Maximizing the Effective Use of Emerging Technologies in Interprofessional Education and Practice

October 22–24, 2014
Bally’s Las Vegas Hotel and Casino
Las Vegas, Nevada
Rutgers School of Health Related Professions (SHRP) is composed of over 41 academic programs offering a variety of degree and certificate options. The School offers programs on the University’s Newark, Scotch Plains, Piscataway and Stratford Campuses, as well as on the web. Many of our degree programs are offered in collaboration with other colleges and universities in New Jersey, or with other units within Rutgers.

(Formerly University of Medicine and Dentistry of New Jersey – School of Health Related Professions)

Rutgers – SHRP offers the following programs:

**Doctoral Programs:**
- Doctor of Clinical Laboratory Science (DCLS) *
- Doctor of Clinical Nutrition (DCN) *
- Doctor of Physical Therapy (DPT)
- PhD in Biomedical Informatics +
- PhD in Health Sciences with tracks in:
  - Clinical Nutrition*
  - Education & Leadership *
  - Physical Therapy
  - Psychiatric Rehabilitation *
- PhD in Psychiatric Rehabilitation

**Masters Programs:**
- MS Biomedical Informatics +
- MS Clinical Laboratory Science *
- MS Clinical Nutrition *
- MS Clinical Trial Sciences *
  - Drug Safety and Pharmacovigilance (new track)
- MS Health Care Management *
- MS Health Sciences *
- MS Physician Assistant
- MS Psychiatric Rehabilitation*
- MS Radiologist Assistant *
- MS Rehabilitation Counseling

**Graduate Certificate Programs:**
- Dietetic Internship
- Health Care Informatics

**Baccalaureate Degree Programs:**
- BS in Allied Health Technologies with track in:
  - Respiratory Care
- BS in Clinical Laboratory Science s with tracks in:
  - Cytotechnology
  - Medical Laboratory Science
- BS in Health Information Management
- BS in Health Sciences with tracks in:
  - Advocacy*
  - Aging*
  - Allied Dental Education
  - Imaging Sciences
  - Health Service Management & Education*
- BS in Medical Imaging Sciences with tracks in:
  - Cardiac Sonography
  - Radiologic Imaging Modalities
  - Diagnostic Medical Sonography
  - Nuclear Medicine Technology
  - Vascular Sonography
- BS in Nutrition and Dietetics*
- BS in Psychiatric Rehabilitation & Psychology

**A.S. & A.A.S. Degree Programs:**
- Dental Hygiene
- Occupational Therapy Assistant
- Psychosocial Rehabilitation and Treatment
- Respiratory Care
- Respiratory Therapy

**Undergraduate Certificate Programs:**
- Cardiac Sonography
- Cytotechnology
- Dental Assisting
- Radiologic Imaging Modalities
- Diagnostic Medical Sonography
- Dietary Management
- Medical Coding
- Medical Laboratory Sciences
- Nuclear Medicine Technology
- Vascular Sonography

* Available On-line + Classroom or On-Line

**For information on admission and curriculum specifics:**
Office of Enrollment Services
Rutgers School of Health Related Professions
65 Bergen Street, Stanley S. Bergen, Junior Building, Room 149
Newark, New Jersey 07101
(973) 972-5454 • [www.shrp.rutgers.edu](http://www.shrp.rutgers.edu)

Rutgers, The State University of New Jersey
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The School of Health and Medical Sciences at Seton Hall University has embarked upon a major strategic initiative related to Interprofessional Education (IPE). IPE brings together students, faculty, clinical partners, alumni and other stakeholders from different professions to learn about, learn from and learn with each other — leading to effective collaboration and, ultimately, improved health outcomes for patients and communities.

Learn more at shms.shu.edu
The following institutions and organizations have provided financial support for the 2014 ASAHP Annual Conference. The Association would like to take this opportunity to recognize their generosity.

**ADVERTISERS**

- Alpha Eta National Allied Health Honor Society
- California Baptist University
- Hofstra University
- Rush University
- Rutgers University
- Mayo School of Health Sciences
- Seton Hall University

**EVENT SPONSORS**

**Gold Level Sponsors**

- Alpha Eta National Allied Health Honor Society
- CHHS at Western Kentucky University
- Liaison International

**Silver Level Sponsors**

- Creighton University

**Bronze Level Sponsors**

- California Baptist University
- University of Kansas School of Health Professions
- University of Kentucky College of Health Sciences

**EXHIBITORS**

- Certified Background
- Isabel Healthcare
- Liaison International

NOTE: Please be sure to stop by the exhibitors’ booths, which will be located near the registration area by Skyview 5 and 6.
NOVEMBER 3 – 9, 2014

ALLIED HEALTH PROFESSIONS WEEK will be celebrated nationally on November 3 - 9, 2014 to honor the three million health care providers working in more than 80 allied health professions. Allied health practitioners greatly influence health care delivery by supporting, facilitating, and complementing the roles of physicians and other health care specialists. This collaboration, which emphasizes the strengths of all health professions, is enhancing the quality of health care in this U.S. and abroad. The focus of Allied Health Professions Week is to promote the celebration of allied health careers by providers, educators, and accrediting organizations.

ASAHP CALENDAR OF EVENTS

March 19-20, 2015  Spring Meeting:  Kingston Plantation Resort, Myrtle Beach, SC


BEST WISHES FOR A SUCCESSFUL CONFERENCE!

~ ~

From a Retired ASAHP Fellow
MAYO SCHOOL OF HEALTH SCIENCES

Preparing today’s students for tomorrow’s workforce.

- Clinical Doctorate
- Masters
- Cooperative Degrees
- Diploma
- Skills/Vocational Training

- 60 health science careers
- 120+ programs
- Many academic affiliates

Mayo Clinic is a nonprofit worldwide leader in medical care, research and education with locations in Arizona, Florida and Minnesota. Mayo Clinic Health System is a network of clinics and hospitals serving more than 70 communities in Iowa, Minnesota and Wisconsin.

Mayo School of Health Sciences
www.mayo.edu/mshs/
REGISTRATION

All persons who plan to attend the 2014 Annual Conference and its social activities must be registered. Admission to all sessions and social functions will be by name badge only.

REGISTRATION HOURS:

Tuesday ......................... 12:00 PM – 6:00 PM
Wednesday ....................... 7:00 AM – 3:00 PM
Thursday ......................... 7:00 AM – 3:00 PM

BALLY’S HOTEL & CASINO

The telephone number for the hotel is (702) 967-4111 and the guest fax is (702) 967-4405. Bally’s is located at 3645 S Las Vegas Blvd, Las Vegas, Nevada 89109.

For inbound shipping, contact the Package Center at (702) 946-3736.
For outbound shipping, contact the Business Center at (702) 946-4263.
# PROGRAM AT-A-GLANCE

## WEDNESDAY, OCTOBER 22, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>7:00 AM – 3:00 PM</td>
<td>Registration</td>
<td>Skyview Foyer</td>
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<tr>
<td>7:00 AM – 8:30 AM</td>
<td>Continental Breakfast</td>
<td>Skyview 5</td>
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<tr>
<td>7:15 AM – 8:00 AM</td>
<td>Allied Health Professions PAC meeting</td>
<td>Skyview 3</td>
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<tr>
<td>8:15 AM – 8:30 AM</td>
<td>Opening Plenary Session Sponsored by Liaison International Welcome Address by ASAHP President Richard Oliver, Ph.D.</td>
<td>Skyview 6</td>
</tr>
<tr>
<td>8:30 AM – 10:00 AM</td>
<td>Keynote Address Steve Wartman, M.D. - Chief Executive Officer, Association of Academic Health Centers</td>
<td>Skyview 6</td>
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<tr>
<td>10:00 AM – 10:30 AM</td>
<td>Break – Exhibitor Time</td>
<td>Skyview Foyer</td>
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<tr>
<td>10:30 AM – 11:30 AM</td>
<td>Phil Schiliro – Former Deputy Chief of Staff and Health Care Advisor to President Barack Obama</td>
<td>Skyview 6</td>
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<tr>
<td>11:30 AM – 1:30 PM</td>
<td>Lunch on Own</td>
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<td>1:30 PM – 4:10 PM</td>
<td>Concurrent Sessions</td>
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<tr>
<td></td>
<td>A. Advancement of Interprofessional Education and Interprofessional Practice</td>
<td>Skyview 3</td>
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<td></td>
<td>B. Use of Innovative Technology in Education</td>
<td>Skyview 4</td>
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<td></td>
<td>C. Emerging Issues and New Models in Health Professions Education</td>
<td>Palace 1 / 2</td>
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<td>D. Use of Innovative Technology in Education</td>
<td>Palace 3</td>
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<td>E. Advancement of Interprofessional Education and Interprofessional Practice</td>
<td>Palace 4 / 5</td>
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<tr>
<td>4:15 PM - 5:00 PM</td>
<td>Business Meeting</td>
<td>Skyview 6</td>
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<tr>
<td>5:00 PM – 6:00 PM</td>
<td>Networking Break Sponsored by Creighton University</td>
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<tr>
<td>6:00 PM - 6:30 PM</td>
<td>Cash Bar Reception</td>
<td>Skyview Foyer</td>
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<tr>
<td>6:30 PM – 8:30 PM</td>
<td>Dinner &amp; Awards Ceremony Sponsored by Western Kentucky University</td>
<td>Skyview 5</td>
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## THURSDAY, OCTOBER 23, 2014

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<tr>
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<td>Registration</td>
<td>Skyview Foyer</td>
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<tr>
<td>7:00 AM – 9:00 AM</td>
<td>Continental Breakfast</td>
<td>Skyview 5</td>
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<tr>
<td>8:00 AM – 9:30 AM</td>
<td>Bruce Gans, Ph.D., Executive Vice President and Chief Medical Officer, Kessler Institute</td>
<td>Skyview 6</td>
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<tr>
<td>9:30 AM – 9:45 AM</td>
<td>Break</td>
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<tr>
<td>9:45 AM – 10:45 AM</td>
<td>Technology Panel — Don Bauman, Chief Executive Officer, Isabel Healthcare — James Carlson, Ph.D., Dean, College of Health Professions, Rosalind Franklin University — Bruce Gans, Ph.D., Executive Vice President and Chief Medical Officer, Kessler Institute — Craig Knoche, Co-founder and President, i-Human — Richard Oliver, Ph.D., ASAHP President — Wendy Rheault, Ph.D., Provost, Rosalind Franklin</td>
<td>Skyview 6</td>
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<tr>
<td>Time</td>
<td>Event Description</td>
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<td>11:00 AM – 1:00 PM</td>
<td>Concurrent Sessions</td>
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<td>A. Advancement of Interprofessional Education and Interprofessional Practice</td>
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<td>B. Use of Innovative Technology in Education</td>
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<td>C. Emerging Issues and New Models in Health Professions Education</td>
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<td>D. Simulation as an Educational Approach</td>
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<td>Palace 4 / 5</td>
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<td>E. Select Topics in Allied Health</td>
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<td>Palace 6 / 7</td>
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<tr>
<td>1:00 PM - 2:30 PM</td>
<td>Lunch on Own</td>
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<td></td>
<td>Networking Break Sponsored by University of Kansas &amp; University of Kentucky</td>
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<td>1:00 PM - 2:30 PM</td>
<td>Fellows Lunch</td>
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<td>2:30 PM – 2:45 PM</td>
<td>Remarks by Rich Oliver on Strategic Plan</td>
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<td>2:45 PM – 4:00 PM</td>
<td>Strategic Planning Committee Meetings</td>
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<td>Innovation &amp; New Services Development</td>
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<td>Advocacy</td>
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<td>Interprofessionalism</td>
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<td>Marketing, Promotion, &amp; Growth</td>
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<td>Alliances &amp; Partnerships</td>
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<tr>
<td>4:00 PM – 4:45 PM</td>
<td>Strategic Planning Meetings Follow – Up</td>
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<td>5:00 PM – 5:45 PM</td>
<td>Committees &amp; Task Force Meetings</td>
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<td>International Task Force</td>
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<td>Constitution &amp; Bylaws</td>
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<td>Nominations &amp; Elections Committee</td>
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<td>Government Relations Task Force</td>
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<td>2015 Spring Meeting Planning Committee</td>
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<td>Clinical Training Site Task Force</td>
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<td>6:00 PM – 6:30 PM</td>
<td>Poster Set-Up for All Poster Presenters</td>
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<td>6:30 PM – 8:00 PM</td>
<td>Poster Session and Reception Sponsored by Alpha Eta</td>
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**FRIDAY, OCTOBER 24, 2014**

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<tr>
<th>Time</th>
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<tr>
<td>7:30 AM – 9:00 AM</td>
<td>Continental Breakfast</td>
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<td>Skyview 5</td>
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<tr>
<td>7:30 AM – 8:30 AM</td>
<td>Alpha Eta Breakfast and Annual Meeting</td>
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<td>Skyview 1</td>
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<tr>
<td>8:30 AM – 9:30 AM</td>
<td>Mary E. Switzer Lecture – Doug Lederman, Co-founder, Inside Higher Ed</td>
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<td>Skyview 6</td>
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<td>9:40 AM – 11:40 AM</td>
<td>Concurrent Sessions</td>
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<td>A. Advancement of Interprofessional Education and Interprofessional Practice</td>
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<td>Palace 4 / 5</td>
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<td>B. Use of Innovative Technology in Education</td>
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<td>Skyview 4</td>
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<td>C. Emerging Issues and New Models in Health Professions Education</td>
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<td>Palace 1 / 2</td>
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<td>D. Simulation as an Educational Approach</td>
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<td>E. Alpha Eta Student Symposium</td>
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<td>Skyview 1</td>
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<tr>
<td>12:00 PM - 12:45 PM</td>
<td>Town Hall Meeting</td>
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<td>Skyview 6</td>
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</table>
Whether your professional goal is to transform lives through practice, research, service or leadership, the College of Health Sciences at Rush University can help you secure a rewarding future. We have 21 degree and certificate options that span the most in-demand health care specialties.

- Audiology (AuD)
- Clinical Nutrition (MS) and Combined MS/Dietetic Internship
- Doctor of Philosophy in Health Sciences (PhD)
- Health Sciences (BS)
- Health Systems Management (MS)
- Imaging Sciences (BS)
- Medical Laboratory Science (BS or MS)
- Medical Physics (residency)
- Occupational Therapy (MS)
- Perfusion Technology (BS or MS)
- Physician Assistant Studies (MS)
- Religion, Health and Human Values (Clinical Pastoral Education Certificate)
- Research Administration (MS)
- Respiratory Care (BS or MS)
- Specialist in Blood Bank Certificate and Clinical Laboratory Management (MS)
- Speech-Language Pathology (MS)
- Vascular Ultrasound (BS)

*U.S. News & World Report* ranks 10 Rush University programs among the best in the nation.
Steven A. Wartman  
M.D., Ph.D., MACP  

In July 2005, Dr. Wartman became the 3rd President of the Association of Academic Health Centers (AAHC), a non-profit association based in Washington, DC that seeks to advance health and well-being through the vigorous leadership of the multifaceted institutions that educate the next generation of health professionals, conduct cutting edge biomedical and clinical research, and offer comprehensive patient care from the basic to the most advanced levels. Prior to assuming this position, he was Executive Vice President for Academic and Health Affairs and Dean of the School of Medicine at the University of Texas Health Science Center in San Antonio. Dr. Wartman’s more than 25 year career in academic medicine includes chairing a department of medicine at two institutions and being the founding director of a division of general internal medicine.

Dr. Wartman is a board certified internist, sociologist and Master of the American College of Physicians. He received his AB from Cornell University and his MD and PhD degrees from Johns Hopkins University. He was also a Robert Wood Johnson Clinical Scholar at Johns Hopkins and a Henry Luce Scholar in Indonesia. Dr. Wartman is currently recognized internationally for his work in the organization and management of academic health centers, where he has taken the lead on critical issues such as the need for alignment among an institution’s clinical, research, and education programs. In 2008, he founded AAHC International™ (AAHCI), a global organization dedicated to improving health and well-being worldwide. In 2012, he edited a new book, Confluence of Policy and Leadership in Academic Health Science Centers, published by Racliffe Press, New York and London, that for the first time provides a comprehensive overview of the academic health center enterprise.

He has received numerous awards and honorary degrees, and is currently a Distinguished Professor in the Department of Medicine at Georgetown University and an Adjunct Professor of Medicine at George Washington and Johns Hopkins Universities.

Phil Schiliro  
Former Deputy Chief of Staff, Director of Legislative Affairs, and Health Policy and Reform Advisor to President Barack Obama  

Phil Schiliro spent over thirty years in senior positions in Washington, D.C. working on a range of policy issues.

From 2009-10 he was the director of legislative affairs for President Obama and in 2011 he moved to the position of special advisor to the president. Schiliro also directed the legislative affairs office during the 2008 Obama-Biden presidential transition. Mostly recently, he returned to the White House as health care advisor to President Obama to oversee the revamped rollout of the Affordable Care Act resulting in eight million Americans securing health care insurance.

Schiliro was Congressman Henry Waxman’s chief of staff for over 25 years and, during much of that time, also served as the democratic staff director for the House Oversight and Government Reform Committee. In 2004, he spent a year in the U.S. Senate as the staff director for the Senate Leadership Committees and the policy director for the democratic leader, Senator Tom Daschle.

During his time in Washington, Schiliro was deeply involved in both a broad range of health and environmental legislation, including the 1990 Clean Air Act and the Affordable Care Act, and a series of high profile congressional investigations. Those investigations included oversight over the accuracy of the intelligence used in the Iraq War, fraud and waste in government contracting, the politicization of science, the use of performance enhancing drugs in professional sports, and the tobacco industry’s efforts to manipulate scientific studies and market cigarettes to children.

Schiliro now lives in New Mexico and provides strategic and policy advice to non-profit organizations.
Bruce Gans
Ph.D., Executive Vice President and Chief Medical Officer, Kessler Institute for Rehabilitation

Dr. Gans is board certified in both Physical Medicine and Rehabilitation and electrodiagnostic medicine, and now specializes in the care of adults with childhood-onset disabling conditions, such as spina bifida.

Prior to joining the Kessler Institute, Dr. Gans served as Professor and Chairman of the Department of Rehabilitation Medicine at Tufts University in Boston. He held a similar position in the Department of Physical Medicine and Rehabilitation at Wayne State University in Detroit. He also served as Senior Vice President of Post Acute Rehabilitation and Senior Services at the Detroit Medical Center and President of the Rehabilitation Institute of Michigan.

Dr. Bruce Gans’ distinguished career in the field of physical medicine and rehabilitation (PM&R) spans three decades. When he joined the Kessler Institute as Chief Medical Officer in 2003, he brought vast experience as a leading clinician, educator, researcher, administrator and advocate. His publications include articles, abstracts and book chapters. He is the Editor of the standard medical textbook on physical medicine and rehabilitation, Physical Medicine and Rehabilitation: Principles and Practice, now in its 4th edition, and holds a reputation as a thought leader in his field.

He received his medical degree from the University of Pennsylvania School of Medicine in Philadelphia and completed a residency in physical medicine and rehabilitation medicine at the University of Washington in Seattle. Dr. Gans also earned Master of Science degrees at both the University of Pennsylvania and the University of Washington.

The Mary E. Switzer Lecture

Doug Lederman
Co-founder, Inside Higher Ed

Doug Lederman is one of the three founders of Inside Higher Ed. With Scott Jaschik, he leads the site’s editorial operations, overseeing news content, opinion pieces, career advice, blogs and other features. Doug speaks widely about higher education, including on C-Span and National Public Radio and at meetings around the country, and his work has appeared in The New York Times, USA Today, the Nieman Foundation Journal, The Christian Science Monitor, and the Princeton Alumni Weekly. Doug was managing editor of The Chronicle of Higher Education from 1999 to 2003. Before that, Doug had worked at The Chronicle since 1986 in a variety of roles, first as an athletics reporter and editor. He has won three National Awards for Education Reporting from the Education Writers Association, including one in 2009 for a series of Inside Higher Ed articles he co-wrote on college rankings. He began his career as a news clerk at The New York Times. He grew up in Shaker Heights, Ohio, and graduated in 1984 from Princeton University. Doug lives with his wife, Sandy, and their two children in Bethesda, Md.
# PROGRAM OF EVENTS

## WEDNESDAY, OCTOBER 22, 2014

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<th>Time</th>
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<td>7:00 AM – 3:00 PM</td>
<td>Registration</td>
<td>Skyview Foyer</td>
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<td>Welcome Address by ASAHP President Richard Oliver, Ph.D.</td>
<td>Skyview 6</td>
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<td>Keynote Address Steve Wartman, M.D., Chief Executive Officer, Association of Academic Health Centers</td>
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<td>1:30 PM – 4:10 PM</td>
<td>Concurrent Sessions</td>
<td>Skyview 3</td>
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### Concurrent Session A: Advancement of Interprofessional Education and Interprofessional Practice

**Session A.1:** A COLLEGE OF HEALTH SCIENCES STRATEGY TO ADVANCE IPE/IPP IN HEALTH SCIENCES, PUBLIC HEALTH AND NURSING – Shelley C. Mishoe, Richardean, Benjamin, Rebecca Poston Jim Blando, Jonna Bobzien, Denise Clairborne, Gianluca De Leo, Gail Grisetti, Karen, Kott, Mohammad Najand (Old Dominion University)

**Session A.2:** PROMOTING AND ASSESSING THE EFFECTIVENESS OF AN INTER-PROFESSIONAL EDUCATION INITIATIVE – John Ronnau (University of Texas-Pan American)

**Session A.3:** A FACULTY DEVELOPMENT WORKSHOP: ALIGNING INTERPROFESSIONAL EDUCATION WITH PRACTICE – Stacy Jaffee-Gropack, Bojana Beric, Diane Maydick, Anna Nogid (Long Island University, Brooklyn)

**Session A.4:** MOBILE HEALTH: AN INNOVATIVE MODEL FOR INTERDISCIPLINARY COLLABORATION – Betty Boyle Duke, Tawny Lowe (New York University College of Nursing)

### Concurrent Session B: Use of Innovative Technology in Education

**Session B.1:** BLENDED LEARNING PEDAGOGY: INNOVATIONS IN HIGHER EDUCATION – Michael Pizzi (Long Island University)

**Session B.2:** THE ASSESSMENT AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORD IN AN INTERPROFESSIONAL STUDENT-RUN FREE CLINIC – Sara Kraft (MUSC); Karen Wager (MUSC); Gretchen Seif (MUSC); Patty Coker-Bolt (MUSC); Dusti Annan-Coulta (MUSC)

**Session B.3:** BLENDED LEARNING: TRANSFORMATION OF PHLEBOTOMY EDUCATION AT MAYO CLINIC – Mary Kaye T. Peterson (Mayo Clinic), Roderick C. Sims (Knowledgecraft Educational Design Consultants), Virginia M. Wright-Peterson, Darci L. Lammers, Randy C. Gruhlke, Brad S. Karon, Claire E. Bender, Michael H. Silber, and Bethany A. Krom (Mayo Clinic)
3:30 PM – 4:10 PM B.4: IMPROVING STUDENT SERVICES RECRUITMENT EFFORTS THROUGH TECHNOLOGY UTILIZATION – Farrah Banks, Terry Pollard (University of Mississippi Medical Center)

Concurrent Session C

Emerging Issues and New Models in Health Professions Education

1:30 PM – 2:10 PM C.1: THE CLINICAL EXPERIENCE – AVOIDING THE COMING CATACLYSM Nancy R. Kirsch, (Rutgers The State University of New Jersey)
2:10 PM – 2:50 PM C.2: DEVELOPMENT OF A CONCEPTUAL FRAMEWORK TO GUIDE ORGANIZATIONAL IMPLEMENTATION AND EVALUATION OF IPE – James S. Parrott, Pamela Rothpletz-Puglia, Matthew Rosenthal (Rutgers)
2:50 PM – 3:30 PM C.3: A NOVEL IPE ASSESSMENT STRATEGY TO MEASURE THE VALUES/ETHICS CORE COMPETENCY IN A GENERIC PRE-PROFESSIONAL HEALTH SCIENCE PROGRAM – Carole-Rae Reed, Margaret M. Slusser, Sharon Konowitz, Luis I. Garcia (The Richard Stockton College of New Jersey)
3:30 PM – 4:10 PM C.4: INNOVATIONS IN INTERPROFESSIONAL ORAL HEALTH EDUCATION – Maria C. Dolce, Jessica L. Holloman (Northeastern University)

Concurrent Session D

Use of Innovative Technology in Education

1:30 PM – 2:10 PM D.1: OLD DOGS AND NEW TRICKS: AN INSTRUCTIONAL DESIGN APPROACH TO INTERPROFESSIONAL EDUCATION – Tina Whalen, Gideon Labiner, Dawn Clineman, Carolyn Stoll (University of Cincinnati)
2:10 PM – 2:50 PM D.2: EDUCATIONAL STRATEGIES TO REDUCE DIAGNOSTIC ERROR – Jim Carlson (Rosalind Franklin University of Medicine and Science)
2:50 PM – 3:30 PM D.3: CREATING VIDEO CLIPS FOR STUDY AND REVIEW AIDS FOR STUDENTS – Elaine L. Bukowski (The Richard Stockton College of New Jersey)
3:30 PM – 4:10 PM D.4: ENHANCING PROFESSIONALISM ACROSS ALLIED HEALTH DISCIPLINES: PILOTING THE AHP (ACHIEVING HEALTHCARE PROFESSIONALISM) APP – Diane Dodd-McCue, Emily Hill, Dianne Simons, Alexander Tartaglia (Virginia Commonwealth University)

Concurrent Session E

Advancement of Interprofessional Education and Interprofessional Practice

1:30 PM – 2:10 PM E.1: BUILDING BLOCKS TO A SUCCESSFUL INTERNSHIP – Frank Ward (University of Southern Indiana)
2:10 PM – 2:50 PM E.2: INTERPROFESSIONAL COLLABORATION TO DEVELOP A HEALTH NAVIGATION MINOR/CERTIFICATE PROGRAM – Donna Fry, Shan Parker, Richard Richardson, Elizabeth Collardey, Sonya Moreau (University of Michigan-Flint)
3:30 PM – 4:10 PM E.4: THE VALUE OF TECHNOLOGY IN THE ADVANCEMENT OF INTERPROFESSIONAL PRACTICE – Janet Benz (St. Catherine University), Patricia Finch-Guthrie (St. Catherine University), Penelope Moyers (St. Catherine University)
4:15 PM - 5:00 PM  Business Meeting  
5:00 PM – 6:00 PM  Networking Break Sponsored by Creighton University  
6:00 PM - 6:30 PM  Cash Bar Reception  
6:30 PM – 8:30 PM  Dinner & Awards Ceremony Sponsored by Western Kentucky University

**THURSDAY, OCTOBER 23, 2014**

7:00 AM – 3:00 PM  Registration  
7:00 AM – 9:00 AM  Continental Breakfast  
8:00 AM – 9:30 AM  Bruce Gans, Ph.D., Executive Vice President and Chief Medical Officer, Kessler Institute

9:30 AM – 9:45 AM  Break

9:45 AM – 10:45 AM  Technology Panel – Don Bauman, Chief Executive Officer, Isabel Healthcare — James Carlson, Ph.D., Dean, College of Health Professions, Rosalind Franklin University — Bruce Gans, Ph.D., Executive Vice President and Chief Medical Officer, Kessler Institute — Craig Knoche, Co-founder and President, i-Human — Richard Oliver, Ph.D., ASAHP President — Wendy Rheault, Ph.D., Provost, Rosalind Franklin University of Medicine and Science

11:00 AM – 1:00 PM  Concurrent Sessions

**Concurrent Session A**  Advancement of Interprofessional Education and Interprofessional Practice  
11:00 AM – 11:40 AM  A.1: DEVELOPMENT AND IMPLEMENTATION OF AN INTERPROFESSIONAL UNDERGRADUATE HEALTH SCIENCES PROGRAM – Matthew M. Anderson (Rush University)

11:40 AM – 12:20 PM  A.2: IMPROVING SCHOOL BASED HEALTH CARE INITIATIVES WITH A TRULY INTERPROFESSIONAL APPROACH – Anthony Breitbach (Saint Louis University), Dean Tiffany (John Burroughs School), Casie Tomlinson (John Burroughs School)

12:20 PM – 1:00 PM  A.3: AN INNOVATIVE INTEGRATED EDUCATIONAL APPROACH TO PREPARE ALLIED HEALTH STUDENTS FOR COMMUNITY INTERPROFESSIONAL PRACTICE – Tiffany Boggis, Ruth Zuniga, Saje Davis-Risen, Becca Reisch (Pacific University Oregon)

**Concurrent Session B**  Use of Innovative Technology in Education  
11:00 AM – 11:40 AM  B.1: PROMOTING INNOVATION IN ALLIED HEALTH SCIENCES EDUCATION – Andrew Balas, Charlotte Chatto, Sharon Swift, Marlo Vernon (Georgia Regents University, College of Allied Health Sciences)

11:40 AM – 12:20 PM  B.2: FLIPPING THE OT AND PT LAB: DEVELOPMENT OF AN E-LEARNING MODULE – Amanda K. Giles, Gretchen Seif, Dusti Annan-Coults, Jonathan Coulta, Peter J. Bowman (Medical University of South Carolina)

12:20 PM – 1:00 PM  B.3: ALUMNI PARTICIPATION IN GROUP FACILITATION FOR PROBLEM-BASED LEARNING – Karen Mainess, Jennifer St. Clair, Terry Douglas (Loma Linda University)

**Concurrent Session C**  Emerging Issues and New Models in Health Professions Education  
11:00 AM – 11:40 AM  *2013 Interdisciplinary Research Award Winner*  
C.1: COMPARING COPING STRATEGIES AND RESILIENCY OF KOREAN WAR AND OEF/OIF VETERANS – HeeSoon Lee, Derek Mason, Brett E. Holden, Peggy Adams, Hyungsuk
Choo (Bowling Green State University), Louis Guardiola, Jr. (University Toledo), Eric Buetikofer (Bowling Green State University)

11:40 AM – 12:20 PM  C.2: MEASURING IP CORE COMPETENCIES IN A GENERIC PRE-PROFESSIONAL HEALTH SCIENCE PROGRAM – Margaret M. Slusser, Carole-Rae Reed, Luis I. Garcia (The Richard Stockton College of New Jersey)

12:20 PM – 1:00 PM  C.3: PREDICTORS OF ACADEMIC ACHIEVEMENT IN ALLIED HEALTH PROGRAMS USING SYNCHRONOUS LEARNING BETWEEN RURAL AND URBAN CAMPUSES – Michelle Butina, Randa Remer, Whitney Black (University of Kentucky)

Concurrent Session D  Simulation as an Educational Approach  Palace 4 / 5

11:00 AM – 11:40 AM  D.1: INFLUENCE OF GENDER DIFFERENCES AND INTERPROFESSIONAL PATIENT SIMULATION TEACHING ON CLINICAL PERFORMANCE – Patrick Carley, Dina Ditmar (American International College), Christopher Peterson (Hartford Hospital)

11:40 AM – 12:20 PM  D.2: USE OF AN ACADEMIC ELECTRONIC HEALTH RECORD IN A PROBLEM BASED LEARNING CURRICULUM – Wendy Romney, Stephen Burrows, Lola Halperin (Sacred Heart University)

12:20 PM – 1:00 PM  D.3: SELF-DIRECTED LEARNING USING A COMBINATION OF CARDIOPULMONARY BYPASS SIMULATORS – Joseph J. Sistino, Carla H. Bistrick (Medical University of South Carolina)

Concurrent Session E  Select Topics in Allied Health  Palace 6 / 7

11:00 AM – 11:40 AM  E.1: STRATEGIC PLANNING: DEVELOPMENT, IMPLEMENTATION AND ASSESSMENT – Barry S. Eckert, Stacy Jaffee-Gropack (Long Island University, Brooklyn)

11:40 AM – 12:20 PM  E.2: ALLIED HEALTH STUDENTS REFLECTIVE THINKING AND ITS ASSOCIATION WITH CLINICAL PERFORMANCE – Duane Akroyd (North Carolina State University), Jeffery Legg (Virginia Commonwealth University), Nina Kowalczk (The Ohio State University), Michael Madden (Fort Hayes State University), Hanh Nguyen (North Carolina State University)

12:20 PM – 1:00 PM  E.3: TRADITIONAL VS. TEAM-BASED LEARNING IN PHYSICAL THERAPY MUSCULOSKELETAL EDUCATION – John Jefferson, (University of Arkansas for Medical Sciences)

1:00 PM - 2:30 PM  Lunch on Own

Networking Break Sponsored by University of Kansas & University of Kentucky

1:00 PM - 2:30 PM  Fellows Lunch  Skyview 2

2:30 PM – 2:45 PM  Remarks by Richard Oliver on Strategic Plan  Skyview 6

2:45 PM – 4:00 PM  Strategic Planning Committee Meetings

Innovation & New Services Development  Palace 1
Advocacy  Palace 2
Interprofessionalism  Palace 3
Marketing, Promotion, & Growth  Palace 4
Alliances & Partnerships  Palace 5

4:00 PM – 4:45 PM  Strategic Planning Meetings Follow – Up  Skyview 6

5:00 PM – 5:45 PM  Committees & Task Force Meetings

International Task Force  Palace 1
Constitution & Bylaws  
Nominations & Elections Committee  
Government Relations Task Force  
2015 Spring Meeting Planning Committee  
Clinical Training Site Task Force

6:00 PM – 6:30 PM  
Poster Set-Up for All Poster Presenters  

6:30 PM – 8:00 PM  
Poster Session and Reception Sponsored by Alpha Eta

FRIDAY, OCTOBER 24, 2014

7:30 AM – 9:00 AM  
Continental Breakfast  

7:30 AM – 8:30 AM  
Alpha Eta Breakfast and Annual Meeting  

8:30 AM – 9:30 AM  
Mary E. Switzer Lecture – Doug Lederman, Co-founder, Inside Higher Ed

9:40 AM – 11:40 AM  
Concurrent Sessions

Concurrent Session A  
Advancement of Interprofessional Education and Interprofessional Practice  

Palace 4 / 5

A.1: AN EPIC PROJECT: FROM CLASSROOM TO CLINIC – Peggy Turner, Martha Ferritti, Carole Johnson, Rhonda Sparks (Oklahoma University Health Sciences Center)

A.2: READINESS TO LEARN INTERPROFESSIONAL TECHNIQUES IN A SAMPLE OF NURSE PRACTITIONER, OCCUPATIONAL THERAPY AND PHYSICAL THERAPY STUDENTS – Carrie Ciro, Ken Randall (College of Allied Health, University of Oklahoma), Heather Ross (College of Public Health, University of Oklahoma), Geraldine Ellison, Ann Shortridge, Gary Loving, Cathrin Carithers (College of Nursing, University of Arkansas)

A.3: INTERPROFESSIONAL EDUCATION (IPE): ALLIED HEALTH PROFESSIONS, ENGINEERING, INFORMATION SYSTEMS AND OPERATION MANAGEMENT – Halcyon St. Hill, Hulya Julie Yazici, Lisa Zidek (Florida Gulf Coast University)

Concurrent Session B  
Use of Innovative Technology in Education  

Skyview 4

B.1: USE OF TELEHEALTH TECHNOLOGY IN EDUCATING REHABILITATION SCIENCES AND NURSING STUDENTS FOR INTERPROFESSIONAL TEAM-BASED CARE – Ken Randall, Carrie Ciro (College of Allied Health, University of Oklahoma), Geraldine Ellison, Gary Loving, Heather Ross, Ann Shortridge (College of Nursing, University of Oklahoma)

B.2: EVIDENCE-BASED USE OF ELECTRONIC CLINICAL TRACKING SYSTEMS IN ADVANCED PRACTICE REGISTERED NURSE EDUCATION: AN INTEGRATIVE REVIEW – M. Laurie Branstetter, Lynette S. Smith, Andrea F. Brooks (Western Kentucky University)

B.3: IMPLEMENTATION OF AN INTERPROFESSIONAL AND INTERACTIVE CURRICULAR SYSTEM – Susan Wainwright, Martha Ankeny (Thomas Jefferson University), Amy Earle (Digital Wave Technologies)
Concurrent Session C  Emerging Issues and New Models in Health Professions Education  Palace 1 / 2

9:40 AM – 10:20 AM  C.1: INTERPROFESSIONAL COLLABORATION WITH UNEXPECTED BENEFITS – Judy Ortiz, Lydia Jackson (PACIFIC UNIVERSITY)

10:20 AM – 11:00 AM  C.2: EDUCATING HEALTH CARE PROFESSIONAL STUDENTS TO WORK INTERPROFESSIONALLY USING EMERGING TECHNOLOGIES – Karen Kott, Christianne Fowler (Old Dominion University)

11:00 AM – 11:40 AM  C.3: CLINICAL EDUCATION IN A CHANGING HEALTHCARE ENVIRONMENT – Roy B. Anderson, Marguerite Group, David Wheeler (Cleveland Clinic)

Concurrent Session D  Simulation as an Educational Approach  Palace 3


10:20 AM – 11:00 AM  D.2: A SIMULATED ELECTRONIC HEALTH RECORD (WEBPT) TO ENHANCE INTERPROFESSIONAL PRACTICE AMONG HEALTH PROFESSIONS STUDENTS – Rebecca Matthews, Shawn Drake, Pam Towery (Arkansas State University), Beverly Parker (Center on Aging-Northeast)


Concurrent Session E  Alpha Eta Student Symposium  Skyview 1

9:40 AM – 10:00 AM  E.1: STUDENT’S PERCEPTION OF THEIR COMMUNICATION, PHYSICAL SKILLS, AND FLEXIBILITY AFTER EXPERIENCING STANDARDIZED PATIENT ENCOUNTER (SPE) – Jennifer Bebey (Thomas Jefferson University)


10:30 AM – 10:50 AM  E.3: THE COMPARABILITY OF VMAT VS. IMRT FOR PROSTATE CANCER PATIENTS WITH METALLIC PROSTHESSES – Alexander Goughenour (UN of Texas MD Anderson Cancer Center)

10:55 AM – 11:15 AM  E.4: OPTIMIZATION OF A COPPER SULFATE METHOD TO QUANTIFY HEMOGLOBIN FOR USE IN UNDERDEVELOPED COUNTRIES – Monica Stumpf (Doisy College of Health Science, Saint Louis University)

11:20 AM – 11:40 AM  E.5: UNDERSTANDING PHYSICIAN APPREHENSION IN ELEMENTARY AND MIDDLE SCHOOL CHILDREN – Amanda Waltos (Saint Louis University Medical Center)

12:00 PM - 12:45 PM  Town Hall Meeting  Skyview 6
**EVENT DESCRIPTIONS**

**Alpha Eta Breakfast and Annual Meeting:** The Alpha Eta Society was chartered in Florida in 1975 as the national scholastics honor society for the allied health professions. The Society holds its annual meeting in conjunction with the ASAHP Annual Conference. Food can be taken from the general continental breakfast into the Alpha Eta Annual Meeting.

*Open to:* Alpha Eta Society members. *By invitation only.*

**Business Meeting:** The ASAHP Business Meeting is intended to provide a status update on the Association’s business operations during the past year.

*Open to:* All ASAHP members and attendees from ASAHP member institutions.

**Committee and Task Force Meetings:** ASAHP convenes several committees and task forces designed to further the Association’s mission and the role and presence of allied health on a larger scale. Committees and task forces meet throughout the year via conference call, but time is set aside for in-person meetings during the Association’s Annual Conference and Spring Meeting. These meetings are a good opportunity for anyone interested in joining a committee to learn more and become an active member. A list of committees and their charges are provided in your registration packet.

*Open to:* Committee and task force members; all attendees interesting in learning more about or joining a committee or task force.

**Concurrent Sessions:** The concurrent sessions are designed to share research and trends occurring at allied health institutions. All concurrent session presenters submitted abstracts for consideration, which were scored by the Annual Conference Planning Committee. The top-scoring abstracts were selected for presentation at the Conference. Each concurrent session contains several 40-minute presentations. Attendees are invited to attend any presentation that interests them. Time will be given to move from session to session in between each presentation. A list of presenters and topics, as well as abstracts for each presentation, can be found in this program.

*Open to:* All attendees.

**Continental Breakfast:** A complimentary continental breakfast will be provided in Skyview 5 to attendees prior to the start of each day’s events.

*Open to:* All attendees.

**Dinner & Awards Ceremony:** Each year, several individuals are recognized by the Association, its Board of Directors, and the *Journal of Allied Health* for their outstanding contributions to the Association. These awards are presented to honorees at the Dinner and Awards Ceremony, which includes a plated dinner for all attendees.

*Open to:* All attendees.
**Fellows Lunch:** Each year, the ASAHP Board of Directors chooses several distinguished members to induct into its Fellows program. A lunch is held to induct the new class of fellows and honor the entire group of ASAHP Fellows.

*Open to: All ASAHP Fellows. By invitation only.*

**Keynote Speakers:** Keynote speakers are selected for their expertise in allied health and/or the issues pertaining to allied health. Keynote addresses may speak on the conference theme as a whole or a specific issue related to allied health. See Speaker Information at the beginning of this program for additional topic information.

*Open to: All attendees.*

**Lunch on Own and Networking:** Except for invitation-only groups, lunch will not be provided at the Conference. Attendees are given ample time to enjoy lunch on their own and network with colleagues. The hotel features several lunch options, as well as a complimentary shuttle to take guests to nearby establishments.

*Open to: All Attendees.*

**Panel Discussion:** The Technology Panel will feature Don Bauman, Chief Executive Officer, Isabel Healthcare, Dr. James Carlson, Dean of the College of Health Professions at Rosalind Franklin University, Dr. Bruce Gans, Executive Vice President and Chief Medical Officer of the Kessler Institute, Craig Knoche, Co-founder and President of i-Human, Dr. Richard Oliver, ASAHP President, and Dr. Wendy Rheault, Provost, Rosalind Franklin University of Medicine and Science.

*Open to: All Attendees.*

**Poster Session and Reception:** The poster session is designed to share research and trends occurring at allied health institutions. Attendees will have two hours to browse poster presentations set up throughout the event space. An open bar and light hors d’oeuvres will be provided to all attendees. Attendees must obtain drink tickets for the bar at the door.

*Open to: All attendees.*

**Registration:** A registration table will be set up in the Skyview foyer near the plenary session rooms on Tuesday, Wednesday, and Thursday of the conference. All attendees must check in at the registration table to receive a name badge and other important information. Attendees are expected to wear their badges at all times in order to identify themselves as Annual Conference attendees and gain access to all ASAHP functions.

*Open to: All attendees.*

**Town Hall:** This session provides an opportunity to make comments and obtain information about the Association’s various activities.

*Open to: All attendees.*
THE MARY E. SWITZER LECTURE

A native of Newton, Massachusetts and a graduate of Radcliffe College, Mary E. Switzer served 48 years in public service. During her career, she advanced through the Federal Civil Service to one of the highest administrative posts held by any woman in U.S. history when she became Commissioner of the Rehabilitation Services Administration from 1950-1967 and Administrator of Social and Rehabilitative Services from 1967-1969. Following her retirement in 1970, she served as an unpaid consultant for ASAHP, an organization established in 1967. She received numerous awards throughout her distinguished career in the form of honorary doctorates and the highest federal government citations. As a result of an Act of Congress, she also became the first woman to have a federal building named after her, which is now part of the Department of Health & Human Services in Washington, DC.

On November 3, 1971, the ASAHP membership voted to sponsor an Annual Memorial Lecture in her name. The first lecture was delivered in Houston, Texas in 1972. A Lecture Fund was established and each year, a speaker is chosen who has contributed significantly to health care either in this nation or in other parts of the world, especially in the area of rehabilitation.

ALPHA ETA SOCIETY

The Alpha Eta Society was chartered in Florida in 1975 as the national scholastics honor society for the allied health professions. The following chapters were charter members: University of Florida, Georgia State University, Community College of Philadelphia, SUNY/Buffalo, and University of Alabama at Birmingham, Medical College of Georgia, University of Tennessee, and Bowling Green State University. Currently, there are 62 Chapters and over 12,000 Initiated Members since 1975. www.alphaeta.net. Additional information may be obtained by emailing marquard@nova.net.
Preparing the next generation of health leaders.

Hofstra University’s health professions programs prepare students for rewarding careers in schools, clinics, government and community agencies, hospitals and other health care facilities.

These programs, offered through the School of Health Sciences and Human Services, combine the expertise and resources of Hofstra University, Hofstra North Shore-LIJ School of Medicine and the North Shore-LIJ Health System.

Masters programs are offered in:
• Health Science
• Rehabilitation
• Counseling and Therapy
• Physician Assistant Studies
• Speech-Language Pathology
• Audiology
• Public Health
• Health Management
• Athletic Training
• Exercise Science
• Sports Science

Professional Diplomas in Counseling and Rehabilitation Administration as well as a Professional Doctorate in Audiology are also available.

Find out more about these programs at hofstra.edu/gradhealth
ABSTRACTS OF PAPER PRESENTATIONS

WEDNESDAY, OCTOBER 22, 2014

CONCURRENT SESSION A: ADVANCEMENT OF INTERPROFESSIONAL EDUCATION AND INTERPROFESSIONAL PRACTICE

A.1: A COLLEGE OF HEALTH SCIENCES STRATEGY TO ADVANCE IPE/IPP IN HEALTH SCIENCES, PUBLIC HEALTH AND NURSING – Shelley C. Mishoe, Richardean Benjamin, Rebecca Poston Jim Blando, Jonna Bobzien, Denise Clairborne, Gianluca De Leo, Gail Grisetti, Karen, Kott, Mohammad Najand (Old Dominion University)

Issues to be Addressed: To advance IPE/IPP, the dean formed an interprofessional task force to:
  - Develop a preliminary strategic plan to include SWOT, vision, mission and goals.
  - Establish milestones and a timeline for the college to incorporate IPE/IPP.
  - Propose an ongoing structure for the College.
  - Recommend resource needs for achieving the proposed structure and milestones

Method: Travel funds and administrative support were provided for faculty to participate in the national IPEC conferences to advance their understanding and skills. The task force engaged in a variety of strategies for professional development, team building, data gathering, literature review, assessment and reporting. They also conducted faculty workshops to establish a college baseline for interprofessional education and practice.

Observation/Outcomes: The Task Force met regularly over 10 months to produce a detailed, final report with recommendations for advancing the core competencies for IPE/IPP to include: creating an IPE office, implementing curricula changes to incorporate interprofessional learning opportunities, forming a standing committee, and continuing to offer faculty workshops, incentives and recognition.

Conclusion: The College has established an IPE Division and appointed an Assistant Dean for Interprofessional Education to implement the task force recommendations. Administrative leadership, professional development and faculty ownership are essential to the advancement of IPE/IPP initiatives.

A.2: PROMOTING AND ASSESSING THE EFFECTIVENESS OF AN INTER-PROFESSIONAL EDUCATION INITIATIVE – John Ronnau (University of Texas-Pan American)

Hypothesis/Issues to be Addressed: Participants (faculty and students) will positively rate the effectiveness/impact the inter-professional education initiatives.

Method: Post-test only design: Participants will be asked via assessment instruments, open-ended items and brief interviews to assess the effectiveness/impact of interprofessional education initiatives.

Observations/Outcomes: The results of the assessments and lessons learned will form the basis of this session. A description of the interventions (IPEP projects) will be briefly shared. The main focus of the presentation will be on assessment results and steps taken to improve the interventions.

Conclusion: College of Health Sciences and Human Services at the University of Texas-Pan American has engaged in an extensive effort to introduce the tenants of IPEP into its nine health science and human service disciplines. We look forward to sharing lessons-learned from this process. This session will be interactive with lots of opportunity for questions, discussion and feedback from the participants.

A.3: A FACULTY DEVELOPMENT WORKSHOP: ALIGNING INTERPROFESSIONAL EDUCATION WITH PRACTICE – Stacy Jaffee-Gropack, Bojana Beric, Diane Maydick, Anna Nogid (Long Island University, Brooklyn)

Hypothesis/Issue to be Addressed: Current practice and accreditation standards in the health professions are increasingly demanding that curriculum provides training in interprofessional team based care. Despite much being written on the development of curriculum, faculty still need hands on experiences in creating activities that will enhance students ability to practice in an interprofessional environment. The purpose of this presentation will be to describe a skill-building workshop developed to prepare faculty members to align interprofessional education and practice.
Method: Participating and working in teams of five, thirty five faculty from seven health professions professional programs were engaged in a small-group case-based learning experience, and creating an interprofessional academic/clinical experience that they can integrate into their curricula.

Observations/Outcomes: As an outcome, each group developed a simple IPE classroom activity that they shared with others. Common consensus was that everyone increased his or her ability to work in an interprofessional team, and to create an interprofessional activity. Faculty expressed general concern - not being able to think about teaching outside of their own professional silo, and the existing need for further training in developing interprofessional activities.

Conclusion: Despite the need for students to develop interprofessional competencies, there still needs to be an emphasis on faculty development. Specifically creating academic experiences that allow students and faculty to transition from individualistic to collectivistic approach to professional preparation, i.e., to transfer knowledge to skill.

A.4: MOBILE HEALTH: AN INNOVATIVE MODEL FOR INTERDISCIPLINARY COLLABORATION – Betty Boyle-Duke, Tawny Lowe (New York University College of Nursing)

Issue to be Addressed: To improve health care access for an adolescent, culturally diverse population in New York City using an interdisciplinary approach. The program addresses the multiple health disparities present within its relatively large immigrant patient population.

Method: The New York University College of Nursing (NYUCN) Mobile Health Van Program (MHVP) uses an interdisciplinary educational approach incorporating nursing, social work, and medicine. This collaborative rotation is two-fold, encompassing health education in high schools and within the clinic setting. The MHVP serves as a clinical site for nursing students, family medicine residents, and social work interns who work together to provide care for this diverse population. It also fosters their cultural competence, assessed using the validated Transcultural Self-Efficacy Tool (TSET).

Observations/Outcomes: Average post-test TSET scores for students increased in all measured categories, suggesting an improvement in cultural competence upon completion of their MHVP clinical experience.

Conclusions: The MHVP delivers an enriching clinical experience to future health professionals and has shown promising results in improving cultural awareness. This model of inter-professional collaboration may be replicated in other patient populations to improve health outcomes. Recommendations for programs wishing to adopt a similar model will be addressed.
Method: Students were assigned to interprofessional teams to: 1) assess current workflow processes, 2) identify EHR requirements, 3) explore EHR options, 4) develop plans for EHR implementation (including training), and 5) develop an evaluation plan for assessing the impact of the EHR on clinic operations and patient care. Effective collaboration was essential. Observations/Outcomes: Students presented their recommendations to the CARES Board and faculty advisors on the project. Plans are underway to implement recommendations. Conclusion: This project provided a valuable and productive real-world interprofessional activity for students from multiple programs who may otherwise never interact.

B.3: BLENDED LEARNING: TRANSFORMATION OF PHLEBOTOMY EDUCATION AT MAYO CLINIC
– Mary Kaye T. Peterson (Mayo Clinic), Roderick C. Sims (Knowledgecraft Educational Design Consultants), Virginia M. Wright-Peterson, Darci L. Lammers, Randy C. Gruhlke, Brad S. Karon, Claire E. Bender, Michael H. Silber, and Bethany A. Krom (Mayo Clinic)

Hypothesis: The blended learning format will be equally as effective as traditional learning methodology.

Method: This paper presents the results of the redesigned blended phlebotomy program that was implemented in September 2012. Data was collected on both student performance and satisfaction; analysis was conducted empirically as well as statistically.

Outcomes: The results demonstrate that the blended learning environment enhanced the overall course framework by providing greater accessibility (geographically and temporally), improved efficiency (faculty and classroom/lab space), improved learning outcomes, and enhanced faculty and student satisfaction.

Conclusion: Overall the results demonstrate the viability of blended learning being adopted in programs traditionally delivered as face-to-face and the value of using technology appropriately in the teaching and learning environment.

B.4: IMPROVING STUDENT SERVICES RECRUITMENT EFFORTS THROUGH TECHNOLOGY UTILIZATION
– Farrah Banks, Terry Pollard (University of Mississippi Medical Center)

Hypothesis/Issue to be Addressed: Many high school students are unaware of the various academic programs typically offered in an allied health school. The challenges in identifying a career path often follow the high school student into college, where many students claim various majors before finally determining “the right one.” Our institution has utilized three different recruitment strategies over the last five years and has identified a positive approach. The presenters propose that student engagement and audience analysis during the initial high school visit is often overlooked as an important driver to attract and, ultimately, enroll students.

Method: Our recruiter discusses our academic programs and pathways, encouraging questions from the audience. Prizes are distributed to conversant students. Students then break into six-person teams in front of touch-based computer displays to complete an interactive simulation.

Observations/Outcomes: The presenters will share noncompulsory responses from students and faculty. The school recruiter has utilized the simulation for 15 high school groups since inception. The simulation will be used for summer camps and on our website.

Conclusion: The presenters will integrate a holistic approach to the presentation—including a history of recruitment methods, detailed information about the software used to develop the simulation, and encourage questions from the audience.

CONCURRENT SESSION C: EMERGING ISSUES AND NEW MODELS IN HEALTH PROFESSIONS EDUCATION

C.1: THE CLINICAL EXPERIENCE – AVOIDING THE COMING CATACLYSM
Nancy R. Kirsch, (Rutgers The State University of New Jersey)

Issue to be Addressed: The increasing crisis of insufficient clinical placements. In most of the allied health fields the education consists of both didactic and
clinical components. The critically important clinical component permits the student the opportunity to integrate their didactic knowledge with real clinical situations.

At the present time a significant threat exists to the clinical component as we currently know it. There are multiple factors that threaten the sustainability of the model we currently have. Payment for services limit student access to patients. Merger of hospital systems and repurposing of beds are limiting exposure of students to certain patient populations.

**Educational Model:** The newest threats to the clinical education structure are alliances forming between academic institutions and clinical facilities and payment from the academic facility to the clinical site. This is creating an uneven playing field placing institutions and their students with less discretionary money at a significant disadvantage in providing clinical experiences for their students.

**Educational Outcome:** This session will explore efforts to provide alternatives to clinical experiences using virtual cases, interprofessional case experiences, standard patient experiences and other forms of simulation. In addition it will present other models of allocating clinical education placements to permit fair access across schools and disciplines.

**Conclusion:** The management of the clinical component of allied health education has to be managed on a national scale to derive the best outcome for all parties involved.

**C.2: DEVELOPMENT OF A CONCEPTUAL FRAMEWORK TO GUIDE ORGANIZATIONAL IMPLEMENTATION AND EVALUATION OF IPE**

– James S. Parrot, Pamela Rothpletz-Puglia, Matthew Rosenthal (Rutgers)

**Hypothesis/Issue to be Addressed:** Implementing a school-wide IPE initiative is a highly complex process involving multiple system levels. An organizing, theoretically- and evidence-informed conceptual framework is needed both (a) for strategic planning as well as (b) to direct both process and outcomes research.

**Method:** Rutgers University School of Health Related Professions sought to develop a theoretically informed conceptual framework drawing from evidence on innovation implementation. A working group was tasked with identifying relevant theories and existing evidence to direct development of this framework.

**Observations/Outcomes:** A framework integrating aspects of ecological and complex systems theories was developed. The goal was to identify a framework in which changes at multiple institutional levels (university, school, department, faculty, student) would be conceptually identified and theoretically linked. Specification of cross-level linkages allows plausible relationships between resource and incentive structures, and changes (outcomes) to be identified and targeted, but also, a coherent set of process and outcomes research studies can be formulated such that a coordinated, growing body of evidence can be produced. To identify organizational characteristics most likely to bring about desired outcomes, the work group drew on recent evidence of effectiveness in dissemination of innovations.

**Conclusion:** A theoretically- and evidence-informed conceptual framework is believed to be key for successfully implementing a school-wide IPE initiative, in part by providing faculty with direction and resources for evaluating the process and outcomes.

**C.3: A NOVEL IPE ASSESSMENT STRATEGY TO MEASURE THE VALUES/ETHICS CORE COMPETENCY IN A GENERIC PRE-PROFESSIONAL HEALTH SCIENCE PROGRAM**

– Carole-Rae Reed, Margaret M. Slusser, Sharon Konowitz, Luis I. Garcia (The Richard Stockton College of New Jersey)

Assessing achievement of the IPEC core competency of Values/Ethics in a generic pre-professional Bachelor of Science in Health Science (BSHS) program is challenging. One course level Student Learning Outcome (SLO) is to: “….articulate the impact of personal values and professional ethics in healthcare decision-making”. On the Program level, a terminal SLO is to “….critically discuss the interface of values/ethics on health outcomes”. At the institutional level there are 12 Essential Learning Outcomes (ELOs) that all baccalaureate students should achieve by graduation. One of these, Ethical Reasoning, was determined to be equivalent to the IPEC Values/Ethics core competency. This presentation details a strategy developed to simultaneously measure the Values/Ethics competency at course, Ethics core competency at course, program, and institutional levels. A content analysis (n=120) using required BSHS student papers related to ethical decision making was conducted to determine achievement of SLOs/ELOs. Eleven items in the grading rubric were linked to outcome criteria for institutional ELO competency. Each item was assigned a point value indicating level of outcome achievement was assigned. Analyses indicated
overall mean level of competency. Using ELO criteria, students were rated as aware, competent, and skilled. Quotes from student papers illustrated quantitative findings. Analyses are in progress. Results and conclusion will be presented.

C.4: INNOVATIONS IN INTERPROFESSIONAL ORAL HEALTH EDUCATION
– Maria C. Dolce, Jessica L. Holloman (Northeastern University)

**Hypothesis/Issue to be Addressed:** In 2011, the Institute of Medicine recommended that all health professionals, with appropriate education and training, contribute to improving oral health outcomes. Bouvé College of Health Sciences at Northeastern University, the largest health sciences school in metropolitan Boston, is cultivating the next generation of health professionals equipped with core clinical competencies in oral health. The purpose of this presentation is to describe Innovations in Interprofessional Oral Health: Technology, Instruction, Practice, Service, an innovative IPE model for integrating oral health education across interdisciplinary health sciences curricula.

**Method:** A train-the-trainer approach will be employed for (a) student and faculty engagement, (b) faculty development, (c) use of e-learning and simulation-learning, and (d) experiential learning innovations. Smiles for Life: A National Oral Health Curriculum will be featured as a core curriculum for allied health professionals.

**Observations/Outcomes:** The result is an IPE faculty toolkit designed to integrate oral health in health sciences curricula. The toolkit can be adapted for training allied health professionals, including dental hygienists, nutritionists, occupational therapists, physical therapists, and speech-language pathologists.

**Conclusion:** Allied health professionals are well-positioned to address oral health care needs at every clinical encounter and across a variety of healthcare settings, with appropriate education and training.
exploring the impact of several interventions on improving Physician Assistant (PA), medical student, and resident diagnostic accuracy.

**Method:** PA and medical students completed a series of simulation-based case studies and submitted their initial diagnostic decisions. Subjects then received one of several cognitive forcing strategies including the use of a web-based diagnostic reminder system (DRS), collaboration with another provider, or the use of a traditional paper-based diagnostic checklist. After the cognitive intervention, subjects then submitted their final diagnostic decisions. Diagnostic accuracy was compared pre-post cognitive forcing strategy.

**Outcomes:** Significant improvements in diagnostic accuracy were noted when using a web-based diagnostic reminder system and in some cases with the use of paper-based diagnostic checklists. Collaboration with another provider did not improve accuracy.

**Conclusion:** The results of this study suggest that it may be advisable for both individuals and collaborative groups charged with making diagnostic decisions to use a diagnostic reminder system or diagnostic checklists when engaging in clinical reasoning activities.

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**D.3: CREATING VIDEO CLIPS FOR STUDY AND REVIEW AIDS FOR STUDENTS**

– Elaine Bukowski (The Richard Stockton College of New Jersey)

**Issue to be Addressed:** To create video clips demonstrating lab techniques for use as supplemental study/review aids.

**Method:** Using a video camera and Windows Live Movie Maker, a series of 110 video clips were produced, edited, and organized into major categories. These videos were made available to students within Blackboard learning management system for on-demand viewing.

**Outcomes:** Students were surveyed at the end of the semester to ascertain their responses to the clips and their frequency of usage. All respondents (N=44/45) preferred clips with captions. Most (N=41/45) preferred clips with video. Usage varied from daily to 1-2 times/week, with higher usage prior to practical and written exams. Reported usage corresponded to tracking statistics for Blackboard. Most students (N=43/45) found the clips helpful in their studies and requested continued access throughout the remainder of their curriculum.

**Conclusions:** This relatively inexpensive method of creating video clips produced study/review aids that were utilized and fostered improvement in psychomotor skills through practice outside the scope of the classroom. Although these clips were developed for physical therapy students, this technique is applicable to other health care professional students. With on-demand access to Blackboard students can check themselves against the demonstrated techniques to insure correct performance.

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**D.4: ENHANCING PROFESSIONALISM ACROSS ALLIED HEALTH DISCIPLINES: PILOTING THE AHP (ACHIEVING HEALTHCARE PROFESSIONALISM) APP**

– Diane Dodd-McCue, Emily Hill, Dianne Simons, Alexander Tartaglia (Virginia Commonwealth University)

**Issue to be Addressed:** The AHP (Achieving Healthcare Professionalism) APP measures professionalism across SAHP departments, leading to recognition of a shared commitment to professionalism across disciplines. Research across nine departments identified common professional values and behaviors, which are the foundation of AHP APP, a mobile app to enhance student professionalism. This project evaluates AHP APP effectiveness across SAHP departments.

**Method:** AHP APP, developed by a collaboration of VCU SAHP and Bioengineering, conveys a professionalism survey through Android and Apple devices. Students and clinical supervisors assess student professionalism with comparative results, coordinated using Bluetooth technology, serve as the basis for dialogue. Piloted in three departments, AHP APP is being expanded to all nine VCU SAHP departments.

**Outcomes:** AHP APP effectiveness was evaluated using mixed methods: focus groups, a user satisfaction survey, and tracked app usage. Preliminary results suggest user satisfaction with app convenience, instructions, content, and usage time. User feedback recommended minor screen adjustments and more open-ended questions.

**Conclusion:** Results confirm AHP APP effectiveness in raising awareness and enhancing professionalism while identifying common features across disciplines. The results affirm the appropriateness of AHP APP content and mobile delivery across SAHP departments that vary by class size, student status, and clinical experiences.
CONCURRENT SESSION E:
ADVANCEMENT OF INTERPROFESSIONAL EDUCATION
AND INTERPROFESSIONAL PRACTICE

E.1: BUILDING BLOCKS TO A SUCCESSFUL INTERNSHIP
– Frank Ward (University of Southern Indiana)

Hypothesis/Issue to be Addressed: Students as well as community preceptors indicate that students are not always ready to be successful in the internship experience. As a program, we have begun to look at the building blocks to a successful internship in Health Administration.

Method: A number of questions were generated: What are the steps in preparing students for the fieldwork experience? What academic preparation is/are missing? What professional behaviors should be taught? Are we teaching to ensure our students’ success in the Health Administration internship? These questions and others were examined to look at the building blocks for a successful internship.

Observations/Outcomes: An inter-professional team has come together to work on preparing students for the community internship experience. Students are offered a pre-placement orientation; interactions with current and previous student interns and on-site mid-term evaluations are conducted to better prepare students to enter the healthcare arena.

Conclusion: Follow-up surveys are providing data for continued improvements, so that the program may build on itself and provide a more pre-professional internship experience for Health Administration students.

E.2: INTERPROFESSIONAL COLLABORATION TO DEVELOP A HEALTH NAVIGATION MINOR/ CERTIFICATE PROGRAM
– Donna Fry, Shan Parker, Richard Richardson, Elizabeth Collardey, Sonya Moreau (University of Michigan-Flint)

National health care reform is necessitating changes in how local hospital systems and community health agencies work. Faculty members at the University of Michigan-Flint met with community members over a period of eight months to discuss educational programming needs to meet the changing health care environ-

E.3: SYSTEMATIC REVIEW OF INTERPROFESSIONAL CLINICAL INFORMATICS EDUCATION AND PRACTICE EVALUATION RESEARCH
– Robin A. Harvan, Sarah K. McCord (MCPHS University)

Issue to be Addressed: Interprofessional education ought to be designed to develop and assess competencies (behaviors) of team-based collaborative practice and designed to impact improved organizational and health outcomes (results). For education to impact practice, the two must be linked. This study focused on interprofessional clinical informatics competencies that are linked to models of team-based collaborative care and had two primary objectives:

(1) review relevant studies of current methods and results of impact evaluation of competency-based interprofessional clinical informatics education, and

(2) review relevant studies of current methods and results of impact evaluation of collaborative clinical practice using clinical informatics.

METHODS: Systematic searches identified 1622 candidate articles for possible inclusion in this review, with 1287 relating to Objectives 1 and 335 relating to Objective 2. Of the 1287 articles identified relating to Objective 1, 137 available studies were selected for a second screening based on the full text of the article, and 17 studies resulted from full text review. Of the 335 articles
identified for Objectives 2, 70 were selected for a second screening, and 6 studies resulted from full text review.

RESULTS: Evidence to support impact evaluation of competency-based interprofessional clinical informatics education in collaborative care clinical practice remains limited. More rigorous evaluation research studies are needed to provide better evidence of the impact of interprofessional clinical informatics in health professions education and collaborative care.

CONCLUSIONS: This paper proposes a new approach to designing interprofessional clinical informatics education, competency-based assessment, and impact evaluation linked to the intended results and improved outcomes of team-based collaborative care.

E.4: THE VALUE OF TECHNOLOGY IN THE ADVANCEMENT OF INTERPROFESSIONAL PRACTICE
— Janet Benz (St. Catherine University), Patricia Finch-Guthrie (St. Catherine University), Penelope Moyers (St. Catherine University)

Issue to be Addressed: Clinical scholar programs in healthcare organizations are designed to increase evidence-based practice (EBP), but are typically limited to a single discipline. These programs often have problems providing project mentors and producing organizational impact. Two healthcare organizations and a university through sharing expertise and technologies developed an interprofessional team-based model supporting EBP.

Method: There were 69 participants including nurses and staff from two healthcare organizations and university faculty and students from multiple disciplines. The model included nine learning modules, mentors, interprofessional competency development, team meetings, and project implementation/evaluation and dissemination. Technology facilitated logistics, work processes, and communication. Grounded theory guided understanding of how interprofessional teams implement EBP.

Observations/Outcomes: Qualitative data indicated teams learned interprofessional collaboration as a means for EBP, which provided students experience in solving clinical problems within complex systems. Teams adopted technology after understanding its advantage, usability, and impact on efficiency. The team model led to practice-changing projects that were completed according to budget and deadlines. Teams presented 11 papers and 6 posters at conferences.

Conclusion: Organizational partnering is crucial for clinical scholar programs that develop interprofessional and EBP competencies and train teams to adopt and use appropriate technology for enhancing communication and work efficiency.

THURSDAY, OCTOBER 23, 2014

CONCURRENT SESSION A: ADVANCEMENT OF INTERPROFESSIONAL EDUCATION AND INTERPROFESSIONAL PRACTICE

A.1: DEVELOPMENT AND IMPLEMENTATION OF AN INTERPROFESSIONAL UNDERGRADUATE HEALTH SCIENCES PROGRAM
— Matthew M. Anderson (Rush University)

Issue to be Addressed: Many health professions require graduate-level education for professional entry and recruiting students from underrepresented backgrounds into these programs can be challenging. We sought to create an opportunity for underrepresented minority and other students to successfully apply to graduate health professional programs.

Method: An interprofessional team from medicine, nursing, allied health and biomedical sciences developed an undergraduate curriculum to prepare students for graduate health sciences programs. The program was designed for students from a variety of educational backgrounds in close collaboration with Malcolm X College of the City Colleges of Chicago (CCC). An important goal of the program was to provide underrepresented students a bridge into graduate school.

Results: A curriculum based in the medical sciences with high-level exposure to research, laboratory sciences, and practicum experiences resulted. The inaugural cohort was enrolled in the fall 2013, with the majority transferring directly from CCC. Preliminary course evaluations and student feedback over the first year of the program indicate high levels of student satisfaction.

Conclusion: The innovative medical sciences curriculum in the BS in Health Sciences program allows students from underrepresented backgrounds to be competitively positioned for entry to graduate school in many health professional areas.
A.2: IMPROVING SCHOOL BASED HEALTH CARE INITIATIVES WITH A TRULY INTERPROFESSIONAL APPROACH

– Anthony Breitbach (Saint Louis University), Dean Tiffany (John Burroughs School), Casie Tomlinson (John Burroughs School)

**Issue to be Addressed:** Wellness in youth sets the stage for health later in life. Chronic diseases such as Type II diabetes and sports injuries such as concussion require an interprofessional approach. In institutions where school nurses and athletic trainers are both present, many times they act independently. Despite having a common primary care mission and complementary training, they use separate facilities and medical documentation. School Based Health Center initiatives are established in several states, funded by the Affordable Care Act, but do not include athletic trainers.

**Method:** Provide an example of an Interprofessional School Based Health and Wellness (IP-SBHW) plan where nurses and athletic trainers coordinate health care and provide wellness services at a school using complementary collaborative roles, a common physical facility and shared medical documentation.

**Outcomes:** Access and quality of health care could be improved by a model that provides comprehensive on-site primary care and decreases medical errors through improved communication. Costs can be decreased by providing more appropriate wellness services, treatment and referral.

**Conclusion:** School nurses and athletic trainers can collaborate interprofessionally to provide primary care and wellness services at schools through the IP-SBHW plan. This may improve health outcomes by efficiently meeting the needs of the school community.

A.3: AN INNOVATIVE INTEGRATED EDUCATIONAL APPROACH TO PREPARE ALLIED HEALTH STUDENTS FOR COMMUNITY INTERPROFESSIONAL PRACTICE

– Tiffany Boggis, Ruth Zuniga, Saje Davis-Risen (Pacific University Oregon), Becca Reisch (Pacific University Oregon)

**Issue to be Addressed:** Trends in health care necessitate an increase in educational preparedness of health professionals to skillfully practice interprofessionally in community primary care.

**Method:** Twenty-two students from seven allied health professions participated in an innovative 4-credit International Interprofessional Experiential course that integrated hybrid interprofessional online and didactic education with simulation labs and international service learning using a community-based model approach. Evaluation instruments included the Readiness for Interprofessional Learning Scale Questionnaire (RIPLS), an interdisciplinary simulation assessment and a course evaluation survey.

**Outcomes:** Results of the RIPLS indicated an improved understanding of their own and others’ roles within the health care team at post-test. Students rated interprofessional simulation labs as the most effective teaching strategy to prepare for service learning, problem-solving and collaboration. Over 90% of students agreed that participation in service-learning enhanced awareness of community needs, potential professional contributions and understanding of ones own and other professional's roles.

**Conclusion:** A shift in mindset from autonomous practice and a traditional hierarchical medical model approach can help interprofessional team members successfully navigate the changing health care environment to promote best practice. Innovative educational approaches hold promise to meet the demand. Further refinement of educational models and research to establish efficacy is needed.

CONCURRENT SESSION B: USE OF INNOVATIVE TECHNOLOGY IN EDUCATION

B.1: PROMOTING INNOVATION IN ALLIED HEALTH SCIENCES EDUCATION

– Andrew Balas, Charlotte Chatto, Sharon Swift, Marlo Vernon (Georgia Regents University, College of Allied Health Sciences)

Generation of creative, new ideas is largely dependent on the professional culture that promotes innovation leading to better health outcomes. The traditional focus on peer-reviewed publications is increasingly challenged by the need for more innovation in education and patient care.

**Issue to be Addressed:** Academic institutions and allied health programs are responsible for promoting significantly broader range of scholarly creativity of students and faculty.

**Methods and observations:** To explore opportunities for progress, several creative initiatives have been launched and evaluated in our college:
• student learning from case studies of serial inventors in health sciences;
• faculty innovation in the development of the “Build-a-Brain Explorer, an Neuroanatomy Educational Application”; and
• student innovation in the development of assistive technologies that meet special needs in occupational therapy. Serial innovators appear to maintain an average ratio of 1:4 between IP (protected intellectual property) and peer-reviewed publications. Faculty and student innovators are often deeply motivated by a sense of humanism and compassion, helping others in need.

**Conclusions:** To better promote innovation, allied health faculty and students should be better informed about recognition of health care needs, desirable outcomes of health care innovation, choosing promising targets for innovation, prototyping and innovation disclosure.

**B.2: FLIPPING THE OT AND PT LAB: DEVELOPMENT OF AN E-LEARNING MODULE**
– Amanda K. Giles, Gretchen Seif, Dusti Annan-Coulta, Jonathan Coulta, Peter J. Bowman (Medical University of South Carolina)

**Issues to be addressed:** Current trends in higher education demand the need to re-examine traditional pedagogical approaches and consider innovative online learning experiences (Allen, 2003; Ambrose et al., 2010, Clark & Mayer, 2011; Chick, Haynie & Gurung, 2012). Interdisciplinary faculty should work together to create educational tools that can be used by multiple disciplines. The availability of user-friendly videos for learning lab skills outside of the classroom can maximize hands-on classroom time and increase student responsibility for learning.

**Method:** Using “flipped classroom” methodology, an upper extremity goniometry e-learning module was created that includes high-quality videos, clinical applications, and quizzes for physical and occupational therapy students.

**Outcomes:** Data will be presented related to the process of creating an e-learning module, including necessary administration and resources, hosting options, potential for commercialization, and applicable instructional design.

**Conclusion:** Given the growing emphasis in online education, it is necessary to inform educators on the use of industry standard tools to produce high-quality e-learning modules that are consistent with instructional design principles and preserve the integrity of the classroom environment. Next steps will include examining the effectiveness on knowledge acquisition and retention as well as student perception of the module.

**B.3: ALUMNI PARTICIPATION IN GROUP FACILITATION FOR PROBLEM-BASED LEARNING**
– Karen Mainess, Jennifer St. Clair, Terry Douglas (Loma Linda University)

**Hypothesis:** Issue to be addressed: Problem-based learning (PBL) is learner-centered, and focuses on small group learning, wherein students learn through actual or simulated scenarios (problems).

**Method:** PBL was first introduced in the present speech-language pathology graduate program in 1999, and has undergone continuous evolution, in response to new faculty and increased enrollment. This presentation describes the current format, implemented in autumn 2012. In order to accommodate small groups, with increased enrollment, recent alumni (who have gone through the PBL process as students) are invited to be small group facilitators. All graduate courses are held in the evening, so facilitators are able to come after work. Facilitators are offered payment or continuing education units. They participate in orientation and mentoring each term.

**Observations/Outcomes:** A carefully detailed format provides instructors, facilitators, and students with a framework that is consistent across all courses. Details of the mentoring activities, format, course syllabi, and facilitator session guides will be shared in this presentation. Details of feedback from facilitators, students, and instructors will be discussed.

**Conclusion:** The most significant initial feedback from the facilitators was that this represents a unique opportunity to grow personally and professionally, and is a chance for them to “give back” to their educational community.
CONCURRENT SESSION C: EMERGING ISSUES AND NEW MODELS IN HEALTH PROFESSIONS EDUCATION

C.1: COMPARING COPING STRATEGIES AND RESILIENCY OF KOREAN WAR AND OEF/OIF VETERANS
– HeeSoon Lee, *2013 INTERDISCIPLINARY RESEARCH AWARD WINNER, Derek Mason, Brett E. Holden, Peggy Adams, Hyungsuk Choo (Bowling Green State University), Louis Guardiola, Jr. (University Toledo), Eric Buetikofer (Bowling Green State University)

Military service in wartime is a traumatic event. Much attention has been given to post-traumatic stress of veterans, but few studies have explored the long-term effects of military service including its positive impacts on their life course. We conducted focus groups with 20 Korean War and 13 OEF/OIF veterans to investigate their post-deployment reintegration, identifying challenges, coping strategies, resiliencies, and posttraumatic growth (PTG) of both 20 Korean War and 13 OEF/OIF veterans. Quantitative methods were also employed to confirm qualitative, subjective outcomes. The findings showed that while older veterans have challenges of responsibilities for the family members, younger veterans are plagued with academic challenges, not seeking help, and lack of resources. Older veterans tend to be more resilient, having a willingness to use spiritual outlets and strong social support systems as positive coping strategies in difficult situations. In addition, older veterans showed higher PTG in appreciating their life and improving relationship with others. The findings suggest that observations drawn from data harvested by both quantitative and qualitative analysis can benefit younger veterans, teaching them how to deal with hardships in a healthy, productive fashion. Study limitations and further discussion are presented.

C.2: MEASURING IP CORE COMPETENCIES IN A GENERIC PRE-PROFESSIONAL HEALTH SCIENCE PROGRAM
– Margaret M. Slusser, Carole-Rae Reed, Luis I. Garcia (The Richard Stockton College of New Jersey)

The Bachelor of Science in Health Science Program (BSHS) was established in 2012 using IPEC core competencies as a conceptual framework. The curriculum is designed to prepare students for a wide range of graduate programs in specific health professions and various health-related careers. New educational programs benefit from formative evaluations. The formulation process and a detailed description of the plan for curriculum evaluation is the purpose of this presentation. Aspects of evaluation include readiness for interprofessional education (IPE), appreciation of values and ethics in health care, teamwork competencies, knowledge of roles and responsibilities, and critical thinking. Program faculty conducted a thorough review of the literature to identify assessment strategies and valid/reliable measures. A longitudinal evaluation plan was developed that features qualitative and quantitative measures of readiness for interprofessional education (IPE), teamwork competencies, knowledge of roles and responsibilities, ethical decision making, and critical thinking. Students will be assessed after reaching three specific curriculum milestones during their four year BSHS program. Pilot data (n=177) at two points in the Program demonstrated significant increases in IPE Readiness, Teams and Teamwork, Roles and Responsibilities, and Professional Identity all at the p<.001 level of significance. Preliminary ethical decision making data will also be presented.

C.3: PREDICTORS OF ACADEMIC ACHIEVEMENT IN ALLIED HEALTH PROGRAMS USING SYNCHRONOUS LEARNING BETWEEN RURAL AND URBAN CAMPUSES – Michelle Butina, Randa Remer, Whitney Black (University of Kentucky)

In the Commonwealth of Kentucky there is a clear need for allied health practitioners in rural settings. Three allied health programs (medical laboratory science, physician assistant studies, physical therapy) at the University of Kentucky offer synchronous learning in both rural and urban settings. The purpose of this research study was to investigate the differences in these three allied health programs and how those differences impacted student learning and achievement outcomes. Data was collected on all three programs including predictive and academic performance variables in addition to demographics.

Key outcomes of this study included: 1) entry students in rural settings were at an academic disadvantage particularly in key science courses in comparison to their urban counterparts, 2) rural students faced more challenges in the foundational program courses, 3) however by completion of the academic program the rural stu-
dents were on similar academic footing to their urban counterparts as demonstrated by their ability to pass certifying examinations. In conclusion, students in rural areas need additional academic resources to succeed in difficult program courses. The current study identifies a need to investigate the impact of synchronous learning in rural and urban settings to further identify benefits to both groups of students.

CONCURRENT SESSION D: SIMULATION AS AN EDUCATIONAL APPROACH

D.1: INFLUENCE OF GENDER DIFFERENCES AND INTERPROFESSIONAL PATIENT SIMULATION TEACHING ON CLINICAL PERFORMANCE
– Patrick Carley, Dina Ditmar (American International College), Christopher Peterson (Hartford Hospital)

The Affordable Care Act (ACA) challenges the expectations and responsibilities of healthcare professionals in complex environments compelling educational preparation to embrace technology and interprofessional collaboration. The initial pilot study measured the benefits of combined interprofessional teaching and patient simulator technologies in response to the contemporary healthcare environment. The study was repeated with a second cohort of physical therapy students with the same hypothesis using identical pre and post clinical performance measures. The experimental design separated the group by gender with each subgroup randomly assigned to an intervention or control group with both given four structured case studies for patient management. The intervention group engaged the patient simulation labs with collaborative guidance from a female nursing and male physical therapy faculty. The control group had traditional physical therapy lab experiences. Study outcomes underscored gender differences and unique benefits in the intervention group as indicated in the ratings of eight clinical performance components: safety, communication, clinical reasoning, evaluation, diagnostics, plan of care, intervention, and outcome assessment. The conclusion exhibited higher levels of perceived clinical preparedness, most notably in communication, clinical reasoning, and intervention. Independent assessments by clinical instructors during clinical rotations added additional support for collaborative interdisciplinary training and gender differences.

D.2: USE OF AN ACADEMIC ELECTRONIC HEALTH RECORD IN A PROBLEM BASED LEARNING CURRICULUM
– Wendy Rommey, Stephen Burrows, Lola Halperin (Sacred Heart University)

Hypothesis: Cases that are simulated using an academic electronic health record (AEHR) will improve students learning outcomes through an interdisciplinary approach.

Methods: Simulated clinical cases were created in an AEHR in a problem based learning curriculum. These cases consisted of patients with various diagnoses, across health care settings, using clinical documentation from the interdisciplinary team. Students accessed cases by navigating through the AEHR and worked in groups to identity the learning issues found in the simulated patient case. An emphasis was placed on the interdisciplinary team.

Outcomes: Students were able recognize the importance of an inter-disciplinary approach. Students enhanced their learning through the use of simulated cases through an AEHR. The use of the simulated cases in AEHR exposed students to the value of technology and its impact in the health care setting.

Conclusion: The academic EHR exposed and enhanced students’ learning of electronic documentation and interdisciplinary care. Future plans are underway to integrate students from multiple disciplines and programs across the College of Health Professions in collective learning teams using this same approach. This plan is in direct alignment with the Federal government’s initiatives for adoption of electronic health records in the clinical setting.

D.3: SELF-DIRECTED LEARNING USING A COMBINATION OF CARDIOPULMONARY BYPASS SIMULATORS
– Joseph J. Sistino, Carla H. Bistrick (Medical University of South Carolina)

Hypothesis/Issue to be addressed: Simulation in health professions education is growing rapidly. It is now mandatory for anesthesiologists and is gaining traction in cardiovascular perfusion programs. Since simulation can usually be conducted with only a few students at a time, it has become a labor-intensive activity for faculty. In order to address this issue, methods to reduce faculty
time in simulation need to be developed. Technology that allows students to practice skills acquired in high fidelity simulation on their own is one way to achieve this.

**Method:** We acquired a second bypass simulator (Biomed) that can be programmed with scenarios for self-directed student learning. This is a retrospective cohort study comparing outcomes following use of the Orpheus high fidelity simulator for the past years with the current year using both the Orpheus high fidelity simulator and the Biomed simulator.

**Observations/Outcomes:** Outcomes include the faculty time, skills acquisition, student satisfaction and confidence associated with the additional Biomed simulator facility.

**Conclusion:** Self-directed learning with programmed simulation reduces the faculty time commitment and allows students to practice skills in a low stress environment. Following competency assessment with faculty in the high fidelity simulator, the student is ready for their clinical practicum.

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

**E.1: STRATEGIC PLANNING: DEVELOPMENT, IMPLEMENTATION AND ASSESSMENT – Barry S. Eckert, Stacy Jaffee-Gropack (Long Island University, Brooklyn)**

**Hypothesis/Issue to be addressed:** Dynamic strategic planning is essential to academic survival in this changing educational environment. Strategic planning is the process of developing and maintaining a strategic fit between the organization and its changing opportunities. The plan should be a result of consensus building by those who are responsible for implementation of the plan, as well as the stakeholders. The plan should be dynamic, effective, and sustainable. It should also be used to make decisions regarding acquisition of resources. The purpose of this presentation will be to describe the development, implementation, and assessment of a five-year strategic plan that encompasses twelve programs in a large School of Health Professions.

**Method:** A year long process was initiated within of the School of Health Professions. Each member of the School was given the opportunity to develop components of the plan that they saw as relevant. Through ongoing meetings, consensus was sought on the final plan. In order to assess the plan, a rubric was designed and will be completed annually by program directors to determine progression in each of the strategies identified.

**Observations/Outcomes:** Based on the results of the annual assessment of the plan, using the rubric, there is ongoing modification to meet the changing needs of the environment.

**Conclusion:** Revision of a strategic plan through assessment and feedback is an essential step for a successful strategic plan. This process allows a plan to be a living document that reinforces the dynamic environment of education and is responsive to its needs.

**E.2: ALLIED HEALTH STUDENTS REFLECTIVE THINKING AND ITS ASSOCIATION WITH CLINICAL PERFORMANCE – Duane Akroyd (North Carolina State University), Jeffery Legg (Virginia Commonwealth University), Nina Kowalczk (The Ohio State University), Michael Madden (Fort Hayes State University), Hanh Nguyen (North Carolina State University)**

**Issue to be Addressed:** The theoretical framework for this research is based on the work of Dewey and Schön and their conception of reflective thinking. Our research questions are; a). What are the levels of reflective thinking for allied health students as measured on the Reflective Thinking Questionnaire and how does that compare with prior research? b). What is the relationship between allied health students’ levels of reflective thinking and their clinical performance as measured by clinical grades?

**Method:** This study used a non-experimental, quantitative, cross-sectional predictive design (Johnson, 2001) to address the above research questions. The sample consisted of a 55 allied health students at 3 different universities. The Reflective Thinking Questionnaire (RTQ) was used to measure 4 levels of reflective thinking. Clinical Grades were used as a proxy for clinical performance.

**Outcomes:** Findings indicate that the allied health students in this sample had significantly scores across all categories of reflective thinking when compared to previous research, but there was no relationship between clinical grades and reflective thinking. Seniors exhibited significantly higher critical reflection levels than non-seniors, which indicate a more sophisticated level of reflective thinking.

**Conclusion:** Discussion will focus on importance of reflective thinking and promoting it through pedagogy
and suggestions for future research in this area with allied health students.

**E.3: TRADITIONAL VS. TEAM-BASED LEARNING IN PHYSICAL THERAPY MUSCULOSKELETAL EDUCATION**  
– John Jefferson, (University of Arkansas for Medical Sciences)

**Issue to be Addressed:** This study compared the effect of team-based learning (TBL) versus traditional lecturing in two physical therapy courses on musculoskeletal disorders of the spine. **Method:** Two consecutive cohorts of 2nd year doctorate of physical therapy students were taught a 4-credit course on the lumbar spine and pelvis (LSP) and a 3-credit course on the cervico-thoracic (CT) region. The first cohort was taught using traditional in class lecturing, while the 2nd cohort was taught utilizing TBL for 8 modules over the 16-week semester – one TBL module every 2 weeks. The same midterm and final exam questions were used for both cohorts for both courses.

**Outcomes:** Both cohorts had similar baseline characteristics. The TBL cohort preformed better on the mid-term and final exams in both courses. The same cumulative final exam scores increased 5.3% in the LSP course and 11.3% in the CT course (both p<0.0001). The team RATs scores were 20% higher than the individual RATs. However, even though the team-scored activities accounted for 30% of the course grade, the use of team scores only inflated the final course grade by an average of less than 1%, for both courses.

**Conclusion:** Incorporating TBL resulted in a significant increase in individual performance.

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**FRIDAY, OCTOBER 24, 2014**

**CONCURRENT SESSION A: ADVANCEMENT OF INTERPROFESSIONAL EDUCATION AND INTERPROFESSIONAL PRACTICE**

**A.1: AN EPIC PROJECT: FROM CLASSROOM TO CLINIC**  
– Peggy Turner, Martha Ferritti, Carole Johnson, Rhonda Sparks (Oklahoma University Health Sciences Center)

**Issue to be Addressed:** At OUHSC students have had limited opportunities to participate in IPE/IPP. That changed when the Wisdom Family Foundation brought together faculty from 7 different colleges and 13 disciplines to overcome barriers and create IPE/IPP activities/opportunities for both students and faculty.

**Methods:** After one year of faculty researching and planning, 80 students were selected to participate in active learning workshops in the fall which were designed using 4 of the IPEC Core Competencies. The following spring, students then provided patient centered care at a charitable clinic. The research agenda encompassed qualitative and quantitative approaches including surveys (RIPLS3 and T-TAQ4), concept mapping, and debriefings.

**Observations/Outcomes:** Qualitative analysis thus far, indicates that communication, organization, and team work were vital to the students’ development. Across time, qualitative data indicated that teams moved from questioning to confidence building within their teams. Student team leaders also provided input to improve the learning opportunities for the next group.

**Conclusion:** IPE/IPP involving multiple colleges and disciplines which includes classroom and clinical experiences allows students to apply IPE Core Competencies to improve patient centered care to the community. Faculty and students alike learned the importance of breaking down educational silos and putting the patient first.
A.2: READINESS TO LEARN INTERPROFESSIONAL TECHNIQUES IN A SAMPLE OF NURSE PRACTITIONER, OCCUPATIONAL THERAPY AND PHYSICAL THERAPY STUDENTS
– Carrie Ciro, Ken Randall (College of Allied Health, University of Oklahoma), Heather Ross (College of Public Health, University of Oklahoma), Geraldine Ellison, Ann Shortridge, Gary Loving, Cathrin Carithers (College of Nursing, University of Arkansas)

Hypothesis/ Issue to be Addressed: Emerging evidence suggests that health care teams can be more efficient and effective when clinical services are delivered using interprofessional models. The University of OUHSC College of Nursing and Allied Health received funding to examine the effect of a two-year interprofessional curriculum blended into existing coursework. We hypothesized that our program would facilitate positive change in readiness for interprofessional learning.

Method: Pre-post, repeated design with one cohort of nurse practitioner, occupational therapy and physical therapy students. Students participated in a diverse curriculum, which included online modules, team-based standardized patient assessment (SPA) and team-based clinical experiences. The Readiness for Interprofessional Learning (RIPL), a 5-point scale where 1=strongly disagree and 5=strongly agree were sent to consenting students via email links at baseline and then after the first SPA.

Outcomes: For all students (n=98), readiness for learning was high prior to training as indicated by total RIPL scores at baseline (M=4.18). At Time 2 (M=4.14), scores were not significantly different (n=.18). Provocative outcomes in individual answers within professional groups will be highlighted.

Conclusions: Readiness for interprofessional learning did not significantly change in part due to students beginning the curriculum with high readiness.

A.3: INTERPROFESSIONAL EDUCATION (IPE): ALLIED HEALTH PROFESSIONS, ENGINEERING, INFORMATION SYSTEMS AND OPERATION MANAGEMENT
– Halcyon St. Hill, Hulya Julie Yazici, Lisa Zidek (Florida Gulf Coast University)

Issue to be Addressed: Allied health education though grounded in practice through the integration of didactic and practice education is not typically aligned with STEM disciplines that contribute to the spiraling technological advances utilized in healthcare. Disciplines such as engineering, information systems and operations management are critical to major emerging technologies that impact practice in the health professions, quality and cost of healthcare; hence, there is a need to expand interprofessional education in the health professions to embrace such disciplines.

Method: Based on an interprofessional education initiative that spans students in three colleges at Florida Gulf Coast University in allied health, engineering, information systems and operations management relevant learning experiences and outcomes is discussed. A model for interprofessional education is presented that addresses course content, application to practice issues, and resolution across disciplines. Assessment of learning outcomes, and relevance to disciplinary and interprofessional practice are addressed.

Outcomes/Conclusion: Participants will gain insights on the importance of addressing IPE across health and non-healthcare STEM disciplines and the impact on practice and quality of healthcare.

CONCURRENT SESSION B: USE OF INNOVATIVE TECHNOLOGY IN EDUCATION

B.1: USE OF TELEHEALTH TECHNOLOGY IN EDUCATING REHABILITATION SCIENCES AND NURSING STUDENTS FOR INTERPROFESSIONAL TEAM-BASED CARE
– Ken Randall, Carrie Ciro (College of Allied Health, University of Oklahoma), Geraldine Ellison, Gary Loving, Heather Ross, Ann Shortridge (College of Nursing, University of Oklahoma)

Hypothesis/Issue to be Addressed: Geography can impose barriers to providing interprofessional team-based healthcare to those who need it, and telehealth technology can help to remove them. Teaching students about effective teamwork within a framework of telehealth care delivery can lead to positive outcomes for these future practitioners and their patients.

Method: Family nurse practitioner, adult nurse practitioner, occupational therapy, and physical therapy students on two campuses that are 100 miles apart engaged in an interprofessional curriculum consisting of online modules designed around interprofessional core competencies and standardized patient encounters in simulated clinical environments using telehealth technology. The patient scenarios involved culturally diverse older adults
with multiple comorbid conditions. We used a pre-/post-test repeated measures design to gauge student knowledge and attitudes regarding telehealth technology and interprofessional teams, using the Telemedicine Acceptance Questionnaire and the Team STEPPS tool.

**Observations/Outcomes:** Students demonstrated enhanced knowledge of telehealth technology and showed that they could use it to effectively treat patients as an interprofessional team in a culturally-sensitive manner.

**Conclusion:** Optimal interprofessional teamwork requires cooperation to establish ongoing communication with each other, the patient, and the family, and telehealth technology can be an effective tool to achieve this and to develop an optimal patient-centered plan of care.

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**B.2: EVIDENCE-BASED USE OF ELECTRONIC CLINICAL TRACKING SYSTEMS IN ADVANCED PRACTICE REGISTERED NURSE EDUCATION: AN INTEGRATIVE REVIEW**

– M. Laurie Branstetter, Lynette S. Smith, Andrea F. Brooks (Western Kentucky University)

**Issue to be Addressed:** Over the past decade, healthcare providers have incorporated electronic health records into practice settings. This technological update in healthcare documentation has generated a need for APRN programs to incorporate information technology into education. The National Organization of Nurse Practitioner Faculties guide program standards for APRN education. One competency is Technology and Information Literacy. Educational programs are moving towards the utilization of Electronic Clinical Tracking Systems to capture students’ clinical encounter data. The purpose of this integrative review was to evaluate current research on Advanced Practice Registered Nurse students’ documentation of clinical encounters utilizing Electronic Clinical Tracking Systems to meet Advanced Practice Registered Nurse curriculum outcome goals in information technology as defined by National Organization of Nurse Practitioner Faculties.

**Method:** Integrative review of the literature.

**Observations:** The state of the science depicts students’ and faculty attitudes, preferences, opinions, and data collections of students’ clinical encounters. Although Electronic Clinical Tracking Systems were utilized to track students’ clinical encounters, these systems have not been evaluated for meeting information technology core competency standards.

**Conclusion:** Educational programs are utilizing Electronic Clinical Tracking Systems with limited evidence-based literature evaluating the ability of these systems to meet the core competencies in APRN programs.

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**B.3: IMPLEMENTATION OF AN INTERPROFESSIONAL AND INTERACTIVE CURRICULAR SYSTEM**

– Susan Wainwright, Martha Ankeny (Thomas Jefferson University), Amy Earle (Digital Wave Technologies)

**Hypothesis/Issue to be Addressed:** While clinical practice continues to evolve, pedagogy has not reflected a parallel transformation. Today’s students have a comfort level with technology and are expected to use this technology in practice.

**Methods:** The Interactive Curricular System (ICiS) is a content management system that facilitates the organization and delivery of Jefferson-developed content for faculty across programs and schools. ICiS provides a mechanism to create new learning objects/course content that can be accessed, duplicated or modified by numerous instructors for use in different courses. The course-ware is published and then made available to the students via iPad, laptop and desktop computers. Interprofessional faculty teams are creating shared content in several areas including cultural competence, health literacy, and research.

**Observations/Outcomes:** The ICiS will be used to create an ASAHP-specific module allowing participants to download the free Jefferson App from iTunes onto their iPad prior to the session, and use the module as a learning tool in preparation for the session.

**Conclusion:** This technology enhances learning by increasing experiential learning, enabling interprofessional collaboration, promoting efficiencies across programs leading to reduced redundancy, cost, and resource utilization. ICiS creates a learning environment that sparks students’ curiosity and encourages exploration and discovery.
C.1: INTERPROFESSIONAL COLLABORATION WITH UNEXPECTED BENEFITS
– Judy Ortiz, Lydia Jackson (Pacific University)

Hypothesis/Issue to be Addressed: Universities are challenged to find a sufficient quantity of high quality interprofessional clinical experiences to educate students to meet the future healthcare workforce demands. The current productivity model employed by many health centers leaves little time for teaching students. While many providers are interested in teaching students, they often feel overwhelmed with current work responsibilities and feel ill prepared to properly train the next generation of clinicians.

Method: With these complex issues in mind, Pacific University and Virginia Garcia Memorial Health Center (VGMHC) have collaborated to develop and fund three co-faculty positions in dental health science, physician assistant, and pharmacy within the VGMHC clinic. The model was designed to balance time during the day between teaching students and caring for patients. The PA co-faculty has created a preceptor binder and syllabus for the rotation to organize teaching topics.

Observations/Outcomes: Collaboration between the co-faculty has provided opportunities for interprofessional collaboration between their respective students. The students work together to review complex cases, and complete public health and wellness projects for the clinic. Other providers at VGMHC have developed an interest in teaching after observing the model.

Conclusion: The two institutions have successfully co-funded the positions and look forward to expanding opportunities for interprofessional collaboration and practice.

C.2: EDUCATING HEALTH CARE PROFESSIONAL STUDENTS TO WORK INTERPROFESSIONALLY USING EMERGING TECHNOLOGIES
– Karen Kott, Christianne Fowler (Old Dominion University)

Issue to be Addressed: Education and practice often occurs in professional silos limiting interprofessional collaboration (IPC). This presentation describes an educational program that unites physical therapy, nursing, dental hygiene and clinical counseling in managing clinical issues through new models of health professions education. Specifically, the program educates students in using emerging technologies to enhance and overcome barriers to IPC.

Methods: Interprofessional Education (IPE) was provided through a Health Promotion course. Emerging technologies included: 1) on-line IPE from four professions, 2) grand rounds cases using discussion boards, 3) IPC using social media, and 4) projects. Student IPC projects include: 1) websites, 2) telehealth programs, and 3) PowerPoint presentations and screening tools with imbedded technologies. The course is enhanced by students assuming roles of other professions.

Outcomes: Data will be presented on 150 students. Significant improvements were found in pre and post-test outcomes on attitudes towards interprofessional collaboration (RPLS scale). Projects demonstrated effective use of technology for IPC. Discussion boards supported an increased awareness and appreciation of other professions. Examples of the projects and the discussions will be presented.

Conclusions: This program was effective in enhancing the knowledge, attitudes and skills of students in utilizing emerging technologies to collaborate outside their “silos”.

C.3: CLINICAL EDUCATION IN A CHANGING HEALTHCARE ENVIRONMENT
– Roy B. Anderson, Marguerite Group, David Wheeler (Cleveland Clinic)

A nationwide decline in hospital admissions and services is changing the way clinical education is funded and offered by academic research institutions. Cleveland Clinic instituted a cost repositioning initiative for its internally sponsored and affiliate-based allied health clinical education programs with the goal of saving $1 million. This paper will discuss how this initiative was implemented. Student enrollment and cost/benefit data were collected from 18 undergraduate and postgraduate certificate-based Cleveland Clinic programs. Student selection, placement and on-boarding processes were examined from 5 affiliate-based programs. Of the 18 internal programs, five will increase student tuition and student enrollment, request Centers for Medicare & Medicaid Services funding and market an online course, representing 15% of the cost savings goal. Eliminating equipment/supply purchases and using online technol-
ogy to distribute teaching/learning materials will save 4% whereas eliminating faculty positions, increasing faculty teaching loads, and limiting conference travel will save another 11%. Four programs were closed, representing a 60% cost savings. Affiliate-based program savings (11%) will be realized through efficiencies in centralizing student placement, student on-boarding, affiliate remuneration and implementing a student on-boarding fee. Changes in health care will necessitate a continuing review of all Cleveland Clinic allied health clinical education programs.

CONCURRENT SESSION D: SIMULATION AS AN EDUCATIONAL APPROACH

D.1: EDUCATING ALLIED HEALTH STUDENTS ON THE POSSIBLE IMPACTS OF HEALTH REFORM: INSIGHTS FROM USING THE RETHINK HEALTH SIMULATION MODEL
– Walter Jones, James Zoller, Nancy Carson (MUSC)

**Issue to be Addressed:** The enactment of the Affordable Care Act raises serious issues about the impact of reform on health professional education, employment, salary levels and scope of practice, as well as individual and community health outcomes.

**Method:** To inform and educate allied health students about these possible results, and to improve their overall understanding of health reform, we have begun using the ReThink Health (RTH) model simulation available from the Rippel Foundation. RTH is an easy to use, sophisticated analytic tool that simulates U.S. health systems behavior. Simulation participants track the impact of legal, financial, economic and organizational choices on health system outcomes. To determine the impact of the simulation on allied health student beliefs and attitudes concerning health reform, researchers monitored multiple class usage of the simulation, conducting pre- and post-tests of knowledge concerning possible health reform impacts, and the overall perceptions students developed concerning both the promise and peril of systems change.

**Outcomes:** Preliminary test results indicate a substantial improvement in knowledge.

**Conclusion:** The positive impact of simulation use on the knowledge and understanding of health reform issues by students suggests that policy simulations like RTH could be very valuable additions to allied health educational programs.

D.2: A SIMULATED ELECTRONIC HEALTH RECORD (WEBPT) TO ENHANCE INTERPROFESSIONAL PRACTICE AMONG HEALTH PROFESSIONALS STUDENTS
– Rebecca Matthews, Shawn Drake, Pam Towery (Arkansas State University), Beverly Parker (Center on Aging-Northeast)

**Issue to be Addressed:** Providers using certified electronic health record (EHR) technology must achieve specific benchmarks ranging from recording patient information, documenting interventions, and summarizing episodes of care and their outcomes. Use of a simulated electronic medical record in an interprofessional clinical practice setting allows students to become comfortable using EHR and provides real-life opportunities for collaborative practice within an interprofessional team.

**Method:** Health professions students from ASU used WebPT to document care during the 2014 Health Ager Program, a 10 week health and fitness experience for community-dwelling older adults.

**Observations:** Students progressed from novice to competent within the five-step Dreyfus model of skill acquisition (novice, advanced beginner, competent, proficient, expert) as they learned to use EHR during the 10 weeks. Once students achieved competence, they reported benefits of using EHR for documentation.

**Conclusion:** A simulated EHR enhances interprofessional collaboration once students move from novice to competent in skill acquisition.

D.3: BUT CAN IT BE TAUGHT? WHAT STUDENTS ARE TELLING US ABOUT LOW-FIDELITY SIMULATIONS IN LEADERSHIP IN THE CLASSROOM
– William Gordon, Tamzin Batteson, Stephen Florent (Rosalind Franklin University of Medicine and Science)

Interprofessionalism requires skills that are often not well-developed in academic preparation. For interprofessionalism to work, a toolbox of leadership strategies must accompany every practitioner. Rosalind Franklin University of Medicine and Science offers an interprofessional course where students engage in low-fidelity leadership simulations.
Hypothesis/Issue to be Addressed: From students’ perspectives, how effective are low-fidelity simulations in teaching leadership in interprofessional classes?

Method: The aim of the present research is to Thematically Analyze individual reflections and self-assessments on leadership experiences, student overviews of their leadership learning, and peer-to-peer feedback. The purpose is to assess how students compare their experiences in these simulations in the interprofessional classroom with other experiences they may have had in leadership beyond their graduate education.

Observations: Student reflections are generally positive about evaluating themselves as leaders. Classroom activities were a vehicle by which leadership opportunities could be delivered, with a primary focus on skill-building experiences.

Conclusions: Reflection papers indicate that many students had no prior leadership experience or it had been largely different from the simulation offered in the classroom. As a result, they identify what was useful from these simulations, providing educators the opportunity to identify what was of value, and should be included in the course curriculum.

CONCURRENT SESSION E: ALPHA ETA STUDENT SYMPOSIUM

E.1: STUDENT’S PERCEPTION OF THEIR COMMUNICATION, PHYSICAL SKILLS, AND FLEXIBILITY AFTER EXPERIENCING STANDARDIZED PATIENT ENCOUNTER (SPE) – Jennifer Bebey (Thomas Jefferson University)

Hypothesis: Simulation experiences are commonly used to train health professionals (1-5). SPEs allow educators to assess students’ ability to demonstrate clinical competence in a variety of areas: 1. performing technical skills, 2. communicating clearly and appropriately with the patient, 3. demonstrating empathy and professionalism, and 4. demonstrating an understanding of the patient’s challenges and impact on his/her occupational roles (2).

There is limited research demonstrating the effectiveness of this training method in occupational therapy (OT) education (4,5). The purpose of this presentation is to describe an SPE embedded in an OT interventions course and present data reflecting the change in students’ perception of their 1. communication skills, 2. ability to perform physical skills, and 3. flexibility with an unexpected challenge during the SPE.

Methods: 134 second-year occupational therapy students participated in an SPE. One week before the SPE, students were provided medical and social histories, OT evaluations of performance, long-term goals, and treatment session objectives. Divided into groups of four, each student had the opportunity to be the primary therapist, conducting a 25-30 minute treatment session, fulfilling the treatment objectives provided. The non-therapist students were present for emotional and physical support. During the OT session, an unexpected event (i.e. SP answered cell phone; SP stopped “performing” activity due pain, etc.) occurred, and the primary therapist was expected to modify their approach accordingly. Written feedback from the standardized patient was given to the primary therapist; verbal and written feedback was provided from his/her peers; a debriefing session led by course faculty occurred after the experience. Quantitative data using pre/post-simulation lab surveys were collected from the students pertaining to their perceptions of their communication skills, ability to perform specific physical skills, and flexibility.

Results: Changes in student perceptions of communication skills, physical skills and flexibility were statistically significant based on analysis of pre/post-simulation lab surveys completed by 134 students.

Conclusion: Standardized patient experiences provide students an opportunity to demonstrate clinical competence in a variety of areas from communication to performing OT intervention skills. Data reflecting changes in OT students’ perception of their performance during the SPE will be shared.

E.2: CAN THE SUBSTITUTION OF SHOULDER INTERNAL ROTATION FOR EXTERNAL ROTATION EVOKE A COMPARABLE NEURODYNAMIC RESPONSE IN EMBALMED CADAVERS? – David Block (New York Institute of Technology)

Hypothesis/Question: The upper limb neurodynamic test (ULNT3) is a traditional neurodynamic test used to evaluate the mechanical and physiologic response of the ulnar nerve to movement. Shoulder external rotation is a primary movement component of the ULNT3. It has been suggested that shoulder internal rotation may provide a similar load to the nervous system; however, there are no data to either support or negate this claim. The goal of this study was to determine if the substitution of shoulder internal rotation for external rotation during
ULNT3 evokes a comparable neurodynamic response in embalmed cadavers.

**Method:** This was an experimental repeated-measures design study. Excursion and strain were measured in the ulnar nerve of 6 embalmed cadavers with a differential variable reluctance transducer during the traditional ULNT3 and an experimental maneuver using shoulder internal rotation.

**Results:** The total mean ± SD of excursion for the traditional and experimental maneuvers were 2.11 ± 0.89 (mm) and 2.09 ± 0.92 (mm), respectively. The total mean ± SD of strain for the traditional and experimental maneuvers were 5.274 ± 2.223 (%) and 5.241 ± 2.308 (%), respectively. A very strong correlation ($r=0.98$) was shown to exist between maneuvers and this relationship was determined as significant ($p=0.001$).

**Conclusion:** This study provides evidence that there is no appreciable difference in excursion or strain when substituting shoulder internal rotation for external rotation during the ULNT3. Further research involving living subjects will be needed to assess the effectiveness of the experimental maneuver for clinical application.

E.3: THE COMPARABILITY OF VMAT VS. IMRT FOR PROSTATE CANCER PATIENTS WITH METALLIC PROSTHESSES

– Alexander Goughenour (UN of Texas MD Anderson Cancer Center)

External beam radiation therapy treatment techniques for prostate cancer patients with metallic hip prostheses are limited due to the inability of x-ray beams to penetrate the metallic prostheses as well as the dosimetric uncertainty introduced by the treatment planning system (TPS). For these reasons, intensity modulated radiation therapy (IMRT) plans for this patient population are sub-optimal as compared to plans for patients without prosthetics. The purpose of this study is to investigate volumetric modulated arc therapy (VMAT) as a treatment alternative by performing a dosimetric comparison of IMRT and VMAT planning for prostate cancer patients with hip and/or femur prostheses. Pinnacle v9.6 TPS was used to generate IMRT and VMAT plans on 20 patients having either unilateral (10 cases) or bilateral (10 cases) prostheses. The clinical target volume to planning target volume (PTV) expansion for each patient was defined as the prostate plus seminal vesicles with a uniform expansion of 6 mm in all directions excluding the posterior which was 4 mm. The prescription dose to the PTV was 70 Gy in all cases and the resultant plans were compared on the basis of target coverage, dose sparing of critical structures and dose to normal tissue. The results indicate that VMAT resulted in notable sparing of the rectum (mean, V60, V45) and bladder (mean, V70, V40) while maintaining favorable dose conformity around the target. Relative to the IMRT treatment plans, the integral dose for the VMAT plans was lower for all measured values between 20 Gy and 60 Gy except for the 10 Gy and 70 Gy. In every case evaluated VMAT is observed to be capable of delivering plans which are consistent with the efficacy of IMRT. The clinical advantages of VMAT planning (decreased complexity, treatment delivery time, and MUs delivered) suggest an attractive alternative to traditional IMRT plans for this patient population.

E.4: OPTIMIZATION OF A COPPER SULFATE METHOD TO QUANTIFY HEMOGLOBIN FOR USE IN UNDERDEVELOPED COUNTRIES

– Monica Stumpf (Doisy College of Health Science, Saint Louis University)

Anemia is a common medical condition with many causes and approaches to treatment and is particularly prevalent in underdeveloped countries where proper nutrition and healthcare are substandard. Many laboratories and clinics in underdeveloped countries lack basic necessities such as electricity, running water, waste disposal and funding which renders current laboratory testing methods to quantitate hemoglobin levels impractical. This research aims to optimize the copper sulfate method of hemoglobin measurement previously developed in our laboratory. The descent time of a blood droplet through a copper sulfate column of known concentration was measured. A gravitational blood delivery system was improved to reduce drop shape and volume variability by standardizing it to 44uL. Using the optimized blood delivery system, four anticoagulants were compared and sodium fluoride/potassium oxalate was selected for use based on improved drop integrity, dispersion, and leading edge formation and reduced descent time variability (SD= 1.726). The drop limit of a single test column was determined by comparing descent times of consecutive drops. No significant difference was observed between the descent times of the first eight drops applied to each column ($p=0.33$). In order to maintain efficiency and maximize accuracy in the clinical setting, we recommend running 6 trials per patient and averaging the descent times to report a single hemoglobin value.
E.5: UNDERSTANDING PHYSICIAN APPREHENSION IN ELEMENTARY AND MIDDLE SCHOOL CHILDREN
– Amanda Waltos (Saint Louis University Medical Center)

Many patients suffer from “white coat syndrome,” or fear of physicians and the medical system, placing significant strain on the provider-patient relationship. This apprehension is especially evident in childhood, as pediatric patients begin to experience illness, physicians, and the medical system. This study investigated the underlying causes of physician apprehension in elementary school children and developed lesson plans to allow their engagement with wellness issues while reducing their fear of physicians and the medical system. Lesson plans were based on a review of current literature regarding effective strategies for health instruction and communication with children, focusing on education, acknowledging emotional concerns, and disseminating information that is appropriate for age-based theoretical cognitive development levels. Apprehension levels and understanding of medical topics among students were measured pre- and post-lesson to gauge comprehension and fear reduction. After detailed data analysis, results demonstrate that these lessons: (a) determine some common causes of fear and confidence in terms of the medical system for children, (b) educate children on illness and wellness, (c) improve feelings and reduce fear surrounding healthcare providers and the medical system, and (d) inspire children to make healthy improvements to their regular routines.
Alpha Eta
National Allied Health Honor Society

Since 1975, the Alpha Eta National Allied Health Honor Society has been our national organization devoted to promoting and recognizing the significant scholarship and leadership contributions that are being made by its inductees and members to the various allied health professions.

At the national level, we gather together each year at the ASAHP Annual Conference to share chapter activities, present awards to students, and sponsor activities such as the Student Symposium where we provide an outlet and financial assistance to students to encourage them to present their scholarly works.

New chapter applications are encouraged and may be established at institutions of higher education which offer three or more Allied Health programs leading to associate, baccalaureate or graduate degrees. More information can be found at www.alphaeta.net or by contacting our national secretary, Bill Marquardt, at marquard@nova.edu.

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ALLIED HEALTH EDUCATION IN THE MIDDLE EAST AND GULF STATE COUNTRIES
Augustine Agbo (Indiana University), Khalid Almutairi (King Saud University)

According to the World Health Organization (WHO), sixty percent of deaths worldwide each year are attributed to non-communicable diseases. In the Middle East and Gulf States Countries, coronary heart disease, hypertension, diabetes, stroke, accidents, kidney disease were identified as major causes of death in 2010. Recent reports by the WHO indicated that several countries do not have adequate health workforce to provide health services. Specifically, the WHO report released in 2013 indicated that the shortage for global health care workers will increase from 7.2 million to 12.9 million in 2035. As health care systems face increasing demand from a growing and aging population with chronic long-term care diseases and disabilities, the demand for qualified health workforce will also increase.

The purpose of this presentation is to highlight how countries in the Middle East and Gulf States (i.e., Bahrain, Egypt, Jordan, Kuwait, Iraq, Israel, Lebanon, Oman, Saudi Arabia, Syria, Qatar, and United Arab Emirates) train allied health professionals. This presentation will highlight (a) the number of allied health education programs, (b) the number of allied health professionals, and (c) employment settings for allied health professionals.

RECOGNIZING STUDENT ATTAINMENT OF INTERPROFESSIONAL COMPETENCIES: THE PACIFIC UNIVERSITY INTERPROFESSIONAL CONCENTRATION
Ann E. Barr-Gillespie, Susan M. Stein, Kathryn Bell, Aurae Beidler, (Pacific University)

Issue to be addressed: Interprofessional (IP) education is complicated by scheduling constraints and limited resources. Pacific University has developed a robust and flexible IP concentration for health professions.

Method: An IP Education and Practice (IPEP) Committee of faculty and administrative champions developed an IP concentration incorporating IOM competencies with the following requirements: an introductory IP Competence Course, two IP Case Conferences, and four IP activities selected by the student with IPEP Committee approval. Upon completion of this individualized portfolio of IP experiences, students receive a digital badge and transcript notation.

Outcomes: The IP Concentration was announced to current and incoming students in the spring of 2014. Almost immediately, several dozen students expressed interest. Feedback from our Student Senate has indicated appreciation for recognition of activities that reflect individual pathways through our health professions programs.

Conclusion: The IP concentration recognizes students for experiences that apply core concepts of IP and meets the diverse needs of our internal and external communities.

ENHANCING TEAM EXPERIENCE FOR INTERPROFESSIONAL EDUCATION (IPE) BY INCORPORATING TECHNOLOGY AND PEER SIMULATIONS
Denise G. Bender (University of Oklahoma Health Science Center)

Hypothesis/Issue to be addressed: Interprofessional learning experiences (IPE) that incorporate technology facilitate the collaborative interaction essential for effective team clinical decision making.

Method: Students from physical therapy and occupational therapy programs on two campuses separated by 100 miles (Campus 1: 41 PT; 18 OT) (Campus 2: 19 PT; 8 OT) simplified participation in Interprofessional Case Management, a case based tutorial, through technology. During three sessions, faculty facilitated interprofessional groups engaged in decision making for a community based patient scenario. Support from D2L integrated learning platform and Google Docs web based application allowed students to collaboratively interact and work together on files despite geographic distances. After session two, these advanced students then engaged in simulated patient experiences with more novice students (N=41; 21 PT) and (N=20; 12 OT). The advanced students role-played as the tutorial patient, and provided feedback after the novices practiced interviewing skills.

Observations: All facilitators rated groups as efficient interprofessional teams capable of complex problem solving activities. The simulation component allowed advanced students to provide feedback from the patient’s perspective while offering peer insights about their partners’ skill level.
Conclusion: Course evaluations and oral debriefing supported that students viewed these interpersonal interactions positively. Comments reinforced that technology enhanced the convenience of working in an interprofessional group.

THE SYNCHRONOUS ONLINE SEMINAR: A PROMISING INNOVATION IN HEALTH CARE PROFESSIONAL EDUCATION
Darcy Nora Bennett (MGH Institute of Health Professions), Mary Val Palumbo (University of Vermont)

Hypothesis/Issue to be addressed: One challenge facing interprofessional practice (IPP) education are the various schedules and locations of health care professional students. Educators must incorporate IPP in unique ways to accommodate student schedules/course requirements. In response, an online, synchronous video conference activity focused on the care of an elder with multiple chronic conditions was developed for use with nurse practitioner, physical therapy, speech and language therapy, social work, nutrition, medical, exercise science and pharmacy students.

Method: A survey to evaluate the online seminar experience was developed using the Interprofessional Competency Domains (ICD), reviewed by an expert panel of faculty from 7 disciplines, pilot tested, and IRB approved. The questionnaire included 14 questions scored on a likert scale, five open ended questions, and demographic information. Quantitative data was analyzed using descriptive statistics for all students in aggregate and within their disciplines and theme identification utilized for the qualitative data.

Observations/Outcomes:
Greater than 94% of students agreed the activity contributed to attainment of the ICD. Thematic analysis indicated the value of the experience and the convenience of the technology, however, preference for in person meetings.

Conclusion: The online synchronous seminar offers an effective training activity and promising venue in IPP education for future health professionals.

USE OF IPE, SIMULATION AND FAMILY ADVISOR ADJUNCT FACULTY TO TEACH PATIENT- AND FAMILY CENTERED CARE
Erna Boone (University of Arkansas for Medical Sciences)

Issue to be Addressed: Patient- and family-centered care (PFCC) provides the framework and strategies to improve the experience of care and enhance its quality, safety and efficiency. Indeed, the most direct route to achieving the “Triple Aims” may be through PFCC in its fullest form. How can allied health educators most efficiently teach core concepts of PFCC, while also ensuring that students’ practice is both interprofessional and collaborative?

Method: An interprofessional course in PFCC was developed in partnership with patient and family advisor adjunct faculty, PFCC and IPE staff, simulation center staff and allied health faculty. It consisted of three parts: a day long session to expose learners to PFCC/IPE concepts followed by four weeks of on-line discussion of case studies and concluding with two clinical simulations using both hi-fidelity manikins and standardized participants.

Observations/Outcomes: Learners evaluated peers and self as team members, reflected on the essence of PFCC and IPE through private journal submissions and critically appraised PFCC and IPE concepts through discussion of powerful case studies and simulations with patient and family advisor adjunct faculty.

Conclusion: IPE, simulation and patient and family advisor faculty provide unique resources resulting in significant knowledge, skills and affective gains in learners.

CORE CLINICAL EDUCATORS: EXPANDING THE POTENTIAL FOR CLINICAL EDUCATION
Sharon Brandt (Mayo School of Health Sciences)

Issue to be addressed: Clinical instruction in an institution with a very large faculty body creates a challenge for education programs to maintain open and ongoing communication. Students rotate through thirteen specialized areas with different education foci. Assuring consistent levels of quality clinical education can be improved by utilizing a group of core clinical educators (CCE).

Method: The CCE members provide a conduit between the Nurse Anesthesia program and the clinical sites. Identification of unique opportunities to improve the students learning is a primary responsibility of the
membership. Innovative ideas have enhanced the continuum of learning between classroom education, clinical lab simulation, student and faculty mentorship, and direct patient care. Expanding a class to a course utilizing several teaching methods including CCE participation in simulation practicums and development of patient centered experiences has provided an opportunity for the students to excel at preoperative assessments.

**Outcomes:** CCE members’ ideas like the previous one mentioned, have improved the clinical education process. Membership driven projects available for students and faculty have included: morning huddles, standardized orientation, topic of the day, blackboard resource repository, and journal club.

**Conclusion:** Student preparation for independent clinical practice is enriched with the CCE role as an essential arm of the clinical education practicums.

**PERCEPTIONS TOWARD AN INTERPROFESSIONAL EDUCATION CLINICAL ROTATION: COMPARING HEALTHCARE PROFESSION STUDENTS AND STAFF**

**Cindy Bravo-Sanchez (Long Island University)**

**Issue to be addressed:** An interprofessional education (IPE) clinical rotation is important for healthcare profession students to be able to learn about each other’s roles and responsibilities and team collaboration. This study captures the perceptions towards a pilot IPE clinical rotation.

**Method:** An IRB approved study using a perception survey, was administered to participating respiratory care students, nursing students, nursing staff, and respiratory care staff in a rehabilitation facility setting. All staff were indirectly exposed to IPE student activities. All students directly participated in IPE clinical activities.

**Outcomes:** Mean data reflected various patterns. Values for the questionnaire were reverse-coded to signify 5 for strongly agree and 1 for strongly disagree. Respiratory care staff scored highest in the teamwork/collaboration \((M = 4.94, SD = .111)\) subscale category. Nursing students showed the lowest mean for self-IPE roles and responsibilities \((M = 2.74, SD = .400)\). Respiratory care students showed the highest score for self-IPE roles and responsibilities \((M = 3.78, SD = 1.07)\).

**Conclusion:** Over all, health care profession student respondents perceived interprofessional experiences as an important part of their pre-professional experience. Professional staff participants showed that teamwork and collaboration are important in their clinical practice.

**ASSESS THE PROCESS USED IN MASSACHUSETTS HOSPITALS TO EVALUATE CAPITAL PROJECTS, PHARMACY PROGRAMS AND SERVICES**

**Nicholas A. Campagna Jr., Steven J. Crosby, Joseph W. Ferullo, Morgan Dorby (MCPHS University)**

**Hypothesis:** With lower reimbursement and less government funding, hospitals need to operate more efficiently. Consequently, we wanted to examine the process by which hospital pharmacies evaluate capital projects, services and programs. As such, a study was conducted with the intent of using the results to modify the Doctor of Pharmacy curriculum to meet these challenges.

**Methods:** A survey was sent to 97 Massachusetts Hospital Pharmacy Administrators identified by the Massachusetts Hospital Association. Survey questions were validated prior to distribution. Data was categorized by hospital size, ownership and hospital type.

**Observations/Outcomes:** Thirty two responses (33%) were received. Only 29% ranked Return on Investment (ROI) as being the most important process to evaluate capital projects and only 25% ranked ROI as the most important process to evaluate new pharmacy programs and services. ROI was calculated primarily using Internal Rate of Return (36%) and Profitability Index (29%). Only 42% had a formal monitoring process to compare actual versus projected performance.

**Conclusion:** The results suggest that hospitals may need to change their evaluation process in order to make more cost effective decisions. Accordingly, modifications to the pharmacy curriculum should be explored to allow future pharmacists to meet this challenge.

**USING A FACULTY LEARNING COMMUNITY TO IMPLEMENT INTERPROFESSIONAL EDUCATION IN THE SMALL COLLEGE ENVIRONMENT**

**Robert Charles-Liscombe (Mount St. Joseph University), Rosanne Thomas (Mount St. Joseph University), Gail Burns (Mount St. Joseph University), Mary Kishman (Northern Kentucky University), Susan Wajert (Mount St. Joseph University)**

In order to successfully implement interprofessional education (IPE), institutions must commit the necessary resources and time to address this paradigm shift in healthcare education and clinical practice. Smaller private liberal arts colleges and universities may encounter increased difficulty based on fewer health professions and departments on campus and oftentimes fewer resources
including faculty. Using a topic based faculty learning community (FLC) approach, faculty from athletic training, nursing, and physical therapy partnered with the departments of religious and pastoral studies, social work and special education to collaborate on a plan to incorporate IPE into our respective curricula. The FLC utilized steps advocated by Richlin and Cox (2004) to 1) identify group membership early, 2) provide background materials in the summer, 3) consistently schedule retreats to educate one another and build community, 4) identify best practices and potential avenues for implementation, 5) implement an action plan, and 6) reflect on the project’s progress and impact. This poster presents the group’s process implementing IPE using a case study based approach which focuses on the educational, healthcare and social service needs of an elementary school aged patient with physical disabilities.

THE UTILIZATION OF THE ANATOMAGE VIRTUAL DISSECTION TABLE© IN THE EDUCATION OF ALLIED HEALTH STUDENTS
Tanya Custer, Kim Michael, Greg Karst, James B. Temme (University of Nebraska Medical Center)

Human anatomy education plays a vital role in the curriculum of all health care professional programs. Teaching anatomy to health profession students is a challenge for most educational institutions. Gross anatomy labs utilizing cadavers can be expensive and difficult to maintain. The use of anatomy visualization systems for anatomy education is currently being adopted by many Academic Medical Centers. The system of choice in our institution is the Anatomage Virtual Dissection Table©. The Anatomage table allows for visualization of real patient scans or cadavers in a life-size scale. The human anatomy can be illustrated in 3D format or in coronal, axial or sagittal planes. Another unique instructive feature of the Anatomage Table is the ability to use both pre-installed and customized case study files to highlight patient pathology. Research shows that medical education utilizing inquiry-based analysis, such as case studies, offers a unique, but comprehensive method to teach anatomy, pathology, and critical thinking skills (Miller et al, 2002). The purpose of this exhibit will be to highlight how the Anatomage Table can be used to enhance the education of Allied Health Students.

LESBIAN-GAY-BISEXUAL-TRANSGENDER (LGBT) OCCUPATIONAL THERAPIST
Mary Falzarano (Kean University), Michael Pizzi (Long Island University-Brooklyn)

Issue to be addressed: As the acceptance of gays and lesbians is becoming more visible and vocal in American society, issues both in the office and clinic increasingly confront the Lesbian-Gay-Bisexual-Transgender (LGBT) occupational therapists in healthcare delivery for LGBT people, the occupational therapist as an informed and holistic provider, to the specific issues of the LGBT therapist as worker and clinician.

Design and Methods: A qualitative, phenomenological approach was used for an iterative and inductive analysis of participants’ responses to discover the meaning of the experience of the participants. Five themes emerged: Culture of the Organization’s Impact on If and to Whom I Come Out; My Performance and Role as a Worker is More Important Than my Sexual Orientation; Shades of Discrimination; Do Healthcare Providers Listen, Assume or Even Care? and Being comfortable, or not!

Observations/Outcomes: This study describes the personal experiences of 23 gay and lesbian occupational therapists that have been in various roles within the medical system. Themes surrounding the work role reveal that the environment was perceived to impact the LGBT person’s decision to come out and the impact on their performance and growth. For many participants, experiences in their role as a patient revealed some perceived discrimination and a lack of awareness of diversity in their own interactions with the healthcare system.

Conclusion: Findings from the narratives reveal the need for ongoing cultural sensitivity and education about LGBT issues that may then translate to clinical practice.

THE STRUCTURAL, HUMAN RESOURCE, POLITICAL AND SYMBOLIC DIMENSIONS OF INTERPROFESSIONAL EDUCATION
Tracy J. Farnsworth, Jonathan Lawson, Karen Neill, Mark Neill, Teri Peterson, Anthony Seikel, Ying Xie (Idaho State University)

Hypothesis/Issue to be addressed: The purpose of this study was to determine the perceptions of Association of Schools of Allied Health Professions (ASAHP) deans and faculty concerning their institutions’ current levels of interest and commitment to interprofessional education (IPE), as well as the degree to which their institutions’ implement and integrate the structural, human resource, political, and symbolic dimensions of
IPE. The study also sought to identify any correlations between and among these dimensions including their relative impact on overall IPE program progress and success.

**Method:** This presentation was preceded by an ASAHP board-approved study of ASAHP deans and faculty members conducted between November 2012 and January 2013. A researcher developed instrument, tested for validity and reliability, was administered via an online survey software system. The survey data were analyzed with descriptive and inferential statistics.

**Observations/Outcomes:** Study results from 72 of 115 ASAHP institutions revealed high levels of interest but lower levels of progress and success in actually implementing the various dimensions of IPE. Results also revealed strong correlations between and among the structural, HR, political, and symbolic dimensions of IPE, and confirmed these frames or dimensions individual and collective impact on overall IPE program progress and success.

**Conclusion:** The differences between interest and performance raised important questions and conclusions about leadership effectiveness, organizational clarity, and the process of implementing the organizational change needed for effective IPE at ASAHP institutions.

**DEVELOPING A CLINICAL DOCTORATE IN SPEECH-LANGUAGE PATHOLOGY**

*John A Ferrano, Debora B. Daniels, Susan Jackson, Jeff Searl, Peggy Waggoner (University of Kansas Medical Center)*

**Issue to be addressed:** A master’s degree is the current entry-level academic requirement for the practice of speech-language pathology in the U.S. Within the past 10 years, however, multiple clinical doctoral degrees have emerged in the health professions, many of them conferred through schools of allied health professions. This poster will describe rationale for developing a clinical doctoral degree in speech-language pathology, and the process through which a novel degree model was developed and approved at the University of Kansas Medical Center/University of Kansas.

**Method:** The process of developing a Doctor of Speech-Language Pathology (SLPD) degree included participation in professional consensus conferences, surveying regional speech-language pathologists regarding the need for and feasibility of such a degree, reaching consensus among our faculty for the degree, forming faculty committees to plan and implement all aspects of the degree, and routing our proposal through the various bodies necessary for approval of a new degree offering in a Kansas regent’s institution.

**Outcome/Conclusions:** The process from concept to approval of our SLPD degree took approximately 3 years. The degree program was eventually approved by the Kansas Board of Regents in May, 2014, and will begin enrolling its first students in the spring semester, 2015.
prepare for the sessions but were not told their roles or time limits in advance. The allotted time frame for each round of presentations varied. Participating as active learners, students worked in pairs during these “elevator” exercises and took turns assuming the roles of presenter and audience member. Informal observations made during the sessions and post-course written reflections, indicate that students found these exercises challenging, memorable, and fun in preparation for future presentations of their thesis research. The success of this process supports the use of “elevator” exercises in the development of Master’s level students.

FROM THE BENCH TO THE FIELD: ADDRESSING THE CHANGING HEALTH SCIENCES EDUCATIONAL ENVIRONMENT
Elizabeth A. Gockel-Blessing, Lisa L. Dorsey, Elaina F. Osterbur, Patrick V. Kelly, Jeanne M. Melton (Saint Louis University)

The current state of the healthcare environment requires an educational foundation beyond traditional training paradigms to one that includes skills pertinent to inquiry at the bench and in the field. In the fall of 2013, Doisy College of Health Sciences (DCHS) launched an innovative, research-based Master of Science in Health Sciences (MSHS) degree program open to students with a variety of undergraduate backgrounds. Understanding the importance of holistic preparation of students in today’s inner-connected health care system, program faculty developed the MSHS curriculum with this in mind. The program covers inquiry-based content pertinent to both basic/medical science (bench) and social science (field). Students participate in assignments, projects, experiences, and thesis research. Current students in the program have successfully been able to connect bench skills through research and technical writing to field inquiry by completing these program requirements. In conclusion, observations and outcomes do date support the use of this approach in the development of graduates versed in bench and field inquiry. This presentation highlights program development, curriculum creation, key assessment elements, and future directions of the MSHS program in relation to the bench to field program component.

USE OF AN INNOVATIVE, COLLABORATIVE APPROACH TO PERFORM A BIOETHICS CASE ANALYSIS
Elizabeth A. Gockel-Blessing, Jessie Ann Flowers (Saint Louis University)

Collaborative efforts among the allied health professions in Doisy College of Health Sciences (DCHS) at Saint Louis University are prevalent. However, collaborative endeavors with select departments outside of DCHS are still in the formative stage. An innovative, collaborative relationship between the Biomedical Laboratory Science (BLS) Department, Center for Health Care Ethics, and Neonatal Intensive Care Unit (NICU) at Cardinal Glennon Children’s Medical Center was formed in fall 2013 as a means for a senior BLS student to perform a bioethics case analysis as her undergraduate senior project. The student experience involved shadowing practitioners, recording observations, reviewing literature, and analyzing the data obtained from all sources using qualitative techniques. The analysis brought the student’s clinical and ethical knowledge together to give recommendations for an observed NICU case, Trisomy 18. Out of this experience, the student was able to produce a high quality, innovative case analysis. The project resulted in the establishment of the first known relationship between all collaborative partners and sets up an environment for potential future such projects. This presentation describes the contribution of each collaborative partner. Highlights of the developmental process of creating the case analysis as well as an overview its contents are covered.

THE EFFECTIVENESS OF PRE-ENTRANCE EXAMINATION: A STATISTICAL ANALYSIS
Randy Gruhlke, Mary Kaye Peterson, Troy Tynsky, Ruth Bello (Mayo Clinic)

Issue to be Addressed: The Mayo School of Health Sciences (MSHS) is currently studying the effectiveness of a pre-entrance examination to improve student completion of the Phlebotomy Technician Program.

Hypothesis: A standardized pre-admission exam can effectively predict student success in the MSHS Phlebotomy education program.

Method: Qualified applicants to the MSHS Phlebotomy program who are selected for interview are required to complete the ATI Discover® pre-entrance examination for healthcare educational institutes. This exam focuses on reading, math, science and English comprehension, with scores for each component and a
final Discover® score tallied. The statistical methodology utilizes a multiple regression analysis, attempting to identify correlations to the Discover scores, Phlebotomy program coursework scores, candidate age and prior educational experiences (as the independent variables) and the student’s final score in the Phlebotomy program (the dependent variable).

**Outcomes:** Data for 45 matriculates has been analyzed. Results of multiple regression analysis have revealed no predictors regarding ATI Discover test results associated with final grade achieved in the Phlebotomy Technician Program.

**Conclusion:** Correlation exists between program exam scores and pre-admission exam scores, but so far the exam offers no predictive power for student completion of the program. Data collection and analysis continues.

**PROJECT-BASED INTEGRATIVE CURRICULUM DEVELOPMENT INITIATIVE (PICDIN) FOR THE NEXT-GEN MOLECULAR TECHNOLOGIST**

Brandon Hernandez, Peter Hu, Richard J. Porter, David Ford, Shirley Richmond, Awdhesh Kalia (The University of Texas MD Anderson Cancer Center)

**Hypothesis/Issue to be addressed:** PICDIn implements a project-based learning environment that provides a framework for graduate students to learn core concepts in molecular diagnostics and bioinformatics, and then apply these concepts to tackle real problems that are relevant to people beyond the classroom. We hypothesized that the PICDIn framework should enhance active learning, decision-making, critical thinking and communication skills among students.

**Method:** PICDIn was implemented among molecular genetics students enrolled in the Diagnostic Genetics Graduate Program at the UT MD Anderson Cancer Center. Curriculum, instruction and assessment practices were developed for theory and laboratory courses conducted over a 16 week semester. During the first 8 weeks students developed core theoretical, technical and interpretive skills; subsequently, students were tasked to complete a project - to resolve a simulated hospital-based outbreak of bacterial infection - using a variety of molecular techniques, including nextgen sequencing and accompanying bioinformatics analyses.

**Observations/Outcomes:** Students demonstrated enhanced engagement and analytical and critical thinking skills during the project period. Students developed technical and bioinformatics workflows during in class discussions, generated high-quality data, performed robust analyses and presented their data at international-national meetings.

**Conclusion:** PICDIn fosters a robust active learning framework that enhances students’ technical, critical-thinking and communication skills.

**USING AN ONLINE JOURNAL CLUB PLATFORM TO PROMOTE SCHOLARSHIP AND SPECIALIZATION WITHIN AN ALLIED HEALTH PROFESSION**

Ricky Joseph (University of Texas Health Science Center at San Antonio)

**Hypothesis:** Can an online journal club platform be used to enhance scholarship and increase specialized clinical knowledge among Master of Occupational Therapy (MOT) Students during their clinical rotations?

**Method:** As part of a Department of Education Grant to develop scholars who will specialize in School Based and Early Intervention practice, the Department of Occupational Therapy proposed to enhance the specialized knowledge of thirty two MOT graduates (over a five year period) to serve infants, toddlers and children with disabilities including those in high poverty and underserved school districts and communities. An evidence-based online journal club using “WordPress.com” was created to provide an asynchronous discussion of evidenced-based research articles with scholars and faculty participation.

**Outcomes:** The eight scholars enrolled in the first year of this program showed an 18% increase in their ability to define “evidence-based practice compared to their other class members (5%), and a 37% increase in the ability to retrieve research literature compared to their other class members (8%).

**Conclusion:** Results support the use of an online journal club as a means of enhancing scholarship and specialized knowledge among allied health students at varied and distant clinical sites.

**DESTINATION MEDICAL CENTER - LEARNING ENVIRONMENT**

Bethany A. Krom (Mayo Clinic)

**Hypothesis/Issue to be addressed:** Destination Medical Center (DMC) is an innovative, public/private economic development initiative to secure Minnesota’s status as a global medical destination now and in the future. As part of the vision for creating DMC eight development areas are being researched, one of which are the needs
for the learning environment. The process and results of seeking community input into the learning environment will be presented. The overarching question to be answered is, “What should greater Rochester’s learning environment look like 10 years and 20 years?”

**Method:** Community and education leaders were commissioned to create a framework to engage the community to identify current data sources and unmet data needs; consultants are refining the framework; community forums will be held; and community input will be compiled, reported, and incorporated into the DMC plan.

**Observations/Outcomes:** Broad community input will be needed to plan for the educational needs for the anticipated healthcare and community expansion to ensure the needed healthcare and support services workforces.

**Conclusion:** The focus on the needs for the learning environment in ensuring the creation of an effective DMC is critical in the plan that will guide the future.

**HEALTHCARE PRACTITIONERS ATTITUDES TOWARD INTERPROFESSIONAL TEAMWORK: A PILOT STUDY**
Kevin J. Lyons, Carolyn Giordano, Emily Wood (Thomas Jefferson University)

**Issue to be Addressed:** While importance of interprofessional approaches to care have been well documented in the literature, there appears to be little evidence regarding the extent to which team approaches to care exist in practice. Interprofessional educational programs are becoming integral parts of many health professions curricula. If these opportunities to practice in an interdisciplinary manner do not exist, they may be re-socialized into the unidisciplinary practices of the past.

**Method:** A pilot study was conducted with graduates of programs in nursing, physical therapy and occupational therapy who have been in practice for 5 and 10 years. A four year trend analysis of the results were reported.

**Outcomes:** It was found that many graduates are working in environments in which interprofessional care is valued and practiced. Practitioners in this study report that they place a high value on working as part of a team, have a good understanding of the roles of other health professionals and spend a good deal of time working as part of a team.

**Conclusion:** The results of this pilot study suggest that graduates of interprofessional education programs will find that the environment for team approaches to care is more supportive than is commonly believed.

**KNOWLEDGE AND READINESS OF INTERPROFESSIONAL EDUCATION IN ATHLETIC TRAINING AND ADVANCED PRACTICE NURSING STUDENTS**
Nicole MacDonald, Jolene Baker, Dayna Herrera (California Baptist University)

**Hypothesis/Issue to be addressed:** A study was conducted where the objective was to determine athletic trainer (AT) and advanced practice nurse practitioner (NP) students’ knowledge and readiness for IPE, ability to define the roles and responsibilities of the respective disciplines, and work as part of an IPE team in caring for a patient.

**Method:** The study was conducted around a simulated patient scenario, where AT and NP students worked together in the clinical care of a standardized patient.

**Observations/Outcomes:** There was a significant difference found between groups that were given previous information regarding roles of the other health care provider than those that did not receive the same information.

**Conclusion:** The students of the intervention group having foreknowledge of their respective roles were more prepared for the simulation as indicated by the significance in post-questionnaire results. The students of the intervention group had a more enriching experience and were able to work as a more cohesive medical team during the simulation. This study revealed that there is a lack of knowledge of different healthcare professions’ scope of practice, leading to the need for IPE in order to promote collaborative practice in athletic training and nursing with other professions.

**THE INTERPROFESSIONAL EDUCATION PROJECT AT CARONDELET VILLAGE: LEARNING TOGETHER**
Rebecca McGill, Karen Sames (St. Catherine University)

**Issue to be addressed:** The University provided an interprofessional experience in a gerontology context in collaboration with a clinical education partner. The project goals were to improve students’ teamwork skills, improve the vitality of their elder teacher, and create a sustainable model of interprofessional education.

**Methods:** The educational pilot consisted of two cohorts in subsequent years, (2013, 2014) in J term and spring semesters. Project leaders placed students from associate to doctorate programs into interprofessional teams. The teams worked with an elder teacher (resident)
of the facility to improve the health and vitality of the elder teacher and were supported by clinical mentors and faculty mentors. The students experienced a two-week didactic course focusing on teamwork followed by 14 weeks of clinical immersion in a long-term care setting. Evaluation included tools found in the literature, the RIPLS and IEPLS; and an assessment developed by the planning team.

**Observations/Outcomes:** Students improved the vitality of their elder teachers. Additionally, they reported learning about other professions, practiced client-centered interventions, and became more holistic in their thinking.

**Conclusion:** The project was beneficial to both partner organizations and should be expanded to impact more students and elder teachers.

**RAISING FACULTY IPE IQ: A REGIONAL INTERCOLLEGIATE COLLABORATION AMONGST ACADEMIC INSTITUTIONS NOT AFFILIATED WITH MEDICAL CENTERS**

*Elizabeth Montemagni (Springfield College), Cathy Dow-Royer (American International College)*

**Issues to be addressed:** Patient-centered health care requires health professionals to function cohesively within interprofessional collaborative practice teams. A demand for effective IPE as a mechanism for shaping collaborative practice is driven by changes in practice. Informed by participatory action research, 8 academic institutions in Western Massachusetts and their health professions faculty formed the Healthcare Interprofessional Education Committee of the Pioneer Valley (HIPE-PV) in summer 2013. In spring 2014, HIPE-PV developed a faculty initiative to better prepare students for a team-based approach with 90 faculty including: nurses; pharmacists; physician assistants; physical, occupational, and speech therapists. Faculty first completed a modified Readiness for Interprofessional Learning Scale (RIPLS) program to determine professional beliefs and attitudes. The program proceeded with: presentations on IPE from the committee and a representative of a medical center who utilizes IPP; case-based discussions regarding roles and responsibilities in a team-based approach; and a post program evaluation. The results of RIPLS indicated overall faculty readiness for interprofessional learning; differences between the professions were noted. The program evaluation revealed 90% faculty agreed the program provided opportunities to appreciate roles and responsibilities of different health care professionals, and understand how IPE can be applied to practice and teaching. Future HIPE-PV faculty education events are planned.

**INTERPROFESSIONAL/INTERDISCIPLINARY FACULTY UTILIZING SIMULATION TO PREPARE STUDENTS FOR GRADUATE HEALTH PROFESSIONS**

*Gail Orum, Peregrina Arciaga, Monica Ferrini, Suzanne Porszasz-Reisz (Charles R. Drew University of Medicine and Science)*

**Hypothesis/Issue to be addressed:** The issue being addressed is whether simulation exercises led by an interprofessional/interdisciplinary team assist pre-health professions students in retaining the pre-requisite course material in Anatomy and Physiology, to better prepare them for entry into the health professions.

**Method:** Pre-health students in the Post-Baccalaureate Program were provided with the regular cardiovascular system lectures and labs in the Anatomy and Physiology course. Following the lab session, a physician faculty member in collaboration with the course instructor (a research science faculty member) led a case-based simulation exercise for ACLS utilizing the mannequin simulator, Sim Man™. Students were given pre-tests and post-tests. Following the simulation, students completed an evaluation form.

**Observations/Outcomes:** A total of 22 students participated in the simulation. The average improvement on the post-test scores was 32% (range 8-67%). On the student evaluations, using the Likert Scale, 80% of the respondents strongly agreed that the simulation helped them to better understand and retain the course material. When asked if the simulation was an effective teaching tool, 90% of respondents strongly agreed.

**Conclusion:** Simulation exercises for pre-health professions students may lead to increased understanding and retention of pre-requisite academic coursework.

**THE LESBIAN-GAY-BISEXUAL-TRANSGENDER (LGBT) CLIENT AND THERAPEUTIC USE OF SELF**

*Michael Pizzi (Long Island University)*

**Issue to be addressed:** The social stress of being a sexual minority may be exacerbated when in a novel environment and recently disabled. Minority stress is a term researchers use when studying health effects of stigma. This stress is caused by many factors. No matter the factors, minority stress produces alienation, lack of
integration with the community, and problems with self-acceptance. Studies suggest that sexual minorities are at a disproportionate amount of risk for medical and mental health challenges. Healthy People 2020 has made LGBT health a healthcare priority. From the evidence including the public health priorities, it appears that allied health practitioners need to raise the issues of sexual orientation and cultural competency as it impacts on occupational living.

**Method:** Online survey of therapists and qualitative research methods

**Outcomes:** Data revealed several themes related to therapeutic use of self and cultural competency

**Conclusion:** Cultural competency among allied health professionals is needed relative to the LGBT client.

**COMBINING DIDACTIC TEACHING WITH AN ENHANCED DYNAMIC SIMULATION EXERCISE TO IMPROVE CONFIDENCE LEVELS IN STUDENTS CLINICAL KNOWLEDGE**

*Mary Riotte (Massachusetts General Hospital Institute of Health Professions), Meredith O’Dea (MGH Institute of Health Professions), Jean Ashland (Massachusetts General Hospital)*

**Issue to be addressed:** To assess changes in student confidence levels in infant oral feeding during a simulated Neonatal Intensive Care Unit (NICU) setting following both a lecture and simulation module.

**Method:** 46 students received a didactic lecture on feeding and swallowing disorders related to the NICU population. Post lecture, all students observed and 8 students actively participated in a simulated module using a high fidelity neonate simulator in a clinical, inter-professional oral feeding scenario. Students were asked to voluntarily complete a survey that assessed confidence levels in their clinical skills specific to understanding vital sign monitoring pre-lecture (survey #1), post-lecture (survey #2) and post-simulation module (survey #3).

**Outcomes:** 33 out of 46 students completed all 3 surveys. Measures of student confidence in their knowledge of normal and abnormal vital signs related to clinical outcomes were significantly different across teaching modalities. Statistically significant changes in student’s confidence levels were observed between survey #1 and survey #2, as well as between survey #2 and survey #3.

**Conclusion:** Findings indicate that student learning benefitted from a combination of didactic lecture and high fidelity simulation. The use of high fidelity simulation in reinforcing clinical teaching was found to be valuable to student learning.

**PHYSICAL THERAPY STUDENTS’ PERCEPTIONS OF PHYSICAL THERAPIST ASSISTANTS THROUGH CLINICAL EDUCATION**

*David Smith (Arkansas State University) Kristie Vinson (Arkansas State University)*

**Issue to be addressed:** Collaborative teaching through clinical education between PT and PTA programs is sparse. The appreciation for the roles and responsibilities of the PTA by PT students is often lacking. We evaluated PT students’ perceptions of the PTA profession through active learning alongside PTA students while on their final clinical rotation.

**Methods:** 30 PT students and 28 PTA students were on their final clinical rotations during the same semester. 4 PT students and 4 PTA students were assigned to the same facility and required to meet weekly to discuss patients they co-treated. The other students were given no formal interactive assignments. PT students filled out a questionnaire at the conclusion of the rotation to assess their perceptions of PTAs.

**Outcomes:** A consistent difference was demonstrated between ratings by PT students with collaborative assignments and those without. Independent samples T-test analysis did not show a statistically significant difference between the two groups’ responses.

**Conclusions:** The PT students’ responses indicated a more positive impression of the PTA profession from those participating in the collaborative assignment; however, this did not prove to be statistically significant. Further development of interactive assignments is necessary to capitalize on cooperative learning opportunities in clinical education.

**USE OF TELEMEDICINE IN NP EDUCATION: A NOVEL APPROACH TO TEACHING PHYSICAL HEALTH ASSESSMENT**

*Claudia L. Swanton (Mayo School of Health Sciences), Barbara Timm (Mayo School of Health Sciences)*

Telemedicine combines medicine with telecommunication technology to deliver health care services across distances. The use of this type of technology has grown exponentially in the last 10 years. One application of this technology that has emerged is utilizing telemedicine for medical professional training. The American Association Colleges of Nursing through the essentials of master’s
education in nursing requires nurse practitioner education to utilize innovative nursing practices to accurately prepare graduates for contemporary health care delivery. More so, the Institute of Medicine 2010 report recommended that nursing education programs must incorporate health information technology to prepare graduates for a highly technical health care society. Reality is that across the country nurse practitioner education is facing a decreased number of clinical preceptors which challenges educators to think of innovative ways to deliver training. Our new model of education was created to bring a novel approach to the classroom during the delivery of the physical health assessment course. Students are able to simultaneously view slides of abnormal and normal ear, nose and throat conditions and compare the findings on the big screen. Our students received didactic and hands on training simultaneously and students felt competent with their physical health assessment skills.
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2013-2014 ASAHP BOARD OF DIRECTORS

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Bally’s Skyview Rooms Capacities and Dimensions

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Bally’s Skyview Rooms

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<th>Room</th>
<th>Dim (W x L)</th>
<th>Ceiling Height</th>
<th>Theatre</th>
<th>Classroom</th>
<th>U-shape</th>
<th>Hollow Square</th>
<th>Reception</th>
<th>Banquet</th>
<th>Exhibits 8 x 10</th>
<th>Exhibits 10 x 10</th>
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<td>Skyview 1</td>
<td>40' x 69'</td>
<td>2.36'</td>
<td>10'</td>
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<td>Skyview 2</td>
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<td>2.74'</td>
<td>12'-15'</td>
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<td>135</td>
<td>53</td>
<td>79</td>
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<td>Skyview 3</td>
<td>59' x 69'</td>
<td>3.54'</td>
<td>12'-15'</td>
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<td>1.85'</td>
<td>12'</td>
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<td>Skyview 5</td>
<td>62' x 77'</td>
<td>3.94'</td>
<td>10'-12'</td>
<td>434</td>
<td>90</td>
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<td>Skyview 6</td>
<td>72' x 77'</td>
<td>5.54'</td>
<td>10'-12'</td>
<td>554</td>
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Does not include Palace 6 & 7

Bally’s Palace Meeting Rooms

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<th>Palace Meeting Rooms and Director’s Room Capacities and Dimensions</th>
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<thead>
<tr>
<th>Room</th>
<th>Dim (W x L)</th>
<th>Ceiling Height</th>
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<th>Exhibits 8 x 10</th>
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<tbody>
<tr>
<td>Palace 1</td>
<td>21.4' x 63'</td>
<td>1.90'</td>
<td>10'</td>
<td>76</td>
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<td>Palace 2</td>
<td>21.4' x 63'</td>
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<td>Palace 3</td>
<td>28' x 65'</td>
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<td>19.6' x 53'</td>
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<td>Palace 7</td>
<td>22.6' x 27.3'</td>
<td>1.61'</td>
<td>10'</td>
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<td>Director’s Room</td>
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* Capacities take into consideration obstructions such as stairwells, columns, protrusions, odd-shaped rooms and the experience of the hotel staff.

** Chandelier clearance height – where applicable.

* Does not include Palace 6 & 7.