training to health professions students across a comprehensive health science campus, programs under the Center range from for-credit, classroom-based courses for early learners to community- and practice-based clinical experiences for more advanced learners. Professionally diverse faculty develop and teach in each program and seek to integrate concepts of ideal interprofessional collaboration with the challenges of delivering care in the modern healthcare environment. Faculty and students are also active scholars of interprofessional education and practice. They publish dozens of manuscripts and abstracts each year and present in a number of national and international forums as well as at the Center-supported annual *Emswiler Interprofessional Symposium*. Just this year, Center Director Alan Dow published the first foundational textbook for interprofessional education, *The Handbook of Interprofessional Practice: A Guide for Interprofessional Education and Collaborative Care*. Through careful evaluation of programs, they seek to continuously improve their programs and add to the broader literature of interprofessional collaboration. Most importantly, they strive to identify how these efforts benefit patients and the broader community they serve.