

2013

## Interprofessional Education at UNMC: Annual Report 2012-2013

University of Nebraska Medical Center

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# **INTERPROFESSIONAL EDUCATION at UNMC** Annual Report | 2012-2013

# INDEX

## INTRODUCTION TO INTERPROFESSIONAL EDUCATION (IPE) AT UNMC

---

NOTE FROM THE VICE CHANCELLOR FOR ACADEMIC AFFAIRS	2
---	---

---

NOTE FROM THE ASSISTANT DEAN FOR IPE	3
--------------------------------------	---

---

CAMPUS IPE STRUCTURE	4
----------------------	---

## REPORTS FROM IPE DIVISIONS

---

COLLEGE OF MEDICINE (COM)	13
---------------------------	----

---

COLLEGE OF PHARMACY (COP)	31
---------------------------	----

---

COLLEGE OF NURSING (CON) – OMAHA & OTHER NEBRASKA CAMPUSES	33
---	----

---

COLLEGE OF DENTISTRY (COD) & COLLEGE OF NURSING (CON) – LINCOLN	37
--	----

---

COLLEGE OF PUBLIC HEALTH (COPH)	41
---------------------------------	----

---

SCHOOL OF ALLIED HEALTH PROFESSIONS (SAHP)	51
---	----

---

APPENDIX A:	55
-------------	----

NEBRASKA INTERPROFESSIONAL  
EDUCATION ATTITUDE SCALE

**INTRODUCTION TO  
INTERPROFESSIONAL EDUCATION (IPE)  
AT UNMC**

## NOTE FROM

### VICE CHANCELLOR FOR ACADEMIC AFFAIRS



There is increasing impetus on the US health care system for members of all health disciplines to work together to improve the quality of care while reducing costs of delivery. The Institute of Medicine advocated in its 2009 publication *“Health Professions Education: a Bridge to Quality”* that “all health care professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics”. The era of the Affordable Care Act with its emphasis on Accountable Care Organizations

that provide the highest quality of care with low costs along with outstanding patient experiences has heightened the urgency of this mandate. As a result of this and other factors, most of the health care professional schools across the nation are increasing their efforts to train the next generation of students in interprofessional care, and this effort is being included in their accreditation requirements and standards. Whether care is at the level of individual providers, highly specialized groups, or integrated delivery systems of care, future failure to work effectively with other disciplines will lead to loss of quality and viability in the new era.

At UNMC, we have a strong tradition of our health care professions working together and training our students in an inter-disciplinary manner. UNMC has invested in this process by appointing an Assistant Dean for IPE (Dr. Nickol), who works with a very active campus IPE community, and we have augmented this with opportunities such as our Sharing Clinics, Rural Interprofessional Home Visits and Service Learning Academies. This report showcases some of the efforts that our different Colleges are taking in promoting IPE and interprofessional care, through which we are providing a rich environment for our students to excel and thrive in the health care system of the very near future.

H. Dele Davies, MD, MSc, MHCM  
Vice Chancellor for Academic Affairs  
Dean for Graduate Studies

## NOTE FROM

### ASSISTANT DEAN FOR INTERPROFESSIONAL EDUCATION



The current, widespread changes taking place in health care mean that students in training today will practice in an environment very different than the one familiar to their teachers. Increasing emphasis on team-based care, the growth of innovative care models such as the Patient-Centered Medical Home, and the focus on measurable quality and safety outcomes will demand a skillset that has traditionally not been a major part of health care education. UNMC’s Interprofessional Education program seeks to provide students with these skills, allowing them to meet the challenges of a rapidly changing health care field.

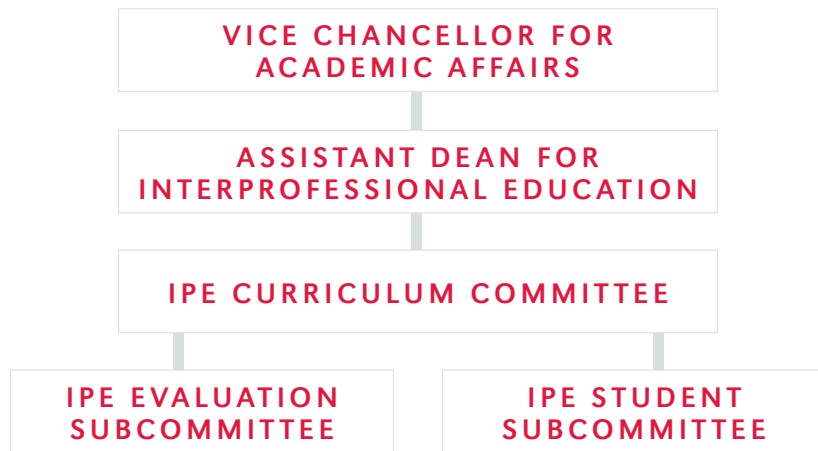
In the following pages, you will find a summary of recent developments in interprofessional education (IPE) at UNMC. By its nature, IPE requires involvement from students and educators representing all the health care disciplines. As such, it offers unique opportunities for collaboration across departments, colleges, and campuses. I hope you find it as exciting as I do to read about the numerous remarkable and creative programs already in place, as well as those currently in development.

On behalf of everyone involved in IPE at UNMC, I invite you to read this report and consider how UNMC’s IPE program can grow to better meet the needs of students, educators, patients, and populations in Nebraska and elsewhere. Please don’t hesitate to get in touch if you have ideas, or would like to get involved!

Devin Nickol, MD  
Assistant Dean for Interprofessional Education

## CAMPUS IPE STRUCTURE

Interprofessional Education at UNMC is overseen by the Vice Chancellor for Academic Affairs and the Assistant Dean for IPE. The committee structure consists of the IPE Curriculum Committee, and subcommittees focusing on Evaluation and Student perspectives. Committee membership represents the full spectrum of UNMC health professions. In addition, there are several collaborative relationships that have developed spontaneously between colleges to promote IPE.



The following pages describe the membership, role, and activities of the individual campus IPE committees and subcommittees, and other IPE activities within the Colleges.

Abbreviations: COD = College of Dentistry, COM = College of Medicine, CON = College of Nursing, COP = College of Pharmacy, COPH = College of Public Health, SAHP = School of Allied Health Professions

## IPE CURRICULUM COMMITTEE

The IPE Curriculum Committee is the central steering committee for IPE at UNMC. Membership consists of at least two members from each college or school, and a student representative.

### MEMBERS

Devin Nickol, MD (COM, co-chair)	Denise Kreski, MA (COM)
Gary Yee, PharmD (COP, co-chair)	Stephen Krumland, M3 (student representative)
Caren Barnes, MS (COD)	Ruth Margalit, MD (COPH)
Gary Beck, PhD (COM)	Connie Miller, PhD (CON)
David Brown, PhD (COD)	Paul Paulman, MD (COM)
Dean Collier, PharmD (COP)	Jane Potter, MD (COM)
Dee Ernesti, RN (CON)	Alice Schumaker, PhD (COPH)
Missy Ofe Fleck, PhD (CON)	Jan Tompkins, MPH (SAHP)
Teri Hartman, MLS (Library)	Glenda Woscyna, MS (SAHP)
Erron Holland, MS (COM)	

The committee meets twice monthly, and receives input from the Evaluation and Student subcommittees. It is responsible for the design and implementation of the spring and fall campus IPE days, which serve to introduce IPE to first-year students from all colleges.

The fall IPE day, scheduled during orientation week, begins with a panel discussion of a clinical case. Physician, pharmacy, nursing, laboratory, hospital administration, and public relations representatives discuss an actual adverse outcome that resulted from a series of breakdowns in communication between care team members. Students ask questions of the panel, and the session serves to emphasize the real-world importance of interprofessional teamwork. After the panel session, students attend a faculty-facilitated small group with 10-12 other first-year students from a variety of professions. During the two-hour small group, students work through a series of exercises to illustrate the challenges of group communication and teamwork. Both the large- and small-group sessions are intended to help students appreciate the tension between seemingly obvious goals (e.g. "We should all work together in effective teams") and the realities of modern health care (e.g. time pressures, handoffs, complexity of care delivery).

During the Spring IPE day, students are re-united with their small groups and challenged to collaborate in the development of a code of ethics to guide their future practice. Students generate a list of commonly-held assumptions about the different health care professions, and then conduct one-on-one interviews of other



Students participating in a panel discussion with campus clinicians and hospital leadership

group members in which they explore backgrounds, educational histories, and personal and professional goals. Following the interviews, the list of assumptions is re-examined in light of what the group members have learned about each other, and students are asked to consider whether they still feel the assumptions are valid. Next, the students develop a code of ethics by identifying key concepts describing professional behavior, expanding the concepts into statements, and building the statements into a code. They are then asked to review several cases that include ethical dilemmas, and to attempt to apply their code to the situations described. After completing any necessary revisions to their code suggested by the cases, they submit their completed version which is shared with the other participating groups.

In addition to overseeing the campus IPE days, the IPE Curriculum Committee is also responsible for the development of new IPE initiatives, review of current initiatives, and overall direction of UNMC's IPE program. Current priorities include:

- Expansion of IPE opportunities in the later years of student training
- Development of a campus database of IPE activities
- Establishment of college-specific IPE requirements
- Exploring the possibility of on-line IPE curriculum

### GRANTS DURING 2012-2013

"Small Group Exercise in Professionalism and Code of Ethics Development" (2013)

Funding Agency: MedEdPortal/IPEC – Curricular Development Award

Total Dollars (direct cost): \$2,000.00

PI: Devin Nickol, MD

Co-investigators: David Brown, PhD, Dean Collier, PharmD, Ruth Margalit, MD, Connie Miller, PhD, Paul Paulman, MD, Glenda Woscyna, MS

"Qualitative Analysis of UNMC Interprofessional Education Program" (2013)

Funding Agency: University of Nebraska – Kelly Grant

Total Dollars (direct cost): \$15,000

PI: Ruth Margalit, MD

Co-investigators: Virginia Aita, PhD, Gary Beck, PhD, Dean Collier, PharmD, Rebecca Keating-Lefler, RN, PhD



An IPE Day small group in action

## IPE EVALUATION SUBCOMMITTEE

The evaluation subcommittee is composed of members with expertise in educational assessment and evaluation.

### MEMBERS

Catherine Bevil RN, EdD (CON, Chair)

Gary Beck PhD (COM)

Dean Collier PharmD, BCPS (COP)

Jane Meza PhD (COPH)

Maggie Winnicki MPH (SAHP)

The subcommittee is responsible for the process and outcome evaluations of UNMC IPE days, storing evaluation data in a secure and retrievable manner, and sharing the evaluation results with the IPE Curriculum Committee for the purpose of improving IPE at UNMC. The subcommittee, which meets bi-weekly, has created survey instruments to evaluate the IPE curriculum, developed online systems to administer surveys using Survey Monkey and Blackboard, and developed online methods to analyze, store, and share survey results.

The survey instruments the subcommittee has created and used include:

- Facilitator Evaluation of IPE Day to assess effectiveness of learning activities, group process, and effectiveness of facilitator training sessions. Since 2010, approximately 45 faculty have participated in each IPE Day. Their post-event evaluations have been used to guide annual improvements in content and logistics for the events.
- Student Evaluation of IPE Day to assess effectiveness of learning activities and characteristics of group process.
- Nebraska Interprofessional Education Attitude Scale (NIPEAS) to measure interprofessional attitudes of students at various stages throughout their training. Approximately 500 first-year students participate in each IPE Day. Each student is invited to complete the NIPEAS survey prior to the first event, and again after the second event. The changes in their attitudes toward IPE are tracked over the course of the year, and have shown both increased and decreased confidence in various areas. The complete NIPEAS form may be found in Appendix A. The committee plans to expand use of the NIPEAS survey into the later stages of training for those students in multi-year programs.

## PRESENTATIONS

### INTERNATIONAL

- “The Nebraska Interprofessional Education Attitudes Scale: A New Instrument for Assessing Health Professions Students.” Collaborating Across Borders IV: Interprofessional Collaboration, Vancouver, June 12-14, 2013, interactive poster session. D. Collier, H. Stoddard, C. Bevil, J. Meza, M. Winnicki, D. Nickol

### GRANTS DURING 2012-2013

“Developing an Evaluation System to Measure Outcomes and Improve Teaching of a Newly Implemented ‘Interprofessional Education’ Program in the UNMC Colleges and Professional Programs.” (2011-2013)

Funding Agency: University of Nebraska – Kelly Grant

Total Dollars (direct cost): \$42,782.00

PI: Catherine Bevil, RN, EdD

Co-investigators: Dean Collier, PharmD, Jane Meza, PhD, Hugh Stoddard, PhD, Margaret Winnicki, MPH

### INSTRUMENT DEVELOPMENT

- The Nebraska Interprofessional Education Attitude Scale (NIPEAS) has been developed by UNMC faculty (C. Bevil, D. Collier, J. Meza, H. Stoddard, M. Winnicki) to reflect selected core competencies of the Interprofessional Education Collaborative (IPEC) and has been demonstrated to be valid and reliable. The instrument measures attitudes that practicing health professionals should have which can be taught during pre-service training programs. The NIPEAS can be used longitudinally to measure changes in student attitudes. The NIPEAS tool has been administered as a component of the campus IPE Days in Fall 2011, Spring 2012, Fall 2012, and Spring 2013 (*See Appendix A*).



## IPE STUDENT SUBCOMMITTEE

### MEMBERS

Stephen Krumland (COM, Chair)	Deeko Hassan (COP)
Darwin Brown, MPH, PA-C (SAHP, Faculty Advisor)	Ruth Margalit, MD (COPH, Faculty Advisor)
Kayla Glanz (SAHP)	Elizabeth Moore (SAHP)
Troy Goetsch (SAHP)	Patrick Passarelli (COM)
Duy Ha (Graduate Studies, COM)	Ketki Patel (COPH)
Amanda Harlow (SAHP)	Austin Person (COM, COPH)
	Josh Sypal (COM)

Through the Student Subcommittee, students representing all UNMC health care training programs provide input regarding all aspects of the IPE curriculum at UNMC, including feedback about existing activities and suggestions for new activities.

The chair, two members from each college (Medicine, Nursing, Pharmacy, Dentistry, Public Health), and two members from the School of Allied Health Professions are identified annually by the Student Senate, or by recommendation of current committee members. The chair and the members may serve for more than one year at the discretion of the Student Senate. Members are charged with representing the interests of all students in all training programs for their respective college or school. Two faculty members also serve on the Student Subcommittee and, along with the student member of the Curriculum Committee, help facilitate communication between the two groups.

During the 2012-2013 academic year, the group worked to establish its role at UNMC. The committee created guidelines for student organizations and identified educational opportunities for IPE integration, especially for graduate students in clinical settings. Additionally, the group continued to provide the Faculty Committee with feedback on IPE Days and on current IPE education at UNMC.

In June, 2013, the committee sent a student representative to the Collaborating Across Borders conference in Vancouver to gather information about student participation in IPE throughout the United States and Canada. Duy Ha returned from the conference with ideas to encourage student-led research in IPE, to expand the Subcommittee's purpose to include sponsoring events and educational opportunities, and to further encourage longitudinal IPE experiences for students.

## REPORTS FROM THE IPE DIVISIONS



## COLLEGE OF MEDICINE (COM)

# COLLEGE OF MEDICINE

## DIVISION OF FAMILY MEDICINE

### PERSONNEL

**Name & Title:** Paul Paulman, MD, Professor and Pre-doctoral Director, Assistant Dean for Clinical Skills and Quality, Department of Family Medicine, College of Medicine.

**Email:** ppaulman@unmc.edu

### PROJECTS

#### EDUCATION

- **SHARING system clinics:** involves faculty and students from COM, COD, CON, COP, SAHP, CPH in student run free clinics with approximately 1,200 patient visits each year. The SHARING system engages >25% of all UNMC health professions students and dozens of UNMC faculty in providing health care for patients in need in the Omaha area. SHARING is over 15 years old, has won national awards and is funded by student fund raising activities. The clinics are overseen by a student and faculty boards.

#### 2013-2014 SHARING STUDENT BOARD

CO-PRESIDENT	Joshua Gruhl	PHYSICAL THERAPY REP	Nichole Schlake
CO-PRESIDENT	Ashley Neumann	PHARMACY REP	Daralyn Morgenson
SECRETARY	Thomas Marston	PHARMACY REP	Michael Keiser
TREASURER	Beth Clymer	PHARMACY REP	Jenalee Schwab
STUDENT RECRUITER	Jessica Sonderup	PHARMACY REP	Daniel Bailey
PROVIDER RECRUITER	Brett Van Briggie	PHYSICIAN ASSISTANT	Morgan Walgren
INTERPRETER RECRUITER	Michelle Clevenger	PHYSICIAN ASSISTANT	Giana Novotny
PUBLIC RELATIONS	Elizabeth Pflug	PUBLIC HEALTH	Brittney Smith
CONTINUITY DIRECTOR	Kellie Nelson	CLINICAL LAB SCIENCE	Laura Espejel
FUNDRAISING	Alicia Blum	CLINICAL LAB SCIENCE	Kari Echtenkamp
FUNDRAISING	Lauren Maloley	DIETITIAN INTERN	Jacque Thiele
CLINIC LOGISTICS	Derek Schafer	DIETITIAN INTERN	Andrea Staskiewicz
CLINIC LOGISTICS	Allie Burt	NURSE PRACTITIONER	Chelsea Danek
RESEARCH COORDINATOR	Margot Chima	NURSE PRACTITIONER	Jennifer Dornbush
RESEARCH COORDINATOR	Christopher Koehn	VISION ADMINISTRATOR	Keegan Harkins
PHYSICAL THERAPY REP	Rashelle Smith	VISION ADMINISTRATOR	Jim Bisanti
PHYSICAL THERAPY REP	Annie Woodruff	DENTAL REP	Emily Tschetter

#### 2013-2014 SHARING FACULTY BOARD

PRESIDENT	Rebecca Anderson, College of Public Health
VICE PRESIDENT	Ulrike (Ricki) Otten, School of Allied Health Professions
TREASURER	Paul Paulman, College of Medicine
SECRETARY	Julie Oestreich, College of Pharmacy
IMMEDIATE PAST PRESIDENT	William Hay, College of Medicine, Goodlife Clinic Director, Education Committee Chair

#### BOARD MEMBERS

David Brown, College of Dentistry, Dental Clinic Medical Director  
Jenene A. Geske, Research Committee Chair  
Tom Grothe, School of Allied Health Physician Assistant  
Kathy Hoffman, College of Nursing  
Kris Lausterer, School of Allied Health Physical Therapy  
Eyal Margalit, College of Medicine, Vision Clinic Director  
Jim. D. Medder, Quality Committee Chair, Clinic Operations Committee Chair, Sharing Clinic Medical Director  
Kathy J. Morris, College of Nursing  
Audrey Paulman, College of Medicine, Fundraising Committee Chair  
Bill Roccaforte, College of Medicine Psychiatry  
Keith Swarts, Business & Finance  
Glenda Woscyna, School of Allied Health Professions

#### STUDENT REPRESENTATIVES

Joshua Gruhl, SHARING Student Co-President  
Ashley Neumann, SHARING Student Co-President

#### EX-OFFICIO BOARD MEMBERS/ADVISORS

Jeffrey Miller, Business & Finance  
Anne Constantino, NU Foundation, Non-voting Advancement Board and Fundraising Committee Member  
Alumni Relations Office Staff

The SHARING organization oversees four clinics which provide interprofessional education experiences for UNMC students:

\* SHARING (Student Health Alliance Reaching Indigent Needy Groups) was established in 1997. This clinic is open each Tuesday night from 5:30 to 7:00 pm for general medical care for pediatrics and adults.

\* RESPECT (Responsible Early STD Prevention, Education, and Community Testing) was established in 2001. This clinic is open each Monday night from 5:30 to 7:00 pm for confidential testing, treatment, and counseling for STDs.

\* GOODLIFE (Greater Omaha Outreach for Diabetes Lifestyles Impacting Fitness and Education) was established in 2002. This clinic is open the 2nd Wednesday each month from 5:30 to 7:00 pm, and provides care for diabetic patients including treatment of diabetes, prevention of complications, and assistance with lifestyle modification.

\* VISION (Volunteers Improving Sight in Omaha, Nebraska) was established in 2011. This clinic is open the 3rd Monday of every month from 5:30 to 7:00 pm. It provides ophthalmology services upon referral from the SHARING and GOODLIFE clinics.

#### **ADDITIONAL SHARING PROJECTS**

**SHARING Continuity of Care program:** The Continuity of Care program was created in 2009 as a way to better manage patients with multiple, significant health problems. The program assigns selected patients to a medical student, a PA student, and a pharmacy student who are able to regularly work together in the care of the patient. The Continuity of Care program has been very successful, offering the opportunity to have regular providers and more efficient visits to nearly 30 patients and educational opportunities for nearly 100 students who are intimately involved in their care. The SHARING Research Committee has recently received IRB approval to follow the care of the patients in this program to assess how continuity may affect their health outcomes.

**SHARING-Liberty Mentoring Program:** In 2009, SHARING established a partnership with Liberty Elementary to help provide medical access to their students, many of whom are from underserved populations. While the students no longer need access to the SHARING clinics (their school was provided with a nurse practitioner to give students on-site health care access), there was a request for positive mentors in the classroom. As a result, SHARING began to facilitate classroom volunteers from all professions at UNMC to mentor in the classroom and to provide educational sessions on topics like smoking.

**SHARING-Jackson Family Nights:** In the summer of 2011, SHARING began a partnership with Completely Kids afterschool program at Jackson Elementary School. Each month, students from multiple professions give presentations to both students and parents about a variety of health and prevention topics, including nutrition, over-the-counter medications, and

exercise. In conjunction with the UNMC College of Dentistry, SHARING provided toothbrushes and toothpaste to the 80 students in the program.

**SHARING the Vision Conference:** On April 19-20, 2013, the SHARING clinics of the University of Nebraska Medical Center hosted a conference, "SHARING the Vision". The College of Public Health provided facilities for the meeting. Ulricke Otten (Clinical Laboratory Science) and Audrey Paulman (COM) served as conference co-directors. The event was supported by the SHARING faculty and student steering committees. The conference had over sixty registrants from nineteen institutions including:

- |                         |   |
|-------------------------|---|
| * Des Moines University | * University of Alabama                   |
| * UCLA                  | * University of Arkansas                  |
| * Mount Sinai           | * University of Indiana                   |
| * Harvard               | * Kansas University                       |
| * Howard University     | * University of Texas – San Antonio       |
| * St. Louis University  | * University of West Virginia             |
| * Creighton University  | * University of California, San Francisco |

Speakers were from Nebraska, Mount Sinai, UCLA, and Melbourne University in Australia (by Skype), and they represented dentistry, medicine, nursing, nutrition, and clinical laboratory science. Attendees to the conference came from the professions of physical therapy, dentistry, clinical laboratory science, nutrition, pharmacy, medicine, and nursing. Eight hours of continuing education were granted to attendees. Students were involved in both the planning and presentations.

- **Rural Interprofessional Home Visit:** 2013 was the pilot year for a new interprofessional practice and education program in Grand Island, NE, involving students from COM, CON and COP. The student team jointly conducted a home visit/home assessment for an elderly patient shortly after hospital discharge. Plans are underway to expand this program to other communities.
- **Cardiac Arrest Management Simulations:** All M4 students participated in a mannequin-based drill on team management of a cardiac arrest scenario. The medical students were joined by senior level baccalaureate students from the CON. Working in teams of 4-5 medical students and 2-3 nursing students, they received instruction, managed a simulated cardiac arrest, reviewed their performance and repeated the management drill. The debriefing included discussions of team member roles, communications among team members and between members of other disciplines, and team functioning.

## PRESENTATIONS

### NATIONAL

"Making Your Interprofessional Education Program Truly Interprofessional."  
William Hay, MD. Lead presenter of multi-institutional symposium presentation at Society of Teachers of Family Medicine, Nashville, TN, February 2, 2014.

Seven faculty and nine students from UNMC presented at the SHARING the Vision conference in Omaha, April 18th-19th, 2013:

"Influences of Faculty Decisions to Precept at a Student-Run Free Clinic." Jenenne Geske, PhD

"Understanding Faculty Participation in Student-Run Health Clinics." Brian Coburn, UNMC COM M1

"Sharing as a Core Value." John Reinhardt, DDS, MA, MPH. Dean, UNMC College of Dentistry

"How Do We Make Our Student-Run Clinic Truly Interprofessional?" William Hay, MD. UNMC COM

"Improving Patient Care by Adding Clinical Laboratory Science Students to the Process." Ulrike Otten, MT. UNMC SAHP

"Dental Sharing Clinics." David Brown, PhD. UNMC COD

"Sharing and Goodlife Clinics for the Underserved: Optimizing Engagement and Services Provided by Medical Nutrition Students."  
Glenda Woscyna, MS, RD, LMNT. UNMC SAHP

"UNMC Service Learning Academy Poster Session." UNMC COPH

"Next Steps in Faculty Support in Student-Run Free Clinics." Paul Paulman, MD. UNMC COM

## COLLEGE OF MEDICINE

### DIVISION OF GERIATRICS

### PERSONNEL

**Name & Title:** Denise Kreski, MA, Education Project Associate, Department of Internal Medicine, Geriatrics, College of Medicine

**Email:** denise.kreski@unmc.edu

**Name & Title:** Jane F. Potter, MD, Chief, Division of Geriatrics & Gerontology

**Email:** jpotter@unmc.edu

**Name & Title:** Katherine J. Jones, PT, PhD, Associate Professor, Department of Physical Therapy Education, School of Allied Health

**Email:** kjonesj@unmc.edu

### PROJECTS

#### EDUCATION

- **Interprofessional Aging Interest Group Executive Board:** The Interprofessional Aging Interest Group was formed in August, 2011 for students (medical, medical nutrition education, nursing, pharmacy, physician assistant, physical therapy, public health, and social work) who are interested in working with older adults, learning about health careers in geriatric medicine, and issues involved with aging. Students also learn about and experience working together with students from other health disciplines. The group is organized and facilitated by students. Activities have included: Guest speakers and panel discussions on careers in geriatric and other geriatric topics (examples include public health policy, osteoporosis, fall risk reduction, tai chi, etc.), death and dying issues, an elder-specific clinical skills lab, a community health fair, and an end-of-the-year social gathering. The executive board, under the faculty supervision of Ed Vandenberg, MD, meets once monthly during the academic year and plans the activities for the year. During the 2012-2013 academic year, there were two medical students, two pharmacy students, two physical therapy students, one public health student, and one social work student who regularly attended the executive board meetings.
- **Medicine/Pharmacy End of Life/Palliative Care Senior Seminar:** Using a small group format, students work through several cases of patients

nearing the end of life. 115 fourth year medical students and 34 fourth year pharmacy students participated in 2012. In 2013, 130 fourth year medical students and 36 fourth year pharmacy students participated. The student evaluations from the 2012 seminar are discussed under “Evaluations and Assessments. By the end of the seminar, students are able to:

1. Formulate and write orders for management of key non-pain and pain symptoms based on patient goals of care.
  2. Describe hospice; know services provided by hospice, be able to identify appropriate patients and indications for referral.
  3. Demonstrate communication skills including breaking bad news, assisting patients and/or surrogates in discerning goals of care, and advance care planning.
  4. Effectively work with a pharmacist to manage patient’s symptoms.
- **Medicine/Physical Therapy Nursing Home/Rehab Senior Seminar:** In this seminar, medical students, nursing students, and physical therapy students jointly participate in sessions that enable them to understand the nursing home environment including: payment, common disease processes, infectious disease, phone triage, and chart organization. The students spend one half-day in the classroom environment and one half-day at Brookestone Village Skilled Nursing Facility. 15 fourth year medical students and 16 second year physical therapy students participated in the 2012 seminar, and 15 fourth year medical students, 15 second year physical therapy students, and two nurse practitioner students participated in the 2013 seminar. The student evaluations for the 2012 seminar are discussed under “Evaluations and Assessments.”
  - **Geriatric Outpatient Experience:** Interprofessional students, UNMC/Creighton University Internal Medicine Residents, and Clarkson Family Medicine Residents participating in this experience receive a one-hour didactic introduction to leadership, patient safety and teamwork during the first week of the rotation. The learners then participate in clinic team briefs before each half-day clinic. In clinics they work with medicine, pharmacy, physician assistants, nursing (RN, MSN, APRN) and social work. There were 103 learners who participated in this experience in 2012. In 2013 (to date) 39 learners have participated in this experience. The evaluations are discussed under “Evaluations and Assessments.”

- A monthly TeamSTEPPS® (Strategies & Tools to Enhance Performance and Patient Safety) didactic has been part of the geriatrics rotation since April 2011. TeamSTEPPS® introduces teamwork and communication as a means to improve patient safety and quality. All of the learners who are participating in the Geriatric Outpatient Experience engage in this faculty led session. Liz Harlow, MD began teaching this content in November 2012. Prior to that time, Jane Potter, MD taught the content to the learners.
- The Geriatric Sub-internship consists of acute care of hospitalized patients with a special focus on geriatric issues. The number of patients depends on acuity and is determined by the attending physician or internal medicine resident. As time allows, the sub-internship may also include home/nursing home visits, geriatric assessment clinic, outpatient clinics, and palliative care. The sub-intern interacts with the interdisciplinary team to provide optimal care. Since 2012, this sub-internship has included a learning activity focused on Root Cause Analysis (RCA) of an adverse event. Students meet with a geriatric fellow to go over the IHI Module on Root Cause Analysis and then are mentored by a faculty member with firsthand experience with the case. Students present their Root Cause Analysis to the IP student and resident group during a weekly case conference. 6 M4s (2012) and 3 M4s (2013) participated in this experience. The evaluation of this experience is described in “Evaluations and Assessments.” These learners are sent the same evaluation instrument as the learners in the Geriatric Outpatient Experience. The results are included in that assessment.
- An Interprofessional Problem Based Learning Case has been developed by Ed Vandenberg MD, Katherine Jones PT, PhD, Kristen Cook PharmD, Diane Hendricks CMSW, LMHP, and Barbara Robertson MA, RD, CNSC, LMNT. The College of Medicine will be using this as Case 2 in the “Introduction to Disease Processes” Core in September, 2013. An Interprofessional Evaluation Instrument is under development and will be administered to the students at the completion of the case.
- Residents on Internal Medicine geriatrics rotations attend the monthly interdisciplinary didactic on Team Training and present an end of rotation case-based quality and safety conference. Residents on the UNMC Family Medicine geriatrics rotation and Creighton University Residents on the geriatrics rotation complete the modules on leadership, teamwork, and patient safety from the Institute for Health Improvement (IHI). The division of geriatrics verifies resident completion of the modules through the IHI tracking system.

- The geriatric faculty incorporated interprofessional content into the 2012 Internal Medicine Resident Noon Conferences during lectures on End of Life Care, Dementia/Delirium, Elder Abuse, Palliative Care, and Fracture Assessment & Gait Disturbances. 114 Internal Residents attended the geriatric faculty presentations on these geriatric-specific topics.
- A series of Interprofessional Transitional Care Case Conferences was developed for Internal Medicine Residents under the direction of William Lyons, MD. The first of these conferences was held on November 28, 2012. Two additional conferences were held on January 30, 2013 and March 13, 2013. A resident on the outpatient elective completed a home visit for a patient who was recently discharged from NMC. The visit was made with a nursing student and a nursing school faculty member. Following the visit, the resident presented the patient's case at the Interprofessional Transitional Care Case Conference. Dr. Lyons (COM) and Dr. Farris (CON) served as discussants. Pharmacy, nursing, medicine, and social work faculty participated in the case discussion. 117 students, residents, and faculty attended these conferences. Written feedback was gathered following the conferences as discussed under "Evaluations and Assessments."

## PRACTICE

- **Interprofessional Aging Interest Group Clinical Skills Lab:** The Clinical Skills Labs are held in the fall and spring each year at the Home Instead Center for Successful Aging. Interprofessional groups of students learn aspects of geriatric physical examination. Interprofessional student groups rotate through various stations under the direction of geriatric faculty members. 85 students participated in the 2012 clinical skills labs. The first of two clinical skills labs for 2013 had 68 participants. The 2012 assessment consisted of verbal feedback/discussion at the Aging Interest Group Executive Board meeting. Suggestions for improvement were implemented in the 2013 clinical skills lab. Following the 2013 clinical skills lab, a survey was sent via Survey Monkey to the participants. The results are being compiled for use in future revisions of this activity.

## OUTREACH

- **Interprofessional Aging Interest Group Health Fair for Older Adults:** The Health Fair is held in the spring at the Home Instead Center for Successful Aging. Students from various professions participate in the health fair. Students learn about the roles of other professions at the various testing stations (fall risk evaluation, pulse and blood pressure, vision

and hearing screening osteoporosis risk evaluation, blood sugar testing, nutrition education, and public health education). The students rotate through the stations and either act as the instructor or the student at each station. There were 29 (2012) and 35 (2013) health professions students who participated in the health fairs. The 2012 assessment is discussed under "Evaluations and Assessments." The 2013 results are being compiled.

## PRESENTATIONS

### LOCAL

Jonathan Fullner, MD (graduated 2012). "Improving Patient Safety: Root Cause Analysis Training for the Fourth-Year Geriatric Sub-Intern" presented at the Enhanced Medical Education Tracks (EMET) poster session, March, 15th, 2012.

### NATIONAL

Bill Lyons, MD, March 2, 2012: "Teaching Team Building during Residency," 2012 Accreditation Council for Graduate Medical Education (ACGME) Annual Educational Conference, Orlando, FL

Jane Potter, MD, January 14, 2012: "Tools for Building Quality and Safety in Outpatient Care," Association of Directors of Geriatric Academic Programs (ADGAP) Leadership Retreat, San Diego, CA

Catherine Eberle, MD and Brenda Keller, MD, October 23, 2012 Reynolds Grantee Meeting: "Reynolds Next Steps Grants: Improving the Ability of Physicians to Work with Other Health Disciplines."

Ed Vandenberg, MD, October 23, 2012 Reynolds Grantee Meeting: "Geriatric Tracks for Medical Students."

Ed Vandenberg, MD, October 23, 2012 Reynolds Grantee Meeting (Marketplace): "The Case of Sherman Davis: An Interprofessional Analysis of Geriatric Medical Problems"

Jane Potter, MD, October 23, 2012 Reynolds Grantee Meeting (Marketplace): "Improving Patient Safety: Root Cause Analysis Training for Fourth Year Geriatric Sub-Interns."

## ASSESSMENTS AND EVALUATION

**2012 End of Rotation Evaluation Instrument:** All students and internal medicine residents are sent an invitation to complete an evaluation via Survey Monkey at the completion of their rotation. The instrument is comprised of teamwork knowledge questions, geriatric syndrome knowledge questions and the Interdisciplinary Education Perception Scale (IEPS). From 2011 to 2012, the average percent correct for the five teamwork knowledge questions increased from 80% to 85%, and knowledge of geriatric syndromes increased from 54% to 62%. An informal thematic analysis of the comments reveals that respondents perceived that the extent of IP teamwork used to provide comprehensive care to older adults is unique to this geriatric rotation and that collaboration across multiple professions provides a comprehensive, patient-centered approach to caring for older adults.

**2012 Aging Interest Group Health Fair Evaluation:** On March 31, 2012, UNMC health professions students conducted a health fair in the Wellness Center at the Home Instead Center for Successful Aging. An evaluation instrument was sent to the students via Survey Monkey following the health fair. The instrument was made up of short answer questions and the Interdisciplinary Education Perception Scale (IEPS). Of the 26 students who listed their field of study, Physical Therapy students and medical students were the predominant disciplines. Attitudes toward this interprofessional education experience differed by profession. The Physical Therapy students' participation in the health fair resulted in a significant increase in their perception of the need for cooperation between disciplines, while the medical students did not demonstrate this change.

**Evaluation of 2012 Nursing Home/Rehab Senior Seminar:** Two instruments were used to evaluate the impact of the seminar on student attitudes. The second of two seminars was evaluated in 2012, and the results from 2013 are being compiled. The IEPS and the Communication subscale of the TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ) were used. There were no statistically significant differences in beliefs about communication between the disciplines before or after the seminar; however, the sample size was extremely small and the open-ended comments indicate that the seminar achieved the appropriate objectives for immersion in IP education, i.e., the seminar clarified the roles and responsibilities of the two professions.

**Evaluation of 2012 End of Life Care Senior Seminar:** The IEPS and T-TAQ instruments were used to evaluate the impact of the seminar on student attitudes. There were no statistically significant differences in beliefs about communication

between the disciplines before or after the seminar. As a result of the seminar, medical students reported significant increases in their perceptions of the need to cooperate with pharmacists and had marginally more positive beliefs about communication. Pharmacy students reported marginally significant increases in perceptions of actual cooperation with medical students. Seventy-nine percent of the medical students and 93% of pharmacy students provided open-ended comments. Because the pre-seminar beliefs of the pharmacy students were more positive than those of the medical students, there was likely a ceiling effect.

**TeamSTEPPS Fundamental Refresher Course Evaluation:** A 4.5 hour training session was conducted on December 7th, 2012 to target faculty and staff who were new to the geriatrics clinic and midtown clinic. Sixteen faculty and staff attended the training. Knowledge of teamwork increased as a result of the training. The greatest increase was in knowledge of specific teamwork skills. Seven of the 13 learners who completed an evaluation identified a practice change that they plan to make as a result of the training.

**Evaluation of Transitional Care Case Conference:** Following the Transitional Care Case Conferences, participants received emails summarizing the educational goals of the respective conferences, and soliciting free-text comments on whether the goals were met. Responses were positive and the overall theme of the comments indicated that the educational sessions achieved the goals by involving a multidisciplinary approach and that it was beneficial to hear perspectives from all the disciplines.

## PUBLICATIONS

Fullner J, Hejkel J, Harlow E, Jones K, Lyons W, Mostek D, Potter J. Improving Patient Safety: Root Cause Analysis Training for Fourth Year Geriatric Sub-Interns. POGOe - Portal of Geriatrics Online Education; 2013 Available from: [www.pogoe.org/productid/21210](http://www.pogoe.org/productid/21210)

Carol Gaebler MS, CCC-SLP, Barbara Robertson MA, CNSC, RD, LMNT. Assessing and Managing Swallowing Issues: An Interprofessional Approach. POGOe - Portal of Geriatrics Online Education; 2013 Available from: [www.pogoe.org/productid/21375](http://www.pogoe.org/productid/21375)

Jones KJ, Vandenberg EV, & Bottsford L. (2011). Prevalence, formation, maintenance, and evaluation of interdisciplinary student aging Interest groups. *Gerontology & Geriatrics Education*, 32(4), 321-341.



Jane Potter MD, Linda Sobeski PharmD. Team Based Geriatrics. POGOe - Portal of Geriatrics Online Education; 2012 Available from: [www.pogoe.org/productid/21031](http://www.pogoe.org/productid/21031)

Jane Potter MD, Deborah Mostek PharmD, Linda Sobeski PharmD, Jeannie Hannan. SBARQ Education Module. POGOe - Portal of Geriatrics Online Education; 2013 Available from: [www.pogoe.org/productid/2135](http://www.pogoe.org/productid/2135)

Ed Vandenberg, MD, Barb Robertson MA, RD, CNSC, LMNT, Katherine Jones PT, PhD, Kristen Cook PharmD, Diane Hendricks CMSW, LMHP. Interprofessional Problem Based Learning Case. POGOe - Portal of Geriatrics Online Education; 2013 Available from: [www.pogoe.org/productid/21306](http://www.pogoe.org/productid/21306)

## GRANTS

Donald W. Reynolds Foundation Grant: "Next Steps in Physicians' Training in Geriatrics." (2012 was the 2nd year of 4 year, \$1 million grant) PI: Jane F. Potter, MD

## CURRICULUM DESIGN AND IMPLEMENTATION

Two of nine planned education modules on key geriatric problems/syndromes demonstrating collaboration between medicine and eight professions have been designed. The modules will teach residents key clinical issues in geriatrics and interprofessional collaboration. All modules will be interactive using Adobe Captivate software. The first two modules cover three professions and five geriatric issues. These modules are aimed at preparing the IM residents for the Milestones and Competencies under the New Accreditation System for residency training. The residents are required to take a pre/posttest and review these modules during their time at the Midtown Clinic. The two completed modules are: "Assessing and Managing Swallowing Issues: An Interprofessional Approach" and "Interprofessional Collaboration with Pharmacists."

A required web-based module teaching SBARQ (Situation, Background, Assessment, Recommendation, Question) communication was developed and is required of all students on the geriatrics rotation as of January, 2012. After completing this interactive module, the learners are given a card to use in the outpatient clinic to guide and record their use of SBARQ communication with at least one other discipline during clinics. Faculty preceptors collect and review the cards at the end of the rotation.

## COLLEGE OF MEDICINE

### CENTER FOR PRIMARY CARE EDUCATION, RESEARCH, AND HEALTH CARE DESIGN

## PERSONNEL

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## PROJECTS

### EDUCATION

- **Educational Presentations**

**Dr. Andrew Morris-Singer: Primary Care Progress**

Dr. Andrew Morris-Singer, President and Principal Founder of Primary Care Progress (a national, interprofessional network focused on transforming primary care through quality improvement, teamwork, patient engagement, value, and information technology) gave a seminar on September 25, 2012. There were 200 attendees including students from COPH, School of Allied Health, COM, CON, COP, residents, practicing providers and community members. Topics included recruiting, training, and supporting the primary care workforce, and redefining the role of the "primary care team."

**Dr. Don Klitgaard, Assessment, Development and Attainment**

Don Klitgaard, MD shared his experience with the TransforMED Demonstration project, which transformed his private practice clinic into a profitable, certified, patient-centered medical home. He discussed the role of the team in care delivery. Attendees included nurses, physicians, physician assistants, nurse practitioners, pharmacists, residents from various specialties, students from the COM, COP, CON, COPH and the School of Allied Health. This event was open to community providers and awarded continuing education credit to participants. There were 84 attendees, approximately 30 were community providers.

**Activities During National Primary Care week: October 8-12, 2012**

## SESSIONS

1. **“Primary Care – Present and Future”** Dr. Mike Sitorius discussed the current status of primary care and possible future opportunities and challenges. The audience was comprised of 120 attendees including students from COPH, School of Allied Health, COM, CON, COP, faculty, residents, practicing providers and community members.
2. **“Heroes of Health Care”** Skilled primary care is a hallmark of high-performing health care systems. “Heroes of Health Care”, a diverse panel of health care professionals, discussed their role in primary care and how functioning as an interprofessional team allows them to provide exceptional patient care. The audience was comprised of 130 attendees including students from COPH, School of Allied Health, COM, CON, COP, residents, faculty, practicing providers and community members.
3. **“Straight Talk About Health Care Reform”** In the current, highly politicized climate, it is hard to know what to believe about health care reform. Dr. Thomas Tape, division chief of General Internal Medicine at UNMC, explained health care reform efforts in the context of the dual goals of expanding access to health care while also controlling costs. Topics discussed included the basic tenets of the Affordable Care Act, the recent Supreme Court ruling, current challenges to health care reform implementation, and innovative, team-based models of health care for the future. The audience was comprised of nearly 180 attendees including students from COPH, School of Allied Health, COM, CON, COP, residents, faculty, practicing providers and community members.
4. **“Corps Community Day- Healthier Patients, Stronger Communities”** Alumni of UNMC and the National Health Service Corps discussed their experiences with NHSC and told about opportunities that may be available to students from a wide variety of professions. The audience was comprised of 140 attendees including students from COPH, School of Allied Health, COM, CON, COP, residents, faculty, practicing providers and community members.
5. **“Beyond Patient Care, Financial Incentives”** This session was primarily intended for students interested in becoming a Physician, Physician Assistant, Dentist, Nurse Practitioner, Clinical Psychologist, Pharmacist, Occupational Therapist, or Physical Therapist. Marlene Janssen, Executive Director of Nebraska’s Rural Health Advisory

Commission, described Nebraska’s rural incentive programs that promote primary care in state-designated rural/underserved shortage areas. The audience was comprised of 70 attendees including students from the School of Allied Health, COM, CON, COP and residents.

## PRACTICE

- **Longitudinal Pilot Project** First-year students from the College of Medicine, College of Nursing, College of Pharmacy, School of Allied Health (PA Program), Marriage and Family Therapy (UNL) and Social Work (UNO) were assigned to an interprofessional team (4-5 students) and paired with a patient who has been identified by their PCP as someone with multiple co-morbidities (2+) that they believe would benefit from a team approach. Students will remain with “their patient” throughout their entire educational career and complete various tasks both with and without their patient including but not limited to: home visits, med reconciliation, patient education, diabetes cooking classes, continuing education for students, patient interviews, technology questions, nutrition needs assessments and more. Students will attend all primary care visits and at least one specialist annually with their patient. This project currently involves 29 first year students, 6 patients, 5 providers and 6 faculty mentors.
- **Procedure Night: Casting Workshop - October 8, 2012** This project is sponsored by the Center for Primary Care Education, Research and Health Care Design and the Family Medicine Interest Group. Students from various colleges met in the in the clinical simulation lab of UNMC’s Michael F. Sorrell Center for Health Science Education. They were provided a brief tutorial, and then divided into small groups with a facilitator who guided them in placing an arm cast on a partner. While originally developed as a COM activity, this specific workshop provided approximately 50 students from various colleges an opportunity to work together in a hands-on activity with direct clinical application.

## OUTREACH

- **Primary Care Provider survey** This survey gathered the beliefs of primary care providers (MD, DO, APRN, PA) across the state of Nebraska regarding the integration of interprofessional health care teams in primary care. It also assessed primary care providers’ continuing education needs and offered an opportunity to become involved as an interprofessional clinical pilot site and to serve on a community advisory panel. The survey

was mailed to 1,831 Primary Care Providers in the state of Nebraska. The Primary Care Providers were Advanced Practice Nurses, Physician Assistants and Physicians (MD and DO). A total of 888 completed surveys were returned (49% response rate). The results of this survey are currently being analyzed in preparation for submission for publication.

- **Primary Care Progress-UNMC Chapter** Primary Care Progress is a grassroots network of innovators, educators, learners and advocates united by a new vision for revitalizing the primary care pipeline through strategic advocacy and trainee engagement in clinical innovation. The leadership team is comprised of students from the College of Nursing, College of Medicine, College of Pharmacy and School of Allied Health. Dr. Thomas Tape, MD and Dr. Michael Sitorius, MD from the College of Medicine serve as faculty sponsors, and Darwin Brown, MPH, PA-C (SAHP), Dr. Janet Cuddigan, PhD (CON), Dr. Keith Olson, PharmD (COP), and Dr. Patrik Johansson, MD, MPH (COPH) serve on the faculty advisory board. Primary Care Progress sponsored the 2012 UNMC Primary Care Week activities, as well as the Longitudinal Pilot Project and Primary Care Provider survey described above.



## COLLEGE OF PHARMACY (COP)

## COLLEGE OF PHARMACY

### PERSONNEL

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### PROJECTS

#### EDUCATION

- **PHPR 554 Professional Development** The COP developed a new required course entitled Professional Development (PHPR 554) that provides a curricular “home” for present and future interprofessional activities and events. The course is unique because it is longitudinal and includes activities and content taught over the first three professional years. The course was offered for the first time in the fall of 2012, and the incoming COP class (approximately 60 students) was enrolled. Similar numbers are anticipated to participate in future years. The two campus-wide interprofessional events for P1 students were added as requirements for the course. Additional interprofessional activities are planned for the P2 and P3 years.
- **PHPR 661 Community Health/Service Learning** The COP continues to offer an elective course that provides opportunities for students to participate in interprofessional community health and service learning. Teams of 2-4 COP students work with students from COPH, COM, CON, and SAHP. Additional details about these service learning activities may be found in the COPH section of the report.

#### RESEARCH

- **NACDS Grant To Evaluate Team-Based Care** The National Association of Chain Drug Stores Foundation awarded a \$369,000 two year grant to UNMC to evaluate the impact of community pharmacist-provided medication management strategies into existing patient-centered care teams, such as medical homes and accountable care organizations. The principal investigator was Dr. Don Klepser in the COP. Partners in the UNMC project are Blue Cross and Blue Shield of Nebraska, Kearney Clinic, and Walgreen pharmacies. Specifically, the project will study patients with hypertension and type 2 diabetes across multiple Nebraska communities.



## COLLEGE OF NURSING (CON) —OMAHA & OTHER NEBRASKA CAMPUSES

# COLLEGE OF NURSING – OMAHA & OTHER NEBRASKA CAMPUSES

## PERSONNEL

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## PROJECTS

### EDUCATION

- **Geriatric Dental/Oral Screening in Scottsbluff:** This is a joint project involving students from the COD from the dental hygiene department in semester two and students from the CON in semester three. Ten nursing students participated in 2012-2013. They simulated oral and dental screening in older adults.
- **PT/Nursing simulation:** 24 senior-level students from the CON joined students from the SAHP for two mornings of clinical simulations during the spring semester.
- **MD/Nursing simulation:** Also during the spring semester, 20 senior-level nursing students participated in high-fidelity manikin cardiac arrest simulations with senior-level medical students over a two-week period.

### PRACTICE

- **Clinic With A Heart (CWAH):** CON students and faculty partner with COD students to provide clinic-based care approximately six times yearly. An average of 25 patients are treated each clinic, involving 10-12 undergraduate nursing students and 3-4 nurse practitioner students. The undergraduate nursing students participate in patient intake, assessing vital signs, height and weight measurement, then help with laboratory testing, escort patients through the clinic, conduct eye screenings, listen to the pharmacist do the teaching on medications and then complete patient discharge teaching. The NP students work with a faculty provider in assessing and caring for the patient. During the dental clinic the nursing students observe the dental exam and participate in patient teaching done by the Dental college faculty.

## OUTREACH

- **Home Visits in Omaha:** This project is under development with a projected launch in the fall of 2013. Students from nursing, medicine and pharmacy will participate in interprofessional home visits and provide care to local patients.

## CONTINUING NURSING EDUCATION

Between July 1, 2012 and June 30, 2013 UNMC CON Continuing Nursing Education (CNE) provided 190 educational activities, of which 58 (30%) were planned collaboratively with, and intended for, interprofessional audiences of faculty at UNMC. Twenty of these activities were live and 38 were online. UNMC CON CNE collaborated with the College of Medicine Center for Continuing Education (CCE) to provide seven live programs targeting an interprofessional audience of approximately 900 MD, PA, NP, RN, LSW, LMHT, DVM, DDS, Pharm and other health care providers, and another six programs designed exclusively for UNMC faculty in all academic units, with over 150 attending. UNMC CON CNE provided another seven programs targeting interprofessional local and regional groups, including the College of Nursing's Fourth Annual Audrey Solberg Smith Distinguished Lectureship for Teaching Excellence. This activity, held on January 4, 2013, featured Dr. Brenda Zierler, PhD, RN, FAAN, a nationally-known expert in interprofessional education and collaboration, who led several educational sessions about the topic for UNMC faculty from all academic units. UNMC CON CNE also partnered with a medical education company, Continuing Education Alliance, to provide 38 online interprofessional programs reaching thousands of practicing NPs and PAs across the nation.



**COLLEGE OF DENTISTRY (COD) &  
COLLEGE OF NURSING (CON) – LINCOLN**

# COLLEGE OF DENTISTRY & COLLEGE OF NURSING – LINCOLN

## PERSONNEL

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## PROJECTS

The College of Dentistry (COD) and the Lincoln Division of the College of Nursing (CON-L) are located in Lincoln, NE, 55 miles west of the main UNMC Campus. The West Divisions of the COD and CON are located in Gering/Scottsbluff, 450 miles west. Since these campuses are geographically removed from Omaha, the COD and the CON participate in several IPE events individually and together in Lincoln and Gering/Scottsbluff.

### EDUCATION

- **Lincoln Interprofessional Education Day (2012: September 21)** The UNMC COD & CON-Lincoln Junior level students collaborated to develop a code of ethics and professionalism and practiced applying their codes in hypothetical clinical scenarios. This session helped students to gain an appreciation of one another's roles in the provision of health care services, and to respect and value the input of other disciplines in the team decision-making process.

### OUTREACH

- **SHARING Clinics at the UNMC COD for vulnerable adult populations**  
In 2012, quarterly clinics were held involving students from the COD and CON-Lincoln, with referrals coming primarily from the faith-based Clinic With A Heart, which operates a free triage and referral service weekly in mid-town Lincoln. Patients fill out a consent to treat and a health history and are screened by a dentist at the referral site, who notes the major complaint and suggests treatment options. Many of the cases are complex and represent dental emergencies with pain, swelling and fever. Referred patients come to the college for the evening clinic and undergo a preliminary history, screening vital signs,



UNMC COD-Dental and Dental Hygiene students and a UNMC CON-Lincoln Nursing student collaborate at the chairside during Dental Day

and are triaged before being seen by students and supervising faculty of the respective college. The treatment process often includes X-rays and procedures to relieve pain or treat infection. The primary procedures performed include cleaning, extraction, restoration, and occasionally a subsequent referral for root canal therapy. Procedures are performed at the SHARING Clinic at no cost to the patient. The college developed this program to enhance interprofessional education opportunities with students from the Lincoln Division of the College of Nursing and health professions students from Omaha.

- **Children's Dental Day** Since its inception, this event has provided services to over 4,500 children from across the state. Since 2001, the COD has hosted Dental Day annually as part of a national program. Each February, children from all over eastern Nebraska are identified, screened, and invited to the college for a full day of dental care. The COD provides transportation for some of the larger communities, and in other cases a local agency provides transportation or the families bring the children. Approximately 200 children are scheduled for procedures ranging from cleaning to restorations, extractions, pulpotomies, stainless steel crowns and even root canal therapy for some of the older children. Emergency care is provided and patient education is emphasized. Besides clinical dental procedures, the children are able to take part in educational games and activities designed to increase their awareness of healthy lifestyles and the importance of taking care of their teeth while they are young. Students from the COD and



UNMC COD and UNMC CON-Lincoln students participated in the February 3, 2012 Children's Dental Day

CON work collaboratively to help deliver the needed care and in doing so they gain experience with, and appreciation for, team-based practice.

Since 2004, a second yearly **Children's Dental Day** has been held in the Nebraska Panhandle on the first weekend in June. The COD transports students, faculty and staff and portable equipment to four sites in the Panhandle and provides dental services from private offices, and from two local hospitals. Sites include Sidney, Alliance, Chadron and Gordon, and approximately 200 children are seen between the four locations. The Panhandle district Health Department is a major contributor to this program and helps coordinate many of the activities, ranging from identifying the children to arranging logistics for the 60-plus dentistry and nursing participants from the COD and CON.

- Health Resources and Services Administration (HRSA) Training Conference:** This day-long conference is directed to dental clinics and offices where COD students do their extramural rotations. On June 7th, 2013, speakers from the COM, CON, and COPH covered different areas of HSRA training. 55 nursing and dental students attended. The conference also included a student and preceptor panel discussion titled "Extramural Rotations: Hopes, Dreams, and Reality". The conference provides an outreach opportunity for preceptors, who meet junior dental students and learn about their goals for the upcoming extramural rotations starting in July, 2013. Attendees had the opportunity to learn with and from their colleagues representing the other health care professions.



## COLLEGE OF PUBLIC HEALTH (COPH)



## COLLEGE OF PUBLIC HEALTH

### PERSONNEL

**Name and Title:** Alice Schumaker, MS, MPA, PhD, Professor and Associate Dean for Academic Affairs, College of Public Health

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**Name and Title:** Ruth Margalit, MD, Associate Professor and Director of Service Learning Academy, Department of Health Promotion, Social and Behavioral Health, College of Public Health

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### PROJECTS

#### EDUCATION

- Alice Schumaker, PhD, has been appointed co-leader of the national Schools of Public Health “Integration of public health into health professions interprofessional education” task force. The task force was formed in the summer of 2013, at a national retreat attended by Associate Deans for Academic Affairs from the 50 accredited Schools of Public Health. This task force will address the issue of integrating public health students into health professions IPE. Current priorities include developing a white paper on the topic, and designing a survey to gather the current and future “wish list” of IPE activities from the schools. The survey will also assess institutional support, including dedicated personnel, and strategic institutional goals that incorporate IPE. Eventually, the task force will develop cases for students that integrate public health with the other health professions.



Students at the jail on Saturday morning before entering to engage with inmates

#### OUTREACH

Through the Service Learning Academy, the COPH facilitates several campus interprofessional service learning legacy projects:

- Do JuSTice—Jail STIs:** Established in 2008, this program addresses the epidemic rates of Sexually Transmitted Infections (STIs) in Omaha by partnering with the Douglas County Department of Corrections to provide education, screening, and treatment to inmates: an underserved, high-risk population. Exposed to issues of health disparities, students learn to address an important public health issue while developing cultural and self-awareness, communication and leadership skills, professionalism, and compassion. Over 450 students from medicine, pharmacy, nursing, and public health have participated over the years, serving over 3,000 inmates. In the 2012-2013 academic year, 110 UNMC health profession students participated engaging with over 1,100 inmates and youth detainees.
- EMPOWER—Domestic Violence Awareness:** Formed in 2009, the project partners with the Women’s Center for Advancement (WCA) to deliver health education and medical screenings for women affected by domestic violence (DV). While raising awareness about DV issues among students/future health providers, students serve the affected community, some who also battle with generational poverty. Over 200 students from medicine, pharmacy, nursing, allied health professions, and public health have engaged with this project, serving over 300 women. From 4000 applications, EMPOWER was chosen as one of 15 “Champions for Change” projects, and recognized at the White House in March 2012. In the 2012-2013 academic year, 26 UNMC health profession students participated in the EMPOWER program.



Students at EMPOWER organized a Krav Maga (self-defense) workshop at the student life center



Students serving victims of domestic violence at the WCA

- **Bridge to Care—Refugee Health:** Started in 2010, this program partners with Lutheran Family Services, the Southern Sudan Community Association, and other community organizations to work with resettled refugees in Omaha (there are an estimated 25,000 refugees in Nebraska). Students engaged in this project have a unique opportunity to mentor, link refugees with health care services, and offer relevant health education, while developing their cultural awareness and global health skills. Over 350 students from medicine, pharmacy, nursing, allied health, and public health have worked with refugees over the past two years, serving nearly 1,500 refugees. In the 2012-2013 academic year, 216 UNMC health profession students participated and served nearly 900 refugees in the Omaha area, including refugee youth who participate in the Bridge to Care Mentoring program.

- **Finding a Voice—Homelessness & Art:** Developed in 2008 as a partnership between the Siena/Francis House (SFH) and UNMC. Finding a Voice is a project that brings homeless guests and health profession students together for mutual learning. Its mission is to celebrate dignity, promote wellness, and create a safe community where all participants can find a voice through creative expression, interaction, and self-reflection. This project strives to enhance awareness about homelessness among health profession students and the broader Omaha community. The program also aims to identify, understand, and serve the unmet health related needs of Omaha's homeless population. Over 200 students from medicine, nursing, and public health have engaged with this project, serving over 2,500 homeless and recovering addicts ([www.findingavoiceproject.org](http://www.findingavoiceproject.org)). During the 2012-13 academic year, over 80 health profession students participated, engaging with over 1,500 clients served at the SFH homeless shelter.



Medical, nursing and PA students giving flu shots and conducting basic screening at health education and clinical sessions



## PRESENTATIONS

### LOCAL

Theresa Tonozi, Karolyn Fox-Dahl, Kristine Jeffers, Patrick Passarelli, Raees Shaikh, Ruth Margalit. Analysis of the Douglas County Corrections Inmate STD Survey. Poster Presentation in the UNMC College of Public Health, 2012 Student Research Conference, Omaha, NE. November 2012.

### NATIONAL

1. Rebecca Haworth, Christine Ross, Laura Vinson, Ruth Margalit. North American Refugee Health Conference. Bhutanese Refugees Perceptions of Cervical Cancer. June 6-8, 2013. Toronto, CA
2. Andrew Lemke, Caci Schulte, Laura Vinson, Ruth Margalit. SHARING The Vision Conference, Bridge to Care Refugee Health Program. April 19-20, 2013 Omaha, NE
3. Patrick Passarelli, Kristine Jeffers, Laura Vinson, Ruth Margalit. SHARING The Vision Conference, Do JuSTIce Program. April 19-20, 2013 Omaha, NE
4. Katie Young, Ashley Gutwein, Laura Vinson, Ruth Margalit. SHARING The Vision Conference, EMPOWER Domestic Violence Program. April 19-20, 2013 Omaha, NE
5. Ruth Margalit, Mike Saklar, Rita Paskowitz, Nancy Farris, Laura Vinson, Christopher Leet, et al. The Examined Life Conference. 'Finding a Voice' at the Siena/Francis House Homeless Shelter and Treatment Center. April 11-13, 2013. Iowa City, IA.
6. Austin Person, Jillian Fickenscher, Raees Shaikh, Kari Simonsen, Elizabeth Berthold, Anne O'Keefe, Mark Foxall, Mary Earley, Monirul Islam, Kathy Kaiser, Uriel Sandkovsky, Ruth Margalit. Opt-out vs. opt-in screening for sexually transmitted infections in a county correctional facility results in significantly higher positivity rates for Chlamydia and Gonorrhea infections. CSTE Annual Conference, June 3- June 7, 2012, Omaha NE.
7. Ruth Margalit, MD, Project Director; Mike Saklar, CEO, Siena/Francis House, Project Co-Director; Rita Paskowitz, Professional Storyteller, Project Facilitator; Lisa Zulawski, VISTA AmeriCorps, Project Photographer; Jamie Odden, VISTA AmeriCorps, Project Coordinator; Christopher Leet, AmeriCorps, Art Coordinator, Shakira Davis, AmeriCorps, Writing Assistant; Kyle McAndrews, AmeriCorps,

Assistant Coordinator; Nancy Farris, College of Nursing, Student Director; Laura Hansen, MPH; Jeremiah Neal community member. 'Finding a Voice', at the Siena/ Francis House, Homeless Shelter: an interprofessional Service Learning Initiative. CCPH 15th Anniversary Conference: Community-Campus Partnerships as a Strategy for Social Justice; April 18-21, 2012; Houston, TX USA

## PUBLICATIONS

1. Chlamydia and gonorrhea infections among inmates in a metropolitan correctional facility; Christopher K. Brown, MS, MPH, CPH; Ruth Margalit, MD; Mark Foxall, PhD, CJM; Jillian Fickenscher; Jessica Ott; Mary Earley, CJM. Journal of Correctional Health Care, Jan 2014.
2. *Partnering to address the relentless STI epidemic: A unique collaboration between the jail, local and state health departments, and an academic health center in Douglas County, Nebraska*; Ruth Margalit MD, Mary Earley, Jillian Fickenscher, Raees Shaikh MPH, Austin Person, Kari Simonsen MD, Monirul Islam PhD, Kathy Kaiser PhD, RN Uriel Sandkovsky MD, Adi Pour PhD, Elizabeth Berthold, MS, M(ASCP), Mark Foxall PhD. In Press – International Public Health Journal, Sept 2013.
3. *Finding a Voice – the unfolding story of a service learning program at the homeless shelter*; Margalit R. Leet C. Journal of Medical Humanities, Spring 2012. Available online: [www.hektoeninternational.org](http://www.hektoeninternational.org)

## GRANTS

Public Health Training Center (DoJuSTIce)	\$20,000.00
MTV Staying Alive Foundation (DoJuSTIce)	\$12,500.00
Behavioral Health Education Center of Nebraska (BTC)	\$5,000.00
Behavioral Health Education Center of Nebraska (FAV)	\$5,000.00
Weitz Family Foundation (FAV – year 2/3; total \$140,000)	\$50,000.00
Total grants for 2012-2013 Academic Year	\$92,500.00

## FUNDRAISING

Student Volleyball tournament (DDD)	\$2000.00
Student night (EMPOWER)	\$700.00
Total Fundraising for 2012-2013	\$2700.00



## **SCHOOL OF ALLIED HEALTH PROFESSIONS (SAHP)**

# SCHOOL OF ALLIED HEALTH PROFESSIONS

## PERSONNEL

**Name and Title:** Janice Tompkins, MPH, MT(ASCP), Assistant Professor and Director for Academic and Student Affairs, School of Allied Health Professions

**Email:** jtompkin@unmc.edu

**Name and Title:** Glenda Woscyna, MS, RD, LMNT, Assistant Professor and Program Director, Medical Nutrition Education, School of Allied Health Professions

**Email:** glenda.woscyna@unmc.edu

## PROJECTS

### EDUCATION

- **PT/Nursing simulation:** PHYT 617 and 650 are IPE classes for second-year nursing students and second-year PT students to learn team skills and prepare for a simulation exercise. Later, during the spring semester, PT and nursing students complete the simulation in the Clinical Skills lab using the high-tech manikins.
- **Lab for Nursing students:** First-year nursing students are taught transfers by third-year PT students, fall semester. This activity builds experience with a collaborative clinical activity the students will perform repeatedly in their practice.
- **TeamSTEPPS:** Team-focused training in patient safety is a joint endeavor between faculty from the SAHP, CON and COM in training students, residents, fellows and nursing staff. Students participating during 2012-2013 included 50 second-year PT students, 45 first-year PT students, approximately 125 fourth-year medical students, and 105 BSN nursing students.

## PRACTICE

- **Student-Run Clinics:** Nine clinic sessions are staffed each week by faculty and students from the SAHP. Clinical laboratory students are present, an uncommon feature at most student-run clinics. The CLS students have presented at national meetings and gained national recognition for their part in these clinics.

**SHARING:** Faculty and students from the Clinical Laboratory Science, Physician Assistant, Physical Therapy and Medical Nutrition programs participate in this clinic.

**RESPECT:** Faculty and students from the Clinical Laboratory Science and Physician Assistant programs participate in this clinic.

**GOODLIFE:** Faculty and students from the Clinical Laboratory Science, Physician Assistant and Medical Nutrition programs participate in this clinic.

## OUTREACH

- **Recruitment Video:** The SAHP Student Ambassadors developed a video around a breast cancer case representing the role each SAHP discipline plays in the diagnosis and treatment of the patient. The video is available on the SAHP website at [unmc.edu/alliedhealth](http://unmc.edu/alliedhealth).

## PRESENTATIONS

### NATIONAL

1. Ulrike Otten, MT(ASCP)SC, SHARING The Vision Conference, Improving Patient Care by Adding Clinical Laboratory Science Students to the Process. April 19-20, 2013 Omaha, NE
2. Glenda Woscyna, MS, RD, LMNT, SHARING The Vision Conference, Sharing and Goodlife Clinics for the Underserved: Optimizing Engagement and Services Provided by Medical Nutrition Students. April 19-20, 2013 Omaha, NE

**APPENDIX A:  
NEBRASKA INTERPROFESSIONAL  
EDUCATION ATTITUDE SCALE**

## NEBRASKA INTERPROFESSIONAL EDUCATION ATTITUDE SCALE

1. I should only be expected to learn about the values and expertise required for my own profession.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree
2. Appreciation of the expertise of other health care professionals leads to a better work environment.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree
3. To be competent, a person in my profession must work cooperatively with other health care providers.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree
4. When I work independently, I am able to provide a higher standard of care than when I consider input from other professionals.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree
5. I consider ethical practice and high quality of patient care to be more important than demonstrations of my own knowledge and skills.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree
6. It is more important for me to be an effective team member than to strictly follow my personal ethical principles.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree
7. Ethical principles that are foundational to health care are the same for all health care professions.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree
8. Effective communication is an essential component of all treatment plans.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree
9. I am able to communicate effectively about patient care with persons from health care professions different from my own.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree
10. I am able to use terminology that is unique to other health care.
  - a. Strongly Agree
  - b. Agree
  - c. Neither Agree nor Disagree
  - d. Disagree
  - e. Strongly Disagree



11. I understand my own role within the health care team.

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

12. I understand the roles of other health care professionals.

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

13. Effective practice in my profession can be achieved regardless of the relationships I have with other health care professionals.

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

14. Forming relationships with members of other professions can improve patient care and advance learning.

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

15. I cannot learn about my field from anyone outside my own profession.

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

16. It is more important to have my own viewpoint heard than to listen to the opinions of other health care team members.

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

17. A health care team leader is solely responsible for establishing the team's approach to maintenance of health and treatment of disease.

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

18. I would respond more positively to critique from a peer in my own profession than from a teammate in a different health care profession.

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

