2022 ASAHP Annual Conference – Concurrent Schedule (September 30, 2022 update)

Westin Long Beach, 333 East Ocean Boulevard, Long Beach, California 90802

WEDNESDAY, OCTOBER 19, 2022 (1:45pm-4:35pm)

CASABLANCA
CONCURRENT SESSION A: LEADERSHIP

A.1 (1:45pm-2:05pm): HEALING OUR FUTURE: DEVELOPING LEADERSHIP CAPABILITIES IN ALLIED HEALTH PROFESSIONALS; Matthew Anderson (UT Health San Antonio); Andrew Garman (Rush University Medical Center)

Allied health professionals share a common mission: the health and well-being of others. As our broader societal barriers to better health become ever more apparent, allied health professionals will be increasingly called on to lead in addressing them. In health care organizations, as in other organizations, leadership has been evolving into a team sport: our environment has simply become too complex to be understood, let alone managed, by a small group at the top of a hierarchy.

How do we ensure students are prepared to lead? This engaging session is designed to answer this question. We will begin by summarizing emerging research on a “common language” of leadership effectiveness across health professions, offering a useful framework for understanding proficiency in leadership roles. We will then overview evidence-based principles for accelerating leadership development. In the balance of the session, we will introduce classroom-tested, ready-to-use application exercises, based on these principles, which can be readily integrated into existing curricula to enhance capacity for leadership. All session participants will receive a resource guide detailing these exercises for use in their own programs.

A.2 (2:10pm-2:30pm): BE A VOICE FOR CHANGE. ENHANCE YOUR ADVOCACY SKILLS; Katherine Beissner (SUNY Upstate Medical University); Valerie Herzog (Weber State University); Halcyon St. Hill (Florida Gulf Coast University)

Issue: Advocacy is vital to the long-term success of higher education in the health professions. However, a void of comfort, expertise, and experience in advocacy exists among leaders in the health professions, mainly because formal training on effective advocacy is typically outside the scope of their educational requirements and continual learning experiences.

Method: A model of advocacy that describes and illustrates the importance of advocacy as it applies to health professions education will be presented. Current advocacy issues will be discussed along with best practices that include: how to create and deliver the advocacy message through effective letter writing, telephone calls, leave-behind flyers, an effective elevator speech, and Op-eds. Strategies for engaging state and national legislators as advocates for legislation that impact health professions education and hence practice will be a central focus, and will include campus visits, and/or meetings with legislators outside of their regular session, and campaign involvement.

Outcome/Conclusion: This session will prepare health professions deans, chairs, and faculty to more effectively advocate on behalf of their professions, programs, colleges, and ASAHP.

A.3 (2:35pm-2:55pm): ASAHP LEADERSHIP DEVELOPMENT PROGRAM: CONSIDER APPLYING!; Celia Hooper (UNCG)

Issue to be addressed: In an effort to encourage more allied health professionals to consider leadership positions in higher education, particularly at the dean level and related, the executive board of The Association of Schools Advancing Health Professions approved the creation of a leadership development program (LDP) for individuals in ASAHP member institutions in 2005. This presentation addresses the history of this program, the curriculum and learning objectives, and the results thus far after eight iterations of the program.
**Educational Model:** Based upon leadership development research in higher education and business, faculty in the ASAHP LDP developed the program in a one-year format, meeting at the then-spring and fall conferences. Since 2005 the format has been altered based on feedback from faculty and participants, as well as updates in higher education leadership research. This program will briefly discuss the evolution of the program and highlight the current (2022 format), learning objectives, activities, and possible topics for the future. Key critical topics in higher education are covered with each group, changing over time to reflect issues in health schools of participants. Each year subgroups within the LDP investigate a topic for investigation and present at the fall ASAHP conference with some groups publishing their work.

**Observations/Outcomes:** Outcomes and participant job titles and roles will be highlighted. Information as we know it will be presented re “what happens to people in this program.” Past participants will be invited to report the advantages of this program in their career and the presenters will talk about reasons for altering the curriculum.

**Conclusion:** The presentation will encourage current deans to nominate potential leaders on their campuses and attendees at the ASAHP conference will be encouraged to apply for the program with the support of their deans. There will be ample opportunity for questions about past programs and suggestions for upcoming topics.

**A.4 (3:00pm-3:20pm): A SOCIODEMOGRAPHIC PROFILE OF LEADERS IN COSD PROGRAMS;**
Christopher Watts (Texas Christian University); Yan Zhang (Texas Christian University); Zoe Thijs (Texas Christian University)

This study investigated the demographic profiles of people holding department chair and/or program director positions in graduate speech-language pathology and audiology programs. A multidimensional analysis was employed to address three research questions: (a) What are the academic and demographic characteristics of people in COSD leadership positions and the organizational structure of the academic units they represent? (b) Does the gender distribution within leadership positions differ from that of all COSD faculty? (c) Does the ranking of institution from which one receives a terminal degree influence the distribution of individuals in leadership positions? Data was acquired representing 502 people at 305 universities. Over 80% of leaders held a research doctorate in the discipline of COSD. A greater proportion of males held leadership positions when compared to their distribution in ASHA membership, but the proportion of male leaders (20%) was equivalent to their representation among male COSD faculty (20%). A larger proportion of academic COSD leaders earned their terminal degree from an academic program ranked highly (top 20) in U.S. News and World Report. Given the critical shortage of qualified faculty to staff accredited COSD programs, and the need of those programs to fill one or more leadership positions, findings from this study may inform potential solutions to the problem of faculty sufficiency to assume leadership roles.

**A.5 (3:25pm-3:45pm): THE NEW DEAN: WHAT’S IMPORTANT AND WHAT’S URGENT;**
Jeffrey Stout (University of Central Florida); John McCarthy (Ohio University); LesLee Battle (Winston Salem State University); Radhika Aravamudhan (Salus University)

**INTRODUCTION:** Over 20 years ago, Gmelch et al. (1999) noted, “The academic deanship is the least studied and most misunderstood position in the academy.” When considering all the challenges a new Health Sciences Dean might face, it is essential to identify the ones with the highest priority. Also, as deans with more experience look back, what do they think of their former selves, and what do they wish they could have done differently. Leadership style may also help understand the choices new deans make as priorities. This study aims to compare new vs. experienced Deans’ prioritization of issues and how those decisions are driven by their perceptions of leadership strengths.

**METHOD:** A survey and semi-structured interview format of new and experienced deans will be utilized. Our pilot results suggest that clinical placements, student enrollment, and fundraising were the top challenges of the new health care deans. In this follow-up study, we will interview 4 new (<5yrs) and 4 experienced (>5yrs) to examine and compare “what is important and what’s urgent. Also, an assessment
of their preferred leadership frame using Bolman and Deal’s Leadership model will be examined. 

**CONCLUSION:** Based on the pilot work, we heard feedback from more experienced deans that understanding the culture was a critical first step and that vision was a vital function of the dean. Therefore, we will present new vs. experienced deans' experiences and top priorities.

**A.6 (3:50pm-4:10pm):** A MODEL TO SYSTEMATICALLY DEVELOP LEADERS FOR THE PROFESSIONS; Elwin Tilson (California State University, Dominguez Hills)

**Hypothesis:** The US Government categorizes allied health disciplines that do not require a bachelor’s degree or higher for entry as technical trades instead of professions. Lack of a systematic approach to developing leaders for the discipline hampers the advancement of these disciplines.

**Method:** This model covers how academic programs, professional societies, and healthcare organizations can work together to develop leaders.

**Method:** The model is a process to introduce leadership skills to students and involves students in leadership activities as the first step. Then the model includes creating career incentives to encourage practitioners to acquire additional academic degrees and clinical skills. Finally, the model describes how collaboration among educational programs, professional societies, and health care organizations can be used to develop early-career and mid-career professionals as leaders. Leadership skills necessary at the different stages of career development are also discussed.

**Conclusion:** The systemic development of leaders is necessary to professionalize allied health from societal and legal perspectives. Implementation of this model moves the disciplines closer to being legally recognized as professions.

**A.7 (4:15pm-4:35pm):** LEADERSHIP AND COLLABORATION IN INTERPROFESSIONAL EDUCATION: A REBUILDING YEAR; Sarah Manspeaker (Duquesne University); Elizabeth DeJuliis (Duquesne University)

**Issue:** Interprofessional education (IPE) requires unique knowledge and dedicated leadership for success. Most institutions have established centers or committees to direct IPE; often, committees like these face changes in leadership. At one institution, over 50% of the Interprofessional Education Collaborative (IPEC) Committee was replaced in one year by new faculty leaders from various health professions. This presentation will share the process used to bridge the gap left by such a high turnover of committee members.

**Method:** To prepare new members to engage on the committee and execute an interprofessional Grand Rounds, IPEC leaders designed a training of IPE and TeamSTEPPS communication tools, followed by an abridged version of Grand Rounds. All members of the committee attended the training and completed the Interprofessional Socialization and Valuing Scale (ISVS).

**Outcomes:** ISVS results indicated an increase in new member interprofessional socialization and readiness to function as part of the IPEC.

**Conclusion:** While it is not ideal to undergo large transitions in IPE leaders, direct training of new members can increase IPE knowledge and perceived value of interprofessional aspects for successful committee engagement.

**BARCELONA**

**CONCURRENT SESSION B: INNOVATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION**

**B.1 (1:45pm-2:05pm): EXPERIENTIAL LEARNING METHODS TO TEACH HEALTH LITERACY IN AN INTERPROFESSIONAL COMMUNITY PRACTICUM C; Jessica Barreca (Saint Louis University); David Pole (Saint Louis University)**

Preparing students to effectively communicate with patients & communities requires intentional focus on experiential learning activities. In our course, student IP teams collaborate with community partner agencies (CPAs) to create health education materials (brochures or videos) centered around the agency-identified goal and designed to meet the unique needs of the CPA’s target population. Research shows
90% of US adults don’t have the skills to understand basic health info. Since low health literacy is linked with poor outcomes, this is a key area of focus in training future health care workers.

**Method/Outcome**: We developed experiential teaching methods to guide IP students through a structured process with multiple stages of feedback and revision. Students receive informal & formal feedback from CPAs, peers, and faculty on their educational materials at points in the semester. We will describe the process, discuss results of surveys from all stakeholders, and share project artifacts.

**Conclusion**: Structured experiential learning activities embedded within an IP community practicum course, provide IP students with the opportunity to create, revise, and disseminate health education materials designed for a specific population.

**B.2 (2:10pm-2:30pm)**: **EXPLORING INTERPROFESSIONAL COLLABORATION WITHIN A VIRTUAL INTERACTIVE LEARNING PLATFORM**; Debbie Bebeau (Clinical Educators Worldwide, LLC)

Innovative interprofessional learning experiences are increasingly valued in healthcare education. The aim of this project was creation of an interactive virtual case scenario to help students explore the interprofessional collaborative process. Using simulation technology, fidelity (realism) is maintained as the learner observes and interacts with expert healthcare practitioners and real clients via videos. To adhere to the best-practices of virtual simulated learning, the scenario includes a pre-brief, formative questions, and debrief discussion opportunity within the virtual environment. The learner is immersed in a healthcare environment that simulates real-life where knowledge and skills are put into practice. Experiential learning develops while completing tasks, resolving issues, and practicing a specific skill set. Well-designed virtual case scenarios provide an opportunity to overcome logistical barriers to interprofessional education. The effectiveness of this learning experience was evaluated through qualitative questions on a electronic discussion board. Results suggest increases in perceptions of student confidence, knowledge acquisition, and clinical reasoning.

**B.3 (2:35pm-2:55pm)**: **MIXED-METHODS DESIGN, STAKEHOLDER ENGAGEMENT, AND SHARED LEADERSHIP FOR IPE PROGRAM EVALUATION**; Kathryn Bell (Pacific University)

**Issue to be addressed**: Administrators in the interprofessional education (IPE) program at Pacific University sought to use best practices in program evaluation to understand program needs and inform the development of an IPE program improvement plan.

**Methods**: A mixed-methods approach was utilized to understand stakeholders’ experiences (focus groups with current faculty and students, and an anonymous graduate survey).

**Outcomes**: Consistent feedback indicated that program changes were needed including more focus on diversity, equity, and inclusion; more work with the IP team from the foundational course; and structural changes to address challenges regarding buy-in. IPE administrators worked with stakeholders utilizing a collaborative leadership process to develop an improved foundational IPE curriculum and comprehensive program evaluation plan. Stakeholder engagement ensured incorporation of diverse perspectives in curriculum development, and shared leadership led to an effective work process.

**Conclusion**: Use of a mixed-methods research design, combined with utilization of stakeholder engagement and shared leadership principles, was an effective approach for engaging in program evaluation and improvement in IPE.

**B.4 (3:00pm-3:20pm)**: **TRANSITION OF A FACE-TO-FACE RESEARCH COURSE TO ONLINE DURING COVID-19**; Keith Brazendale (University of Central Florida); Michael Rovito (University of Central Florida); Jeanette Garcia (University of Central Florida)

The COVID-19 pandemic required universities to shift from face-to-face (F2F) to online classes. The impact of this transition on student learning is not fully understood. We explored differences between undergraduate students’ attitudes towards research (ATR) after completing a research course online versus F2F.

**Method**: Students completed the ‘ATR’ survey pre- and post-completion of the course. Paired and
Independent samples t-tests assessed within- and between-subjects differences in students’ ATR who completed the course F2F (fall 2019, spring 2020) versus online (summer, fall 2020).

**Observations/Outcomes:** A total of 494 students (in-person n=276; online n=218) provided pre- and post-data across the 4 semesters. No differences were observed between baseline scores of students taking the course F2F vs. online. Students from both course modalities reported statistically significant positive changes in their ATR in all five domains of the survey (p<0.05). The observed positive changes between course modalities were not different (p>0.05).

**Conclusion:** Despite the disruption caused by COVID-19, findings show that both modalities of a research course improved undergraduate students’ ATR.

**B.5 (3:25pm-3:45pm): ASAHP REGIONAL SUMMIT - ENGAGING ACADEMIA WITH HEALTHCARE INDUSTRY PARTNERS TO ENHANCE HEALTH PROFESSIONS EDUCATION AND IMPROVE HEALTH OUTCOMES; Anthony Breitbach (Saint Louis University); Amber Boyd (University of Cincinnati); Sabina Kupershmidt (University of South Dakota); Elizabeth Swann (Nova Southeastern University); Genevieve Pinto Zipp (Seton Hall University)**

**Issue:** The landscape of healthcare is constantly evolving. Clinicians and leaders are collaborating to respond to the changing needs of patients, stakeholders, and society. When designing pedagogy/curricula for health professionals, academic institutions must engage with healthcare stakeholders to better prepare graduates for entry-level practice. Often, ensuring this level of engagement is challenging due to professional hierarchies and organizational barriers such as time and the cost of travel and missed time in patient care.

**Method:** Over 100 participants in regional summit meetings at three locations engaged in intentional interprofessional conversations regarding current healthcare system needs and practices to inform systems improvement. Approximately ⅔ of summit participants came from ASAHP member academic institutions and ⅓ came from regional clinical partner organizations. In a structured engagement model, each hub collaborated in dialogue for actionable recommendations to bring the patient/provider voice more effectively to the forefront in healthcare and improve overall health outcomes. The summit culminated in a virtual "Harvest" session where the three hubs shared their local dialogue on a national level.

**Outcomes:** These recommendations included: finding common ground and language to create a culture of collaboration; creating touchpoints for clinical rotations and mentoring; increasing student input; combining resources to increase productivity; and maintaining strong personal connections with patients and families despite expanded use of technology.

**Conclusion:** Interprofessional structured summit meetings intentionally engage academia with healthcare industry partners to co-create strategies for quality improvement, enhance health professions education, and improve health outcomes.

**B.6 (3:50pm-4:10pm): MEDICAL LABORATORY SCIENCE AND SIMULATION: PROMOTING A PATH FORWARD WITH BEST PRACTICES; Michelle Brown (University of Alabama at Birmingham); Tera Webb (University of Alabama at Birmingham)**

**Background:** In medical laboratory science (MLS) there is a need to enhance the clinical learning curriculum beyond laboratory skill and diagnostic interpretation competency. Incorporating simulation presents an opportunity to train and produce medical laboratory scientist with the skills to communicate and work effectively in an interprofessional healthcare team.

**Method:** A scoping review was performed to: 1) understand the landscape of research literature on medical laboratory science and simulation, and 2) to provide a path for future curriculum and research. The INASCL Standards of Best Practice were used as a guiding framework for evaluating literature that described simulation activities.

**Results:** Out of 439 articles from multiple databases, 32 were eligible for inclusion. A thematic analysis identified numerous gaps and future directions for MLS and simulation.

**Conclusions**

There is a need for more simulations with best practices and interprofessional context; additional
simulation with validated scales measuring the interprofessional education experience and deeper evaluation of learning; more empirical literature with methodological rigor, more robust discussion, and detailed outcomes of successes, challenges, enablers, and barriers to influence future curriculum and studies.

**B.7 (4:15pm-4:35pm): A FRAMEWORK FOR GUIDING HEALTH PROFESSIONS FACULTY TOWARDS INCREASED SCHOLARLY EFFORT;** David Brown (The University of Texas Medical Branch); Fevzi Akinci (Duquesne University); Susan Gordon-Hickey (University of South Alabama); Fang-Ling Lu (University of Texas Health Science Center at San Antonio); Abiodun Akinwuntan (KUMC School of Health Professions)

In 1990, Boyer described scholarship of discovery, integration, application, and teaching as four types of scholarly activity that faculty may engage in to advance the professions and improve the teaching/learning environment for students. This landmark work allowed faculty to engage in a variety of activities that could be counted towards their scholarly productivity when being assessed for promotion and/or tenure. However, while the expanded view of scholarship provided permission and rationale for engaging in a larger variety of scholarly activities, it did not necessarily result in changes in the way that workload effort and resources was determined and/or distributed so as to allow individual faculty the time and resources to advance their scholarship. The ASAHP Scholarly Productivity Task Force met to discuss ways in which ASAHP can help guide institutional leaders to assign faculty effort and resources to enable success with the scholarship mission. Therefore, we present the issues that impact scholarly success and a framework to determine a faculty’s scholarly goals, assigning appropriate percent efforts (funded/unfunded), and guiding an overall faculty mix that balances required teaching loads with scholarly activities.

**SALON C
CONCURRENT SESSION C: MODELS FOR EXCELLENCE FOR ENHANCING DIVERSITY, EQUITY, AND INCLUSION
C.1 (1:45pm-2:05pm): EXAMINING NURSING STUDENTS' PERCEPTION OF RACISM IN HEALTHCARE;** Mark Adelung (Merrimack College); Mary Padden-Denmead (Stockton University); Rose Scaffidi (Stockton University); Jacqueline Arnone (Stockton University); Lia Ludan (Stockton University); Larider Ruffin (Stockton University)

**Issue to be addressed:** To determine nursing students’ perception of racism in healthcare and to identify effective teaching strategies to address racism in the curriculum.

**Method:** Descriptive, mixed-methods design that used quantitative data collection through pre/post intervention surveys using Bennett et al’s (2019) Nursing Student Perception of Racism instrument and qualitative data collected from students’ reflective journaling assignments.

**Outcomes:** 66 students participated (77.27% female) (22.73% male). Students were predominantly age 18-24 (43.94%, n = 29) and enrolled in a 4-year nursing program (36.36%, n = 24), and 29.79% (n = 19) were graduate students. 26% (n = 17) self-identified as non-white. After the intervention of teaching/learning strategies to address racism, analysis demonstrated that mean post survey scores increased on all but one question. Content analysis of the qualitative data yielded four major themes, Uncomfortable Topic yet Necessary to Discuss, New Awareness, Courage to Advocates, and Application to Practice.

**Conclusion:** Continuing an open dialogue regarding racism in healthcare facilitates student inquiry and open engagement on a topic that was not previously discussed in a classroom setting. The dialogue also fosters cultural humility among students and faculty by promoting a positive regard toward individuals of other cultures, while challenging faculty and students’ own cultural biases.

**C.2 (2:10pm-2:30pm): TRAVELING ON TIME: A PILOT PROGRAM USING THE OPERA VANQUI TO DISCUSS SYSTEMATIC RACISM;** Jeff Barbee (The Ohio State University College of Medicine); Jennifer Garvin (The Ohio State University); Leslie Burrs (Composer & Flutist); Linda Stone
(Ohio State University); Elizabeth Curtis (Ohio State University)
Participants will demonstrate an attitude change toward race-related questions and report engaging more often in artistic activity.
Participants were administered a pre- and post-program survey which included items from the Color-Blind Racial Attitude scale and Interpersonal Reactivity Index. The Traveling on Time program consisted of six virtual, synchronous modules which engaged participants using several interactive activities. Each module was proceeded with an evaluation that collected data pertaining to module content and involvement in artistic activity from the previous module.
Five participants from the pilot program completed the program surveys. Even though this number is too small to perform any meaningful analyses, we did see some encouraging movement in the scores of several items. A visualization of the data shows participants engaging more frequently in creative activity while progressing through the program.
Participants enjoyed using opera as a vehicle to engage in difficult discussions and reflect on sensitive topics. Even though the sample size in this pilot program is small, we did see some promising trends in attitude changes and artistic engagement.

C.3 (2:35pm-2:55pm): A STORY OF SUCCESS - WORKING TO BOOST DIVERSITY IN OT; Cynthia Bell (Winston-Salem State University); Megan Edwards Collins (Winston-Salem State University); Sanchala Sen (Winston-Salem State University); Chinno Ingram (Winston-Salem State University); Allison Calhoun (Winston-Salem State University)

**Issue to be addressed:** Increasing diversity in health profession by utilizing partnerships.

**Method:** The R²AM Model (Recruit, Retain, Access, Medically underserved) has been developed to support HRSA's clinical priority of "Transforming the workforce – targeting the need". This model involves a three-tier process that is comprised of a comprehensive recruitment and retention strategy coupled with an innovative curriculum including student experiences in medically underserved communities, and collaborative partnerships. Students' perspectives of the model will be included.

**Outcomes:** Valued partnerships have been developed and formalized working together towards a goal of boosting diversity in admitted students. This program led to successful federal funding for scholarships and increased diversity within the program.

**Conclusion:** Including early assurance programs and building partnerships internally and with external organizations such as AHEC to develop recruitment and retention opportunities has increased the diversity of admitted students’ backgrounds to include more underrepresented minorities.

C.4 (3:00pm-3:20pm): ADDRESSING HARMFUL BIAS: FROM THE PATIENT, PRECEPTOR, OR PEER; Dr. Carolyn Bradley-Guidry (University of Texas Southwestern Medical Center, School of Health Professions); Kimberly Hoggatt Krumwiede (UT Southwestern Medical Center); Veronica Coleman (UT Southwestern Medical Center); Bethany Grubb (UT Southwestern Medical Center); Sandra Hayden (UT Southwestern Medical Center); Gilbert Moralez (UT Southwestern Medical Center); Metin Yavuz (UT Southwestern Medical Center); Leslie Gray (UT Southwestern Medical Center); Julie Devahl (UT Southwestern Medical Center)

**Issue to be addressed:** Interprofessional education places emphasis on health professions learners (HPL) to collaborate and provide quality patient-centered care. However, many HPL experience harmful bias or discrimination during their training from patients, preceptors and/or peers. Recent studies indicate a lack of preparation for HPL to handle or report witnessed or experienced harmful bias incidents.

**Methods:** Strategies to address harmful bias and the institutional reporting process were provided to HPL. Faculty from four health professions disciplines utilized role play to present harmful bias incidents that occurred with previous trainees. HPL identified and rated stereotypes or bias within the scenarios.
For skills practice HPL were placed in interprofessional dyads to analyze a harmful bias scenario.

**Outcomes:** 106 HPL participated in skills training to address harmful bias. Using a pre/post survey, post survey comfort and confidence levels were 89% and 88% compared to pre survey values of 39% and 41% respectively.
**Conclusion:** Interprofessional HPL must have the skills necessary to address and mitigate harmful bias. These findings support the importance of teaching skills application to address harmful bias.

**C.5 (3:25pm-3:45pm): FOSTERING CULTURALLY HUMBLE CARE TO ADVANCE HEALTH EQUITY;** Dr. Carolyn Bradley-Guidry (University of Texas Southwestern Medical Center, School of Health Professions); Laura Kirk (University of Texas Southwestern Medical Center, Dallas)

**Issue to be addressed:** Diversity/equity/inclusion/belonging (DEIB) principles, self-reflection, and relationship-centered communication skills are needed for health professions learners (HPL) to successfully provide culturally humble and high-quality patient-centered care to advance health equity. DEIB and cultural humility communication skills training is currently lacking in most HPL curricula.

**Methods:** Healthcare disparities and bias rates were provided, followed by exploration of strategies to reduce bias and improve equity. HPL engaged in cultural location of self, humble inquiry, non-verbal/verbalized empathy, and strategies to reduce stereotype threat. HPL applied skills in small group case-based explorations followed by large group debriefs.

**Outcomes:** 55 HPL participated in skills training to increase cultural humility. Initial review of post survey data reflects overwhelmingly positive quantitative and qualitative responses. Final analysis underway for ASAHP.

**Conclusion:** HPL must have the skills necessary to provide culturally humble, equitable care to an increasingly diverse patient population. These findings support the importance of HPL receptivity to learning communication skills to improve health equity.

**C.6 (3:50pm-4:10pm): CATALYZING A CULTURE AND CLIMATE CONducive TO DIVERSITY, INCLUSION AND EQUITY IN HEALTH PROFESSIONS;** Harsha Deoghare (Western University of Health Sciences); Dr. Gail Evans Grayson (Western University of Health Sciences - College of Health Sciences); Dr. Dee Schilling (Western University of Health Sciences - College of Health Sciences)

**Issue to be addressed:** During 2020, fight to contain COVID-19 and Black Lives Matter protests, heightened awareness of deeply embedded racial and socioeconomic disparities in US, specifically in healthcare. Disparities continue to exist in healthcare workforce and education. However, this time a sustained change looks within reach.

**Method:** College of Health Sciences at Western University of Health Sciences in Pomona, California embarked on a journey of creating a climate and culture conducive to diversity, equity, and inclusion (DEI).

**Observations:**
- A formal DEI alliance encompassing students, faculty, staff, and administrators was created in August 2020 focused on creating an inclusive climate with a recognition that our success is dependent on how well we value, engage, and include the rich diversity of students, faculty, administrators, and alumni constituents.
- DEI alliance also established ‘HEART of Mentor’ mentorship program designed to create a diverse learning environment that demonstrates inclusivity and are vital to our students’ growth, learning and achievement. The success being measured using the following criteria,
- Contributions to pedagogies addressing different learning styles (e.g., Designing courses or curricula that meet the needs of educationally disadvantaged students.)
- Experience teaching students who are under-represented (e.g., Teaching at a minority-serving institution)

**Conclusion:** Using a systematic evidence-based approach with key stakeholder involvement, a division-wide DEI strategy was developed and implemented. While this work is ongoing, development of policies and formal mentoring program to promote DEI are successes that need to be recognized and celebrated.

**C.7 (4:15pm-4:35pm): HEALTH SCIENCES STUDENTS DEMONSTRATE YEAR-OVER-YEAR
GROWTH IN ANTI-RACISM CURRICULUM; Margaret Dougherty (Mayo Clinic); Ryan Prigge, M.Ed. (Mayo Clinic); Victoria Hochstetler, M.Ed. (Mayo Clinic); Ruth Bello, M.A. (Mayo Clinic); Grace Knuttinen, M.D., Ph.D. (Mayo Clinic)

**Hypothesis:** Mayo Clinic School of Health Sciences (MCSHS) completed its second year of anti-racism training in 2022. Training goals were to refresh or introduce anti-racism framework to 595 students.

**Method:** Curriculum included 60 minutes of required asynchronous learning (curated content of compelling anti-racism videos and articles), a synchronous 15-minute leadership introduction to Diversity, Equity and Inclusion principles, and a 45-minute discussion about the pre-work with other MCSHS students and a facilitator.

**Observations/outcomes:** Student evaluations indicate significant growth in students' baseline understanding of anti-racism principles from 2021 to 2022. In the 2022 post-anti-racism training evaluations, students self-report basic competency in unconscious bias, implicit bias, stereotyping, microaggressions, and institutionalized racism. They wish to take their training to the next level: allyship. Students ask that the next iteration of the curriculum address “upstanding.”

**Conclusion:** Able to recognize overt and institutionalized racism, MCSHS students now seek the skills and practice to interrupt and address racism directly.

**SAISON D**

**CONCURRENT SESSION D: INNOVATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION**

**D.1 (1:45pm-2:05pm): COMPARISON OF OUTCOMES FROM INPERSON TO ONLINE IPE EXPERIENCE WITH MEDICAL AND OT STUDENTS; David Henzi (UT Health San Antonio); Bridgett Piernik-Yoder (UT Health San Antonio)**

Interprofessional education (IPE) has been deemed an essential component in health science education by the WHO. The innovative instructional approach of role reversal was used in a case-based, face-to-face IPE workshop initially conducted in September 2019 with second-year OTD students and second-year medical students. The experience was transitioned to an online learning environment in September 2020 due to COVID-19. A total of 451 students participated in both years of the IPE experience. The students were pre-arranged into teams of 10. In every group, one MSII student was assigned the role of the occupational therapist and the OTD student was assigned the role of the physician. Students completed two scenarios—a team meeting and a family meeting with the team—as the role they were assigned.

Aggregate mean and subscale scores were compared using the paired samples t test. In 2020, there was a significant overall score increase for the OTD students on the IPEC assessment tool after participating in the IPE activity. The largest increase was seen in the Interaction subscale. The significant difference between the pre and post-test scores suggests role reversal in IPE may be an effective instructional method for IPE.

**D.2 (2:10pm-2:30pm): INTERPROFESSIONAL TELEHEALTH TRAINING FOR HEALTHCARE STUDENTS: TEACHING IN A VIRTUAL WORLD; Erin Hulfish (Stony Brook University Children's Hospital); Melissa Earle (Stony Brook University)**

**Hypothesis:** The COVID-19 pandemic prompted numerous changes in health care delivery, including an increase in the number of telehealth visits. Despite the increase in need for virtual training sessions, there is a lack of knowledge on how to effectively train learners to work as a cohesive virtual medical team. The implementation of a telesimulation-based IPE curriculum will help fill educational gaps and teach learners to work effectively in a virtual environment.

**Method:** The course covered key communication strategies and highlighted the social determinants of health by analyzing the digital divide. This was a combination of didactic sessions as well as case-based learning to reinforce key concepts culminating in a final standardized patient experience.

**Outcomes:** There was an overall improvement in the understanding of the different interprofessional roles and how to effectively communicate in a virtual environment. Students were able to have a deeper understanding of core content with case-based learning.
Conclusions: Creation of a virtual interprofessional education course improved students' knowledge and attitudes of how to work in a virtual team environment and conduct an effective telehealth interprofessional visit.

D.3 (2:35pm-2:55pm): IMPROVING COMMUNICATION WITH APHASIC PATIENTS: INTERPROFESSIONAL TRAINING OF HEALTHCARE STUDENTS; Angela Kennedy (UT Health Science Center - San Antonio); Catherine Torrington Eaton (UT Health San Antonio); Rebecca Moote (College of Pharmacy, the University of Texas at Austin)

People with aphasia (PWA) struggle to communicate with healthcare providers, which contributes to poorer health care outcomes and quality of life. Healthcare providers should be equipped with communication skills to better serve this population. The aims of this interprofessional education (IPE) program were to determine if training in supported communication techniques would improve healthcare interactions with PWA and to increase students’ knowledge of other professions’ scopes of practice for PWA. An IPE component was added to an intensive aphasia therapy program for community-based patients with acquired language impairments due to stroke or neurodegenerative disease. Students from speech-language pathology, occupational therapy, physician assistant, and pharmacy received didactic training about communication techniques and each profession’s scope of practice followed by two clinical interactions with program participants. Data collection is ongoing to measure program goals; specifically, communication techniques by pre- and post-training surveys and direct observation of trained and untrained students by blinded raters, and knowledge of scopes of practice by retrospective surveys. Findings and implications will be discussed.

D.4 (3:00pm-3:20pm): REHABILITATION INNOVATION: DEVELOPING AN INTERPROFESSIONAL CENTER TO ADDRESS HEALTHCARE CHALLENGES; Jennifer Kent-Walsh (University of Central Florida); Bari Hoffman (University of Central Florida)

Hypothesis/Purpose: Bringing together scientists and clinicians across disciplines provides a catalyst to grow impact in healthcare education and service-delivery. This session will outline a framework currently being employed to leverage existing resources and programs within the College of Health Professions and Sciences at the University of Central Florida (UCF) to create a Rehabilitation Innovation Center. The center is designed to serve as a convening hub for faculty, students, staff, and community/industry partners to develop, evaluate, and employ next generation technologies and interventions to revolutionize clinical practice and interdisciplinary education.

Method: Methods being employed to establish and grow the center include: (a) unifying and expanding existing community facing allied health programs and clinics, (b) securing institutional space and infrastructure support, (c) focusing on technology-driven solutions to address complex healthcare service and education, and (d) advancing philanthropic and industry partner relationships to address common goals.

Outcomes & Conclusion: Early results of employing a range of methods to establish the center will be presented, along with anticipated long-range outcomes.

D.5 (3:25pm-3:45pm): VIRTUAL ROLE-PLAY CONVERSATIONS: TEACHING FACULTY AND STUDENTS GATEKEEPER SKILLS DURING COVID-19; Nikita Khalid (The CUNY Graduate Center); Glenn Albright (Baruch College, City University of New York); Dawn Bornheimer (Kognito)

Due to the pandemic, there is a heightened need for institution wide mental health programming that helps in recognizing signs of distress and offering avenues to support. We hypothesize that two virtual role-play simulations designed to teach faculty and students skills to help recognize those in distress and approach at-risk students to motivate them to get support will result in higher preparedness and self-efficacy to engage in these skills, as well as more frequent gatekeeping behaviors.

A within group study was conducted with students and faculty members at the University of Illinois - Urbana Champaign. Participants were trained with a student or faculty and staff virtual role-play simulation. Surveys were administered before the training, directly after the training, and three months...
after the training to assess whether gatekeeping attitudes and behaviors changed after use of the simulations.

Data was analyzed using paired sample t-tests to determine whether there were significant increases in participants gatekeeping attitudes and behaviors using the validated Gatekeeper Behavior Scale (Albright et al., 2016). Results show significant increases in student and faculty preparedness and self-efficacy to recognize, approach, and refer students in distress and increases in overall campus mental health literacy. Results of this study add to the empirical support for simulated learning, specifically in augmenting mental health outcomes.

**D.6 (3:50pm-4:10pm): A SCREEN-BASED INTERPROFESSIONAL SIMULATION FOR HEALTH PROFESSIONALS**

**Wei Li (UAB); Ashleigh Allgood (University of Alabama at Birmingham); Melanie Hallman (University of Alabama at Birmingham); Nancy Borkowski (University of Alabama at Birmingham)**

**Background:** Simulation is a powerful learning tool for students and healthcare professionals, and the use of screen-based simulation could be a particularly effective methodology for these individuals.

**Hypothesis/Issue to be addressed:** No current educational platform is available for students or healthcare professionals to meet the need for learning different roles of a healthcare team in a complex healthcare environment.

**Method:** A screen-based interprofessional simulation was designed to effectively create a "real-world" experience for students in health professions related programs and practicing professionals to learn the roles of different professions in an emergency medical setting handling a behavioral health case.

**Observations/Outcomes:** The presenters sought to evaluate the efficacy of a screen-based simulation engaging a collaborative, multidisciplinary team.

**Conclusion:** The collaborative interprofessional nature and complexity of a healthcare setting drives the need for an interactive platform through which students and professionals can learn the different roles of a healthcare team and to best collaborate with a group of interdisciplinary colleagues for delivering the best care to patients.

**D.7 (4:15pm-4:35pm): INTERPROFESSIONAL EDUCATION ON SUBSTANCE USE DISORDERS: STUDENT ATTITUDES & PERCEPTIONS OF PRACTICE**

**Amy Mattila (Duquesne University); Janet Astle (Duquesne University); Bridget Calhoun (Duquesne University)**

**Issue to be Addressed:** The purpose of this study was to examine how interprofessional education (IPE) impacted practitioners’ attitudes in managing clients with substance use disorders (SUDs). IPE programming included formal presentations and small group case discussions.

**Methods:** The study utilized a quasi-experimental approach. Data was collected through pretest-posttest of 2 assessments related to outcomes. The Student Perceptions of Interprofessional Clinical Education-Revised 2 [SPICE-R2] Questionnaire was used to measure participant attitudes towards the approach to patient care. The Brief Substance Abuse Attitudes Survey [SAAS] was used to evaluate participant perspectives on SUDs.

**Outcomes:** Survey analysis revealed statistically significant changes in all SPICE-R2 factors related to interprofessional work. Non-stereotyping, treatment intervention, and treatment optimism SAAS constructs also exhibited significance. These results demonstrate that an IPE program dedicated to informing healthcare students about SUDs has a positive impact on student attitudes.

**Conclusion:** Understanding the impact of interdisciplinary SUD programming is vital for increasing the understanding, attitudes, and behaviors of future practitioners to address the needs of this patient population. By understanding the impact of IPE student experiences, faculty can best prepare students to be a part of the solution in this public health crisis.
E.1 (1:45pm-2:05pm): AN INTEGRATIVE MODEL FOR PRE-HEALTH PROFESSIONS EDUCATION TO FACILITATE STUDENT SUCCESS; Suha Saleh (University of Central Florida)

**Issue to be addressed:** Undergraduate education practices for pre-health professions majors were re-envisioned into a model that integrates student success initiatives, high impact practices, and academic analytics.

**Method:** A systematic assessment was conducted to evaluate educational practices and student support for pre-health professions majors within the College of Health Professions and Sciences. Feedback from all involved stakeholders and best practices in student support and advising were utilized in developing the new education model that focuses on student academic success in pre-health professions majors.

**Outcomes:** Aligning curriculum and student support and success practices allowed for extending student engagement beyond the classroom boundaries. It also enabled setting college level goals for student success that utilize academic analytics. This model provided a clear structure for student support and defined roles and responsibilities for academic staff.

**Conclusion:** Revamping the academic experience for pre-health professions with clear focus on student success and high impact practices aligned our operation with clear goals and expectations and allowed us to develop initiatives that focus on student success.

E.2 (2:10pm-2:30pm): A NEW CONCEPTUAL FRAMEWORK: THE CHHS STUDENT WELLNESS EXPERIENCE; Tania Basta (Western KY University College of Health and Human Services); Amy Wininger (WKU); April Murphy (WKU); Marsha Hopper (WKU); Danita Kelley (WKU)

**Issue:** Research demonstrates a positive correlation between student engagement and retention of first-year students. The global pandemic, coupled with high stress curriculum among health profession students (e.g., nursing), negatively impacted student engagement. Consequently, it was imperative to develop a program within our academic college to educate students about wellness/self-care and actively engage them in campus activities/resources.

**Method:** The CHHS Student Wellness Experience was developed to meet the needs of first-time freshman and transfer students in health and human services disciplines. This experience included the hiring of two Student Wellness Navigators who teach a 1 credit-hour class focused on the 8 Dimensions of Wellness and serve as student wellness advisors to approximately 750 first-time students. This program was implemented in Summer 2022.

**Outcomes:** Through bi-semester meetings with students, it is anticipated that there will be an increase in retention rates among first-time students. Students will also report higher levels of connectedness, engagement, and quality of life.

**Conclusion:** The conceptual framework for this pilot intervention will be shared along with preliminary process and impact data.

E.3 (2:35pm-2:55pm): INNOVATION & COLLABORATION: PEDIATRIC EXPERIENTIAL LEARNING IN COVID-19 & BEYOND; Erin Bompiani (Pacific University); Stacy Wong (Pacific University); Kate Stribling (Portland Public Schools); Heather Higashi (Oregon Health and Sciences University)

Experiential learning has been shown to provide numerous benefits in health professions education. Evidence shows that these experiences are especially important to build confidence in working with the pediatric client and their caregivers, and to address the needs of different student learners. The COVID-19 pandemic and resulting government closure of many schools/programs, worksite restrictions, and health-related self-isolation required by immunocompromised/at risk groups, limited opportunities for high-quality experiential learning for students. These unusual times required innovative approaches to providing engaging educational opportunities for our students.

In this presentation we will describe our unique and creative approach to experiential learning through a series of telehealth sessions and structured clinical reasoning activities, while utilizing the best available evidence to support the use of telehealth in pediatric practice. Assessments used to measure student learning and performance will also be described. We will discuss our strategies to partner with
community pediatric physical therapists, who work in a variety of settings, and families in order to support student learning within the pediatric essential core competencies. We will share the experiences and reflective perspectives of the various stakeholders involved in these activities to demonstrate the impact of this novel approach to experiential learning in pediatric DPT education. We will also present facilitators, barriers, key considerations, and resources for health professions educators in implementing a similar type of learning activity within their curriculum.

**E.4 (3:00pm-3:20pm): IMPROVING SENIOR CARE THROUGH THE DEVELOPMENT OF A MICRO-CREDENTIAL;** Shawn Felton (Florida Gulf Coast University); Tom Felke (Florida Gulf Coast University); Aysegul Timur (Florida Gulf Coast University)

**Hypothesis/Issue to be addressed:** The presentation will highlight addressing the need of comprehensive care of the older adult population through an innovative educational approach.

**Method:** Educational Model

**Observations/Outcomes:**

**Conclusion:** Research shows older adults would prefer to age in place; therefore, we have developed a Senior Care Partner micro-credentialing program. Specifically, micro-credentials are a powerful and innovative vehicle institutions of higher education (IHEs) can utilize to provide students with specific skills identified by employers and can take on a variety forms, as we discovered through our experience. Our analysis of the skills gaps in the region led us to develop three distinct forms of micro-credentials:

- Badges associated with courses that have content developed in collaboration with industry partners.
- Badges making transferrable career readiness skills visible.
- Badges serving as alternative workplace credentials for anyone to expand their skills. The Senior Care Partner program was created based on national competency standards. The 16-week program consists of four modules covering topics such as assessment, monitoring, financial planning, and home modifications.

**E.5 (3:25pm-3:45pm): STUDENT PERCEPTIONS OF TELEHEALTH PATIENT EXPERIENCES: INNOVATIVE PRACTICES IN DPT EDUCATION;** Tammie Johnson (Western University of Health Sciences, Pomona); Laura Murphy (Western University of Health Sciences); Karin Roback (Western University of Health Sciences)

Qualitative analysis examined student physical therapists (SPTs) perception of telehealth (TH) learning experiences used during the COVID-19 pandemic. Patients with neurological diagnoses interacted with SPTs. Could TH facilitate patient-student interactions safely and favorably?

**Design:** A retrospective sample of convenience with snowball sampling. Qualitative methods included 1:1 interview with questions for SPT’s via Zoom. Text files were analyzed using Atlas.ti analysis coding software for the most used words. 6 SPT’s were queried about perceptions of methods used in a PT course when responding to in-person experiences during the pandemic. Several qualitative phenomenological themes emerged in response to standardized questions.

Data analysis: SPTs enjoyed TH and found it valuable. SPTs were appreciative of learning experiences. Data resulted with improvements that could be made and themes regarding more challenging aspects of TH for SPTs. Insights can assist instructors in improving future TH experiences for SPTs.

Changes were required globally during the pandemic. The experiences were seen as positive by SPT’s. The SPT’s are familiar with implementation of TH or clinical practice. TH is a useful way to reach populations and the SPT’s have a tool for practice in healthcare.

**E.6 (3:50pm-4:10pm): HEALTH PROFESSIONS PROGRAM SUCCESS FOLLOWING COVID-19 RESTRICTIONS;** Timothy Reistetter (UT Health San Antonio); Venessa Kodosky (UT Health Professions); Matthew Anderson (UT Health Professions); David Shelledy (UT Health Professions)

The coronavirus pandemic impacted health professions educational programs by requiring the substitution of remote/e-learning for traditional face-to-face instruction, implementation of restrictions on student teaching laboratories for acquiring psychomotor skills and suspension of some clinical learning activities for various periods of time. We sought to evaluate the impact of these changes on student’s achievement
of essential competencies for practice. Method: Pre and post-COVID-19 Graduate Exit Surveys were compared for the graduating classes of 2019 and 2021 to determine if there were significant declines in graduates’ achievement of knowledge, psychomotor, and professional skills associated with COVID-19 restrictions. Results: There were significant improvements (p<.05) in graduates’ assessment of their achievement of 14 knowledge, psychomotor, and professional skills for the class of 2021. Graduates’ assessment of the quality of their educational programs increased from 3.92 to 4.40 on a 5-point scale (SD=0.91; p<.0001). Conclusions: Graduates’ assessment of their achievement of key program competency goals improved during the coronavirus pandemic, despite restrictions imposed due to COVID-19.

E.7 (4:15pm-4:35pm): TRANSFORMING HEALTHCARE EDUCATION WITH HOLOGRAM AND HOLOPORTATION TECHNOLOGY; Bari Hoffman (University of Central Florida); Jennifer Kent-Walsh (University of Central Florida)

Hypothesis: The global pandemic highlighted the urgency for providing novel approaches to health care education as the scope and complexities of patient care evolve rapidly. The purpose of this presentation is to demonstrate how our college at UCF is utilizing holoportation technology to unlock geographic constraints uniting real patients and future health care providers in a holographic environment.

Methods: This is the first time holoportation technology has been applied to healthcare education, as such, our team developed a method to standardize the real patient experience, train health communication, symptom profile, soft skills, triaging, caregiver education, and other vital skills with data driven outcomes.

Outcome: The immersion in whole-patient health results in providers who express true humanistic care and emerge with advanced cultural competence as this technology expands our reach into diverse groups and rural populations.

Conclusion: Holoportation captures patient’s lived experiences, allowing students to develop a more comprehensive and empathetic understanding of the unique reality of disease and disability. Discussion will focus on the development of this program, learning outcomes and future plans.

TOKYO/VANCOUVER

CONCURRENT SESSION F: SELECT TOPICS IN HEALTH PROFESSIONS

F.1 (1:45pm-2:05pm): SOCIOECONOMIC DISPARITIES IN ELECTRONIC CIGARETTE USE AMONG ADULT SMOEKRS IN THE U.S. 2014-2019; Kai-Wen Cheng (Governors State University); Ning Lu (Governors State University); Caren Schranz (Governors State University); Catherine Balthazar (Governors State University)

Background: Electronic nicotine delivery systems, commonly known as e-cigarettes (ECs), were the most commonly used nicotine products in the U.S., next to combustible cigarettes. While health consequences of long-term EC use are largely unknown, expert opinion regards ECs may aid smoking cessation as ECs believed to be substantially less harmful than combustible cigarettes.

Hypothesis: We hypothesized that (1) socioeconomic disadvantage is associated with a higher chance of cigarette smoking, (2) socioeconomic disadvantage is associated with a lower chance of EC use, and (3) socioeconomic disparities in cigarette and EC use emerged over time from 2014 to 2019.

Method: Data are from Tobacco Use Supplements to Current Population Survey 2014-2019. We applied logit models to estimate the associations of social determinants (e.g., age, gender, ethnicity, education, income, employment status, and residential locations) on cigarette and EC use.

Outcomes: Preliminary findings suggested socioeconomic disadvantage significantly increased the odds of cigarette smoking, while socioeconomic disadvantage significantly decreased the odds of EC use among current or former cigarette smokers.

Conclusion: The differential patterns in cigarette and EC use may exacerbate socioeconomic disparities in smoking-related morbidity and mortality.

F.2 (2:10pm-2:30pm): STRATEGIC PARTNERSHIPS FOR PUBLIC PURPOSE: A COLLEGE
CORPS MODEL; Janelle Chiasera (Quinnipiac University)
A global pandemic, health inequality, racial tensions, substance abuse, and climate change are some of the most complex and important challenges of our time. These challenges require innovative, adaptive, and scalable solutions. In response to the COVID-19 pandemic, the School of Health Sciences at Quinnipiac University partnered with the Connecticut (CT) Department of Public Health to create a CT Public Health College Corps whereby we recruited, trained, coordinated and deployed 100 college students from across the state to ten of the highest socially vulnerable indexed (SVI) cities to build capacity and expand/enhance outreach and communication on the safety and efficacy of COVID-19 vaccines. Over the five-week program, we provided 35+ hours of training and 12,000+ hours of service to our communities, creating new pop-up clinics, social media content, marketing pieces in multiple languages, and providing support to local communities in answering COVID-19 and vaccination questions. While this model focused on COVID-19 vaccinations, we believe the value of the model is in its ability to be replicated to address other pressing community needs. We will describe how the College Corps was developed, lessons learned, successes, and its broad impact.

F.3 (2:35pm-2:55pm): MACHINE LEARNING IN ADMISSIONS? ONE PROGRAM’S EFFORTS WITH PREDICTIVE ANALYTICS; John Hollman (Mayo Clinic)
Issue: Predicting which program applicants accept admission offers may offer efficiencies that improve applicant and faculty/staff satisfaction.
Method: Data from 341 applicants with offers to our program from 2016 through 2021 were included. Variables included institutional classification, home state, undergraduate major, GPA, GRE scores, admissions and behavioral interview scores, recommendations, age, socioeconomic status, race/ethnicity, and first generation to college status. A chi-square automatic interaction detection (CHAID) analysis was used to identify variable-specific admissions yields.
Outcomes: 141 applicants matriculated (41.3% yield). The yield was 57.9% among in-state and 32.3% for out-of-state applicants. For in-state applicants, the yield was 68.2% among those with a GPA ≤ 3.83 and 45.5% with a GPA > 3.83. Among out-of-state applicants, the yield was 44.0% with a GPA > 3.99, 40.4% with a GPA ≤ 3.70, and 23.0% among applicants with a 3.70-3.99 GPA. In the latter group, the yield was 30.2% among applicants with an interview score > 18 but 14.0% with a score ≤ 18.
Conclusion: Data are program-specific, but the CHAID analysis is a method by which others may examine admissions yields and processes.

F.4 (3:00pm-3:20pm): “OUT OF THE MOUTH OF BABES”: WHAT PUBLIC HEALTH STUDENTS ARE SAYING ABOUT THE IMPACT OF COVID; Tara Crowell (Stockton University); Nicole Milan-Tyner (Stockton University)
Topic: This study was driven by students’ interest in how the pandemic has impacted various aspects of student life. Specifically, students’ experience and preference with different modes of education during the pandemic, possible influence of COVID-19 on students’ mental and physical health as well as their employment and future careers and finally students’ thoughts on vaccinations and mask mandates.
Research questions:
RQ1: What are students’ attitudes towards COVID-19 mandates?
RQ2: How did COVID-19 impact students’ education?
RQ3: Did COVID-19 impact students’ mental and physical health?
RQ4: Did COVID-19 impact students’ current and future occupations?
Methods: Both quantitative and qualitative data was collected through survey research. A total of 375 students at a mid-size liberal arts institution on the east coast participated.
Results: Data indicates an above average attitudes towards mask and vaccination mandates, a bit higher level of agreement of vaccination’s efficacy, but a lower-than-average agreement that legal action should be taken for those out of compliance with mandates. Also, that politics and social media play a role in people’s knowledge and attitudes related to COVID-19. The majority of students reported
F.5 (3:25pm-3:45pm): A COMPARISON OF STUDENT CLINICAL EXPERIENCES DURING COVID – HOW CLINICAL COORDINATORS SAVED THE DAY; David Henzi (UT Health San Antonio); Cordy Kudika (UT Health San Antonio); Venessa Kodosky (UT Health Professions)

**Hypothesis/Issue to be Addressed:** Clinical education was severely challenged during the COVID-19 pandemic. Hospitals and clinics discontinued required clinical student rotations at a time when students assumed they would meet graduation requirements. We reviewed exit survey and evaluations from student rotations prior to the pandemic and during the pandemic to assess rotation satisfaction.

**Method:** Using graduation exit surveys and course evaluations we examined differences in student satisfaction of their clinical rotations before and after the pandemic. Both qualitative and quantitative results will be discussed during the presentation.

**Observations/Outcomes:** Findings of a review of qualitative and quantitative data demonstrate increased student satisfaction with clinical rotations during the pandemic. Data also highlight student’s appreciation of efforts made by clinical coordinators during the pandemic.

**Conclusion:** Clinical coordinators in the School of Health Professions provided extraordinary service to ensure students completed clinical rotations. Student graduation exit surveys and evaluations highlighted an increase in satisfaction during the pandemic.

F.6 (3:50pm-4:10pm): BRIDGING THE GAP: IPE AND HEALTH SYSTEM PARTNER TO DEVELOP NOVEL TELEHEALTH CURRICULUM; Kimberly Hoggatt Krumwiede (UT Southwestern Medical Center); David Wilson (University of Texas Southwestern Medical Center); Chelsea Kleen (The University of Texas Southwestern Medical Center)

**Issue to be addressed:** Members from UT Southwestern Interprofessional Practice and Education (IPE) and the UT Health System joined together after realizing a common need for an evolving telehealth curriculum in academic programs and across the continuum into practice.

**Methods:** IPE educators and health system administrators formed a committee to create a curriculum for telehealth including foundational concepts and best practices, and is novel in the following ways: 1) flexible online delivery for students or providers, 2) content can stand alone or be embedded, 3) customizable format, 4) experiential learning, and 5) easily adaptable to evolving virtual care. A pilot module was created, customized, and included experiential learning. It was embedded in an existing course with assessments (pre/post quizzes, performance rubrics) to measure outcomes and evaluations for formative development.

**Outcomes:** Outcomes from the pilot demonstrated knowledge gains, positive performance scores during a virtual encounter, and positive evaluations from both students and patient model.

**Conclusions:** This novel model for a telehealth curriculum, developed through a partnership of IPE and a health system, could be used at other institutions.

F.7 (4:15pm-4:35pm): STUDENT-LED FLU VACCINATION CLINIC DURING A PANDEMIC; Tracey D. Matthews (Jacksonville State University)

**Issue to be addressed:** Implement a student-led influenza vaccination clinic to suppress the seasonal flu during a global pandemic.

**Method:** During the Fall of 2020 and 2021, students from Community Health Across the Lifespan and Design of Wellness Programs courses planned and led an influenza vaccination clinic for Jacksonville State University students & employees. Faculty & students planned 4 flu vaccination clinics during the month of October. Nursing students administered the vaccines and Exercise Science & Wellness (ESW) students marketed the event and assisted with registration.

**Observations:** Approximately 160 students & employees were vaccinated during the clinics in the Fall 2021. Nursing students were able to receive increased educational exposure to providing vaccinations during a time when clinical sites were limited due to COVID-19. Nursing & ESW students collaborated in all aspects of the clinic including marketing, communication, planning, and implementation.

**Conclusions:** We plan to continue and expand this event for Fall 2021. Students will learn with and about each other while implementing a vaccination clinic for COVID-19 & Flu vaccines. We will discuss Fall
2020 successes and barriers and provide updates on Fall 2021 planning.
THURSDAY, OCTOBER 20, 2022 (2:00pm-4:55pm)

CASABLANCA

CONCURRENT SESSION A: MODELS FOR EXCELLENCE FOR ENHANCING DIVERSITY, EQUITY, AND INCLUSION

A.1 (2:00pm-2:20pm): ESTABLISHING MUTUALLY-BENEFICIAL PARTNERSHIPS WITH HBCUS; Jeff Radel (The University of Kansas Medical Center); Valerie Herzog (Weber State University); José Rafael Moscoso Álvarez (Universidad Central del Caribe); Jesús García-Martinez (Indiana University South Bend)

Guidance for building mutually beneficial partnerships among HBCUs and other universities was sought from HBCU faculty and alumni, with long-term goals of establishing pipeline options for HBCU students in graduate health care programs, and increasing the number of diverse professionals providing care to communities.

Semi-structured interviews of current HBCU faculty and HBCU alumni in academic health settings revealed these common themes with anecdotal examples:

• a relationship of trust & respect must be established initially, prior to exploring partnerships
• partnerships must be equitable & mutually beneficial for all partners and stakeholders
• admissions practices must remove barriers for students, including a uniform awareness of the high quality education possessed by HBCU graduates
• effective practices must be established to support students in culturally-safe settings
• intentional personal & professional mentorship is important for student success

Conclusion: Our findings suggest including these principles as primary features may enhance effectiveness and sustainability of collaborations across institutions, and lead to building capacity to better serve diverse communities.

A.2 (2:25pm-2:45pm): EQUITY & INCLUSION BEYOND THE CLASSROOM: PERCEPTIONS OF THE UNIVERSITY ADMINISTRATOR; Carlitta Moore (Arkansas State University)

Attitudes toward the LGBTQ+ and underrepresented communities are evolving, athletic departments, clinical education facilities and institutions need to be more progressive in their inclusive thoughts and policy development which can affect their climate and culture. This qualitative study utilized a narrative approach to identify best practices for the inclusion of student-athletes with diverse sexual identities from the administrative perspective. Perceptions and acceptance start from the top of the higher education chain of command, to develop LGBTQ+ advocacy within athletic departments and overall institution.

Therefore, creating a society of acceptance, having candid conversations, training and educational sessions, collaborating with campus resource offices and professional development activities are key for building a culture of equity and inclusivity and were the key findings within the study. Thus, creating a less hostile and engaged environment for students regardless of sexual preferences, identities race or ethnicity is optimal for success in and outside of the classroom.

A.3 (2:50pm-3:10pm): REMOVING THE BARRIERS TO IMPLEMENTING AN INTEGRATED CULTURALLY COMPETENT CURRICULUM REVIEW; Cora Rabe (Baylor College of Medicine)

1. Review key steps for integrating cultural competence along a curricular continuum.
2. Assess faculty needs for a successful implementation process.

Inclusion of bias free language among all curricular content ensures inclusivity and leads to better learning environments. The knowledge gap in best practices lead educators to be uncertain on how to best implement a cultural competence review with their curriculums. This knowledge gap also prevents culturally competent reviews from being conducted at regular intervals throughout an integrated complete curriculum.

One of the educator’s goals during this presentation is to share a simplified review process, and provide resources for programs to be able to take home and implement their own curriculum reviews. This presentation will teach and enlighten educators on ways to engage faculty in performing a review and the
importance of the review. Integrating diversity throughout the entire curriculum is the only way that enhanced socialization of issues such as creating equitable systems, bias free environments, civil readiness, and engaging in critical conversations will occur. This process requires a focused faculty effort to ensure that all content is adequately examined and there are creative ways to implement content that across the learner’s entire education.

**A.4 (3:15pm-3:35pm): TECH TOOL: A FACULTY DEVELOPMENT COURSE; Eunice Luyegu (Nova Southeastern University); Brianna Kent (Nova Southeastern University)**

Educators strive to create learning environments that engage learners and align with sound teaching and learning best practices. When the COVID-19 pandemic hit, educators transitioned to remote learning very fast. This presentation is a case study of the implementation of a pedagogy-technology model. In this presentation, we will demonstrate a short technology-focused course for faculty professional development. In this course, faculty gained skills and knowledge on how to enhance their pre-pandemic and post-pandemic courses with new practices, strategies, and ideas to engage students and promote digital equity. Data collection was based on observations, weekly logs, faculty demonstrations of the variety of digital technologies in their courses, and instructor feedback. With the return to campus, aspects of the remote learning environment remain present. By faculty self-report, outcomes of this professional development opportunity included enhanced teaching, cognitive, and social presence.

**A.5 (3:40pm-4:00pm): DIVERSITY, EQUITY AND INCLUSION: MAKING MEANINGFUL CONNECTIONS IN A VIRTUAL SAFE SPACE; Layla Simmons (University of Arkansas for Medical Sciences)**

As curriculum adaptations were happening related to the COVID-19 pandemic, there also arose a more urgent need to develop meaningful engagement and a safe learning space related to social justice movements. While in-person open conversation would have been the preferred method, this was not an option. To help students have a safe place to express their feelings and challenge them to lean boldly into their own biases, the TED Talk Tuesday course activity came to fruition. Across two semesters in two different courses (Healthcare Systems in America and Current Issues in Healthcare), students utilized the four Cs (connections, challenges, concepts, changes) after watching assigned TED Talks to reflect on multiple social issues related to diversity, equity, and inclusion. These journal assignments helped students to better understand the variety of experiences and barriers minority populations face and the impact on healthcare. Along with these were moderated discussion forums to allow students to engage and share. Evaluation data from students suggested they appreciated the assignments and also appreciated being challenged to reflect upon their own experiences and biases in an effort to better understand the experiences of others.

**A.6 (4:05pm-4:25pm): REFLECTIONS ON ADVANCING EQUITY AND INCLUSION EFFORTS IN A COLLEGE OF HEALTH AND HUMAN SERVICES; Jason Whitfield (Bowling Green State University)**

Despite persistent efforts, Predominantly White Institutions (PWIs) have struggled to address issues surrounding equity and inclusion for all students and faculty. Diversity, Equity, and Inclusion (DEI) efforts are often centralized into a division that supports and sustains institution-level change. However, this structure is not always well integrated into academic units. Recently, mid-level positions within Colleges or Schools have been created to help integrate DEI efforts into academic units (e.g., Academic Diversity Officers). Initiatives led by a Diversity and Inclusion Faculty Facilitator and College Committee at PWI aimed at advancing equitable and inclusive policies within academic units are outlined and discussed. Initiatives included 1) drafting and adopting an intersectional, race-conscious statement to guide future action, 2) organizing workshops and resources on inclusive pedagogy and language use, 3) initiating a multistage data collection effort to understand the experiences of students and faculty in the college, and 4) beginning to form an equity-minded pathway for recruiting students from backgrounds
that have been historically excluded from higher education and many health disciplines.

**A.7 (4:30pm-4:50pm): BUILDING CURRICULA TO INCREASE GRADUATE SERVICE TO UNDERSERVED COMMUNITIES; Kim Lovato (Pacific University); Saje Davis-Risen (Pacific University)**

Allied Health students often enter graduate education with a goal to serve underrepresented populations. Research indicates curricula providing specific education in underserved medicine support the eventual service of health care providers in underserved areas. Health care globalization creates a need for greater student awareness regarding the complexity of delivering ethical and just health care.

**Method:** The authors developed Rural and Global Health Care longitudinal tracks in response to these developing needs. Each track explores the unique aspects of practicing medicine in diverse environments, the ethical and social justice challenges, and provides mentorship to students preparing to serve these populations.

**Observations/Outcomes:** Students receive specialization on their diploma indicating their successful completion of the track. Graduate surveys indicate ongoing engagement with underserved populations including homelessness, BIPOC patients, migrant workers, low Income, Medicaid eligible, etc.

**Conclusion:** Longitudinal Tracks are an effective option to inspire, prepare and mentor students facing the challenges of providing ethical, just and inclusive healthcare in difficult, low resource environments.

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**BARCELONA**

**CONCURRENT SESSION B: INNOVATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION**

**B.1 (2:00pm-2:20pm): EXPLORING PERCEPTIONS BETWEEN OCCUPATIONAL THERAPY AND ABA PRACTITIONERS; Robin Akselrud (LIU-Brooklyn); Zahava Friedman (Kean University)**

Both applied behavior analysis (ABA) professionals and occupational therapists (OTs) have vital roles on interprofessional teams in pediatric settings. Existing literature highlights that existing biases and misconceptions regarding each other's practice methods may discourage collaboration among ABA and OT professionals. This research aims to explore the perceptions of ABA professionals and OTs on interdisciplinary teams, while identifying supports and barriers to collaboration between the professions. A virtual focus group and survey were conducted with a total of 12 participants, comprising six ABA professionals and six OTs. Data analysis via grounded theory approach resulted in four themes: (1) funding as logistical barrier (2) preconceived biases (3) differences in philosophical frameworks and (4) collaboration as a potentially beneficial yet effortful endeavor. Results of this study provide insight into collaborative processes between ABA and OT professionals, and suggest that intentionally committing to a collaborative relationship can be helpful in future practice.

**B.2 (2:25pm-2:45pm): TRANSFORMING INTERPROFESSIONAL EDUCATION THROUGH INCLUSION IN UNIVERSITY CORE CURRICULUM; Anthony Breitbach (Saint Louis University); David Pole (Saint Louis University); Kathleen Kienstra (Saint Louis University); Jessica Barreca (Saint Louis University); Ellen Crowell (Saint Louis University)**

**Issue:** Sustainability and integration into the wider institution are common concerns for IPE programs.

**Method:** The IPE team at Saint Louis University (SLU) has engaged in a collaborative process of integrating IPE courses and outcomes with a new university-wide core curriculum for all undergraduate students. This initiative required revising and realigning IPE courses, updating pedagogy, and developing new teaching teams.

**Outcomes:** This process produced a Core Curriculum Framework, outcomes, essential criteria, and enhanced work across the institution to align IPE competencies to University Student Learning Outcomes. The process also strengthened IP learning as a contributing partner to the overall goals and outcomes of a SLU graduate. The presentation will describe the iterative process, initial outcomes and the transformation that has occurred during the development of shared goals, shared language, broadening the dialogue and understanding of IPE at the wider university level.
**Conclusion:** Embedding IPE into the University Core Curriculum has strengthened the IPE courses to be more highly valued across the health professions and contributed to even stronger transformational learning experiences of the students and faculty.

**B.3 (2:50pm-3:10pm): POVERTY SIMULATION: PROMOTING PERSPECTIVE TAKING BY HEALTH PROFESSIONS STUDENTS;** Michelle Brown (University of Alabama at Birmingham); Ashleigh Allgood (University of Alabama at Birmingham)

As future healthcare workers, it is vital for health professions students to understand patient challenges as they collaborate to improve health outcomes. We use simulation to promote perspective-taking to better understand the challenges associated with poverty. We deployed SPENT, a free screen-based sim focused on living in poverty, to 16 programs reaching 1078 students. We incorporated the sim into an online module and with a prebriefing and IP debriefing focused on the challenges they faced, how student attitudes changed during the sim, and lessons learned for future practice. Students shared perspectives after the sim experience. One student wrote, “I liked the SPENT poverty sim, which helped remind me of complex issues that could affect patient's decisions in maintaining their quality of life.” Students also commented on the benefits of the IP debriefing, “I liked hearing about students from other programs and about their personal experiences with poverty. I think it gave me additional perspectives that I can definitely take with me into my field.” Using sim best practices, we transformed a screen-based sim into a robust experience to help students better understand the challenges associated with living in poverty.

**B.4 (3:15pm-3:35pm): INTERPROFESSIONAL CARE FOR TREATING LONG-COVID: A CONCEPTUAL FRAMEWORK;** Dave Burnett (KUMC)

**Hypothesis:** Many patients with COVID-19 report a post-COVID-19 syndrome, expressed as Long-COVID. Treating Long-COVID requires a multispecialty approach using a pulmonary rehabilitation (PR) program, however, lack of access to specialty healthcare and workforce shortages are barriers in rural areas. An Interprofessional COVID-19 Academic Network (I-CAN) can be used to improve the lives of rural residents with Long-COVID.

**Methods:** First, the I-CAN will refine interprofessional education and practice for respiratory therapy (RT) and nursing (RN) students as well as enhance skills of RT/RN providers to improve the care for individuals with Long-COVID in rural communities. As a result, we plan to help increase access to quality Long-COVID care for rural populations.

**Outcomes:** Number of students and clinicians trained in pulmonary rehabilitation for treating Long-COVID will be assessed. Further, we will evaluate number of patients with Long-COVID who gain access to care. Lastly, both clinical and patient-centered outcomes will be measured. Conclusion: The I-CAN aims to increase the skilled workforce capacity for treating Long-COVID, enhance access to care for rural residents, and improve clinical outcomes.

**B.5 (3:40pm-4:00pm): ONLINE SIMULATION FOR AT, SLP, & NUTRITION STUDENTS TO IMPROVE INTERPROFESSIONAL COLLABORATION;** Chad Clements (A.T. Still University); Craig Slater (Boston University)

**Issue to be addressed:** The objective was to provide Year 2 students participating in clinical experiences across the country with an opportunity to develop collaborative practice skills.

**Method:** We developed an online interprofessional simulation for students in athletic training (n=14), nutrition (n=7) and speech language pathology (n=13). The case involved a standardized patient (SP) with diabetes who sustained a concussion. Four Year 3 students were trained as SPs. Students were provided patient case notes and worked in their respective discipline groups to identify an assessment plan for the patient. Students were then divided into interprofessional groups during which each profession completed an assessment of the SP while the other professions observed. Students then simulated an interprofessional team meeting to collaborate and coordinate care, followed by a debriefing session to consolidate learning.

**Outcomes:** The simulation enhanced students’ learning, knowledge of professional roles, and
collaborative practice skills. Quantitative data will be presented.

**Conclusion:** The online simulation was effective in developing collaborative practice skills. Employing Year 3 students as SPs was innovative and provided them with additional learning opportunities.

**B.6 (4:05pm-4:25pm):** INTERPROFESSIONAL EDUCATION OCCURS EVERYWHERE; Heidi Costello (Perkins&Will); Cara Prosser (Perkins&Will)

**Hypothesis:** Innovation and connection are needed more than ever in the rapidly changing healthcare industry of today. Effective collaboration among health professionals is an essential component to ensure quality of care. Interprofessional collaboration, while vital to training, can pose difficulty to creatively integrate for student success.

**Method:** Interprofessional Education (IPE) can occur inside the classroom and labs, through simulation, and informally in social connected spaces. Through a series of health education and simulation project examples across the country, we will share multiple models of IPE integration. From creating Interprofessional Learning Communities fostering collaboration outside classroom time, to co-teaching in cabaret-style classrooms, to utilizing every space in your building as an IPE opportunity, we will open your eyes to a variety of forward-thinking ideas to reimagine IPE.

**Observations:** Through post-occupancy surveys and site studies of health education projects, we have data to uncover successful integration of IPE along with constructive lessons learned for consideration.

**Conclusion:** Every institution approaches IPE from a different lens, therefore through awareness of a broad perspective across many colleges and universities practicing health education, opportunities to advance IPE in all academic settings unfold through curriculum, space design, and innovative thinking.

**SALON C**

**CONCURRENT SESSION C: MODELS FOR EXCELLENCE FOR ENHANCING DIVERSITY, EQUITY, AND INCLUSION**

**C.1 (2:00pm-2:20pm):** THE FRONTLINE IS PREDOMINATELY FEMALE: HOW HEALTHCARE IS AFFECTED BY THE ‘SHE-CESSION’; Jessica Langley (National Healthcareer Association)

The Covid-19 pandemic has caused many essential healthcare workers – primarily women – to leave the workforce. This has brought up gender equality issues in the workplace, and many industry leaders are taking action. Join us to learn more about why women have been more heavily impacted and how the industry is responding.

**C.2 (2:25pm-2:45pm):** INTEGRATING A MODULARIZED DEI CURRICULUM THROUGHOUT HEALTH SCIENCE COLLEGE PROGRAMS; Donna Fry (College of Health Sciences, University of Michigan-Flint); Michelle Sahli (College of Health Sciences, University of Michigan-Flint); Donna Case (College of Health Sciences, University of Michigan-Flint); Min-Hui Huang (College of Health Sciences, University of Michigan-Flint); Sarah Case (College of Health Sciences, University of Michigan-Flint); Stephanie Gilkey (College of Health Sciences, University of Michigan-Flint)

**Issue:** Health is significantly impacted by implicit bias, social determinants of health, and structural racism. Students require education on these elements of health to effectively work with patient populations and address health disparities.

**Method:** Following five educational sessions on implicit bias, College of Health Sciences faculty determined five DEI topics to implement in curriculum college-wide: 1) history of and current systemic racism/oppression impacting health outcomes, 2) social determinants of health, 3) intercultural communication and cultural humility, 4) biases and microaggressions, and 5) policy and advocacy to promote health equity. Local experts were hired to develop the modules and train faculty in teaching the modules. The DEI modules are now being implemented in programs across the college.

**Observations/Outcomes:** Engaging faculty in learning about implicit bias laid a foundation for curriculum development. Creation of well-constructed teaching modules helped with faculty acceptance of the DEI modules faculty now teach within their programs.

**Conclusion:** Implicit bias training of faculty prior to DEI curricular development was an effective
strategy in gaining DEI curriculum acceptance college wide.

C.3 (2:50pm-3:10pm): DEVELOPING A SCALE TO MEASURE HEALTH EQUITY KNOWLEDGE AND ATTITUDES OF HEALTH PROFESSIONS STUDENTS; Rohini Ganjoo (George Washington University); Maranda Ward (George Washington University); Christina Warren (George Washington U); Trudy Mallinson (George Washington U)

Issue: Despite our nation’s aim to achieve health equity, we lack standardized competencies among the health professional workforce to address the unfair burden of poor outcomes among socially disadvantaged populations. Health professions training programs typically have health equity values, some have a health equity curriculum yet there are no existing uniform assessments of what incoming students across disciplines know and believe about health equity.

Method: We collected validity evidence for a 36-item survey to assess key health equity competencies based on the tenets of the Health Equity Framework.

Outcomes: Content and face validity were assessed using an expert panel of faculty, staff, and potential employers as well as cognitive testing among student focus groups. Construct reliability for the survey scales was assessed through a Rasch analysis. Construct reliability for the capacity (α = .80) and reflection (α = .82) scales were good but Cronbach’s alpha for the knowledge, attitudes, beliefs, and perspectives scales were low. Low construct reliability is likely due to sample selection bias.

Conclusion: Without a shared set of competencies across training programs, health professionals will enter the workforce ill-prepared to adequately address the structurally complex needs of historically marginalized populations.

C.4 (3:15pm-3:35pm): DEVELOPMENT OF A PROGRAM TO IMPROVE CULTURAL COMPETENCE OF ENTRY LEVEL ALLIED-HEALTH PROVIDERS; Susan Gordon-Hickey (University of South Alabama); Elizabeth Adams (University of South Alabama); Anjanetta Davis (University of South Alabama); Hannah Huffstutler (University of South Alabama); Victoria Henbest (University of South Alabama); Erin Lunn (University of South Alabama)

We aim to improve the knowledge and attitudes of students enrolled in Allied Health Professions clinical programs with regard to justice, equity, diversity, and inclusion. This pilot study engaged students around the topics of racial injustice, social determinants of health, and implicit bias in a short educational series. Students from three graduate-level Allied Health programs participated in interprofessional teams. This project included three phases: pre-testing, education, and post-testing. The pre-test instrument assessed knowledge and attitudes about implicit bias, racial injustice, and social determinants of health. The educational intervention included independent reading, lecture-based content delivery, an opportunity to apply acquired knowledge in the form of a standardized patient experience, and reflection activities to encourage reflection on the targeted knowledge and skills. The post-test was conducted to measure changes in knowledge and attitudes in the area of cultural competence using the pre-test instrument. In the future, we aim to expand this to a comprehensive and formal cultural humility program for our students. This presentation will share the outcome of the pilot study and our future directions.

C.5 (3:40pm-4:00pm): ACADEMIC MODEL OF EXCELLENCE FOR DIVERSIFICATION OF THE HEALTHCARE WORKFORCE; Mary Jo Guglielmo (Rush University Medical Center); Kenya McGuire Johnson (Rush University); Brinda Bradaric (Rush University); Charlotte Brasic Royeen (Rush University)

Issue: By 2050 in the U.S., non-Hispanic Whites will decrease to 47% and minorities will represent 51% of the population. Racial/ethnic diversity in the healthcare workforce, a type of organizational cultural competence, has been associated with the delivery of quality care to minority populations. Increasing underrepresented groups within the workforce supports the inclusion in and cultural responsiveness of the health professions. Education of a diverse workforce is essential in meeting the healthcare needs of our communities.

Method: A baccalaureate health sciences program (BSHS) at academic medical center was designed to
provide a bridge to students from community colleges to health studies.

**Outcomes:** Eighty-eight percent of the BSHS undergraduates (a majority who identified as underrepresented minorities in healthcare) are pursuing or have completed graduate education or additional studies in healthcare fields.

**Conclusion:** The structure, interventions and culture of the health sciences program resulted in successful promotion of diversification to the healthcare workforce.

**C.6 (4:05pm-4:25pm): CLOSING THE GAP: BUILDING A SUPPORT SYSTEM FOR UNDERREPRESENTED STUDENTS IN HEALTH PROFESSIONS; Nancy Kirsch (Rutgers, The State University of New Jersey)**

**Objective:** Create a support network of clinical partners to sustain and support the diversity admissions process of the school by improving the retention of students identified as under represented minorities with academic, personal, financial challenges.

**Issue:** The Doctor of Physical Therapy Program and The Physician Assistant Programs made a concerted effort over the past decade to admit a more diverse class and they have successfully raised the percentage of under-represented minority students in both programs exceeding the national averages across the country. Unfortunately, in both programs the number of students decelerating or not successfully completing the program is proportionally higher among the minority students.

**Method:** Both programs have been working to develop a plan to support the students recognizing that admitting a diverse class is not sufficient. A three part plan was implemented to support under represented students initially with peer support, education support and now peer mentorship from under-represented minority clinicians trained by the school to become mentors through the GAP program (Growing Accomplished Professionals).

**Outcome:** While still a new program the students report that the opportunity to connect with community clinicians has been invaluable.

**Conclusion:** The GAP program has the potential to maximize retention and successful completion of graduate programs in PT and PA and can easily be replicated in other disciplines.

**C.7 (4:30pm-4:50pm): UNGRADING: INCREASING EQUITY AND ACCESSIBILITY IN A CLINICAL LABORATORY SCIENCE COURSE; Kasey Edwardson (University of Kansas Medical Center)**

Grading began as an attempt to standardize learner assessment across institutions, yet the desired consistency is lacking. A previous case study on Medical Laboratory Education Programs (MLEPs) found a variety of grade requirements for entry and progression. In some cases, programs required a “C” average, while others required a “C+” average. More interestingly, the minimum score to achieve a “C” ranged from 68% to 80%. Therefore, scores used to determine average grades are unstandardized, creating an inequitable situation that can be exclusionary and introduce barriers to academic success. The negative effects on the learner and the lack of focus on learning outcomes make grading an even greater concern. It is critical that educators bring the focus of education back to learning outcomes instead of academic outcomes such as grades and GPA. This presentation discusses ungrading a doctoral-level MLEP course during the Spring of 2022 and the perceived effects on learning outcomes. Ungrading brought the focus of education away from academic outcomes and shifted it to learning outcomes. Consequently, learners were provided a more equitable avenue to success in the course, and participation and engagement were increased.

**SALON D**

**CONCURRENT SESSION D: INNOVATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION**

**D.1 (2:00pm-2:20pm): USE OF AN UNFOLDING CASE STUDY TO FACILITATE INTERPROFESSIONAL COLLABORATION; Matthew Mills (Springfield College)**

Mental health is increasingly creating challenges in the provision of athletic healthcare, and it is critical to
providing holistic care to patients. Recognizing and intervening early to address mental health considers is considered to be a standard of care (Purcell et al., 2019). Athletic trainers (ATs) play a key role in recognizing mental health challenges for their patients (Chang et al., 2020), yet, AT students report feeling unprepared to provide services to those undergoing mental health issues (Washington, 2016). Simulation is used to expose students to situations in which they are unlikely to obtain authentic clinical experience. Simulation is also utilized to facilitate IPE, enhancing student readiness for authentic multidisciplinary practice. However, high-fidelity simulation can be expensive and resource-intensive to organize. This session will demonstrate an unfolding case study in which AT students collaborate with athletic counselors to simulate an emergency care scenario and a subsequent mental health intervention following the death of an athlete. At the conclusion of the scenario, students reflected on their roles and responsibilities and had increased confidence in their ability to handle a catastrophic situation in authentic clinical practice.

D.2 (2:25pm-2:45pm): THINKING AS A SKILL – EDUCATIONAL EXAMPLES TO DEVELOP CLINICAL REASONING; Susan Norkus (Quinnipiac University); Michelle Broggi (Quinnipiac University); Ken Kosior (Quinnipiac University)

One of the challenges associated with undergraduate & early assurance models of professional education has been the lack of a conscious transition to adult learning since students move directly into the graduate portion of their professional programs. Preparation for clinical practice, however, requires a transition to overt instruction and pedagogical practices centered around the development of critical thinking and reasoning. An educational example stemming from an Athletic Training/Doctor of Physical Therapy (AT/DPT) dual degree program and an early-assurance DPT program highlights the value of 3 distinct delivery methods for the integration of thinking and reasoning as skills.

- Undergraduate Athletic Training program centered on a spiral curriculum design in which students are exposed to key experiences (including standardized patients) to emphasize learning strategies (growth mindset, productive failure, utilization of feedback).
- Specific courses designed to focus on self-reflection, metacognition, and professionalism enabling actionable strategies to manage workload.
- Graduate DPT program builds on these skills through curricular threads which develop thinking skills in a clinical context for complex patient care.

D.3 (2:50pm-3:10pm): VIRTUAL VS. IN-PERSON INTERPROFESSIONAL EDUCATION – LESSONS LEARNED; Christen Page (Eastern Kentucky University); Leah Simpkins (Eastern Kentucky University); Casey Humphrey (Eastern Kentucky University); Karina Christopher (Eastern Kentucky University)

With the new social distancing requirements brought forth by COVID-19, several universities modified interprofessional education (IPE) to a virtual format without empirical evidence to support pedagogical design. This mixed methods study aimed to compare students’ readiness, attitudes, and perceptions of IPE between a virtual IPE activity and in-person IPE activity. Eighty-nine students from 5 programs (athletic training, communication disorders, dietetics, nursing, and occupational therapy) completed pre and post surveys (The Readiness for Interprofessional Learning Scale (RIPLS) and the Interdisciplinary Education Perception Scale (IEPS)) while 106 students wrote reflective essays. Findings revealed no differences between in-person and virtual IPE in students’ attitudes (IEPS) but reduced readiness for interprofessional practice following the virtual IPE (RIPLS). Students shared benefits and challenges in reflective essays. The benefits included a better understanding of other discipline’s roles, importance of holistic care, and real-world clinical practice. Challenges included role dominance, large group sizes, and establishing a connection with peers. This presentation will provide a model for future virtual IPE related to providing students with the same expectations, smaller group sizes, an opportunity to establish initial connections, and enhanced facilitation techniques.

D.4 (3:15pm-3:35pm): BEHIND THE SCENES: FOSTERING COLLABORATION BETWEEN
ATHLETIC TRAINING AND CLINICAL LABORATORY SCIENCE; Brian Seiler (University of Kansas Medical Center); Dana Baker (University of Kansas Medical Center); Kasey Edwardson (KU Medical Center)

Athletic training students (ATS) must be knowledgeable/competent in performing and obtaining appropriate lab tests to facilitate diagnosis, referral, and treatment. During clinical experiences, ATS have limited opportunities to perform lab tests and interpret their findings during real-time patient care. Studies indicate that active experiential learning will facilitate more collaborative practice post-certification. In addition, interprofessional education (IPE) not only pools resources by using them more efficiently but improves patient care by using teamwork to create a safe patient-centered environment. An IPE event between AT and doctoral clinical laboratory science (DCLS) students focused on teamwork/collaboration, interprofessional communication, and skill practice to improve patient care, reduce medical errors, and increase collaborative opportunities across the health care spectrum. Both DCLS and AT students led sessions from the perspective of their profession, and they worked together using lab testing to come to a final diagnosis of a patient case. Debriefing indicated students had increased respect and trust and improved understanding of roles and responsibilities of the other profession to impact patient outcomes.

D.5 (3:40pm-4:00pm): WE ARE HRS: INNOVATION FOR A SUSTAINABLE DESIGN IN A LONGITUDINAL IPE FRAMEWORK; Georgianna Sergakis (The Ohio State University); Marcia Nahikian-Nelms (The Ohio State University - School of Health and Rehabilitation Sciences); Amanda Natter (The Ohio State University - School of Health and Rehabilitation Sciences); Erinn Thomas (The Ohio State University - School of Health and Rehabilitation Sciences); Erika Kemp (The Ohio State University - School of Health and Rehabilitation Sciences); Samar Long (The Ohio State University - School of Health and Rehabilitation Sciences); Laurie Rinehart-Thompson (The Ohio State University - School of Health and Rehabilitation Sciences); Allison Stokes (The Ohio State University - School of Health and Rehabilitation Sciences); Ruth Hackworth (The Ohio State University - School of Health and Rehabilitation Sciences); Claire Bollinger (The Ohio State University - School of Health and Rehabilitation Sciences); Sarah Rusnak (The Ohio State University - School of Health and Rehabilitation Sciences); Kristen Roberts (The Ohio State University - School of Health and Rehabilitation Sciences); Sundus Mohammad (The Ohio State University - School of Health and Rehabilitation Sciences)

The most recent systematic reviews on interprofessional education (IPE) indicate gaps in research regarding improvement in health care practice, especially in the areas of collaborative behavior and patient satisfaction/outcomes. The development of our “We Are HRS” longitudinal IPE program capitalized on the self-contained IPE opportunities of our School. The optimization of IPE opportunities within our School that includes 10 health professions programs may be a useful model for similar institutions.

We sought to evaluate our innovative, longitudinal curriculum. Attitudes were assessed by the Attitudes, Motivation, Utility and Self-Efficacy (AMUSE); a 21 Likert-type item instrument. The attitudes, motivation and utility items were used to evaluate the IPE curriculum pre and post “We Are HRS” participation. The students were also asked to provide open ended comments. The students responded that they agreed with these statements and responses were at the top of the scale. Self-efficacy was an area that we did see some growth. Qualitative analysis revealed themes that support the students learned something new about HRS, about IPE and teamwork by working together in this longitudinal curriculum. This longitudinal curricula, training and interactive experiences have become the consistent IPE experience for approximately 350 students in each professional cohort and now are a standard component of the educational programs.

D.6 (4:05pm-4:25pm): TRAINING INTERPROFESSIONAL FACILITATORS FOR IPE DAY; Elizabeth Swann (Nova Southeastern University); Kimberly Valenti (Nova Southeastern University); Melissa Morris (Nova Southeastern University)

Interprofessional Education (IPE) Day is an annual event in which over 1,900 students from eight different campuses participate in four different activities. An icebreaker, an escape room, a telehealth
simulation with a standardized patient that could be in a trafficking scenario, and finally an interprofessional experience or presentation. In 2022, the educational need we addressed was the improvement of the facilitator training program. Each year we have over 100 employees serve as facilitators. This allows us the opportunity to train employees with specific IPE constructs and simulation standards that they will use the knowledge and experience gained in their own programs. The vision of full inclusion with the twenty-plus professions is to keep the virtual room size to an average of thirty participants so that when the facilitators send the students to the breakout rooms, we can maintain small group discussion numbers. The trained IPE facilitator would be able to monitor the discussion while asking guiding questions after the simulation or IPE experience. In conclusion, the collaborative model for both our IPE Day participants and our facilitators was an important aspect to plan, deliver, and evaluate.

D.7 (4:30pm-4:50pm): MORE THAN A HELP DESK: INTEGRATING INSTITUTIONAL TECHNOLOGY FOR A SUCCESSFUL LARGE-SCALE, VIRTUAL IP; Kimberly Valenti (Nova Southeastern University); Melissa Morris (Nova Southeastern University); Elizabeth Swann (Nova Southeastern University)

The development and execution of the NSU Health Professions Division Interprofessional Education Day (NSU-HPD IPE Day) includes the coordination of eight campuses, 30 concurrent ZOOM rooms each hour, twenty professions, over 1,900 students, and 120 volunteer facilitators. The event includes a simulated telehealth encounter, a virtual escape room, and an interactive interprofessional presentation. This large-scale, live, virtual event demanded a coordinated effort of a multitude of institutional departments. Of note, was the partnership built between the event planning committee and the Office of Innovation and Information Technology (OIIT). While IT is often used in the execution of online events, what made this partnership unique was the inclusion of an OIIT representative in the entire planning process and their assistance in developing planning mechanisms that streamlined the process leading up to the event. With so many moving parts of a large-scale event, maintaining relationships, meeting the needs of event participants, and the organization of key institutional stakeholders is imperative to a successful interprofessional event. This virtual version of our annual event was the second iteration of going online, and with this presentation we want to highlight the lessons learned and the development of a truly integrated relationship with OIIT, while providing students a meaningful interprofessional experience.

MELBOURNE
CONCURRENT SESSION E: NEW MODELS FOR HEALTH PROFESSIONS EDUCATION AND PRACTICE

E.1 (2:00pm-2:20pm): PROFESSIONAL DEVELOPMENT AND ENGAGEMENT THROUGH A SERVICE-LEARNING PROJECT IN A MEDICAL LABORATORY C; Jie Gao (University of Alabama at Birmingham)

Issue to be addressed: Medical laboratory scientists are unseen, hidden heroes in different healthcare teams. Currently medical laboratory scientist is one of the fastest developing profession in the United States. Advances in areas like point of care testing program, research management and other aspects demand innovative training methods to prepare students to cope with the professional advancements, as well as equip them to address emerging local and global challenges in healthcare.

Method: A 4-week service-learning project was designed and implemented in a medical laboratory course. This project in collaboration with homeless shelters provided health screening services to the homeless, who belong to a vulnerable community with multiple barriers to healthcare.

Outcomes: Notable learning outcomes were identified in the areas of applying knowledge, communication, professional development, and enhancement of cultural competencies.

Conclusion: The inclusion of service-learning into a medical laboratory science course can be a valuable learning experience for students, offering enhanced professional development and engagement, while collaborating and problem-solving.
**E.2 (2:25pm-2:45pm): THE RAPID EXPANSION OF TELEHEALTH AS A TEACHING STRATEGY REMINDS US TO BE INNOVATIVE; Beverly Henry (Northern Illinois University); Pamela Taylor (Lewis University)**

**Background:** In 2020, program directors rapidly explored a shift to Telehealth (TH) with varying degrees of commitment, expertise, and motivation.

**Hypothesis:** The challenge of restricted availability of clinical sites met by incorporating TH in training of health professionals exemplifies skills needed by educators to innovate learning outcomes, assessments, and teaching strategies.

**Method:** We began with the end-in-mind, focusing on desired learning outcomes, rather than routine practices (Wiggins & McTighe, 2005). Roger’s Diffusion of Innovation Theory (2003) and the 4 Ps model for teaching TH outlined key steps (Rutledge et al, 2020).

**Outcomes:** Using the SPROUT framework, Telehealth Change Management Recording Tool, we report one example as the nursing graduate programs, to highlight integration of TH for clinical practicums. The TH Change Management Recording Tool outlines data on the program, plan, activities, results, and action plan to meet needs for clinical education.

**Conclusion:** COVID-19 provided a natural experiment for adjusting pedagogy in response to an acute issue. Today's goal for educators is preparing practitioners to address emerging trends in health care delivery including TH and advocating for positive educational change long term.

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**E.3 (2:50pm-3:10pm): AN INNOVATIVE SHARED CURRICULAR MODEL FOR ATHLETIC TRAINING AND PHYSICAL THERAPY EDUCATION; Stephen Jernigan (University of Kansas Medical Center - PTRSAT Department); LesLee Taylor (University of Kansas Medical Center - PTRSAT Department); Linda D'Silva (University of Kansas Medical Center - PTRSAT Department)**

**Issue to be Addressed:** Changes to the professional degree for athletic training provides an opportunity for professional socialization and interprofessional education (IPE) initiatives between physical therapy and athletic training programs. In 2018, the American Physical Therapy Association and the National Athletic Trainers’ Association adopted a joint statement calling for collaboration between professions, and in 2021 joint policy principles were developed to promote collaboration around legislative efforts, public relations initiatives and interprofessional practice.

**Method:** The University of Kansas Medical Center is moving into the second year of a shared curriculum between the Master of Science in Athletic Training (AT) and Doctor of Physical Therapy (PT) programs. This unique and comprehensive collaboration allows for robust and integrated IPE throughout the curriculum. Many foundational IPE principles have been integral to this innovative partnership.

**Outcomes:** The first year of this model, including 8 shared courses between the two programs, was successful. Faculty from both programs effectively developed shared curricula, implemented shared courses, engaged in team teaching and facilitated effective learning across both programs.

**Conclusion:** Engaging in a strategic, shared curricular model for AT and PT creates notable efficiencies, elevates all learners, and provides significant opportunity for robust IPE.

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**E.4 (3:15pm-3:35pm): USE OF THE CLINICAL PREVENTION AND POPULATION HEALTH CURRICULUM FRAMEWORK IN ASAHP PROGRAMS; Ken Johnson (Weber State University); Shane Clampitt (Weber State University)**

The presentation reports on the role of the Healthy People Curriculum Task Force (HPCTF) and the use of their work, the Clinical Prevention and Population Health Curriculum Framework, in ASAHP programs. The authors intend to compare survey data to similar data published in 2010. Participants will leave the presentation with the Framework – a tool in the development of curricula supporting health promotion and disease prevention.

Deans from 90 ASAHP colleges received an 11-item survey and share it with their program directors, 203 of whom completed it. The items asked individuals to report their teaching practices related health promotion and disease prevention. Two items asked about faculty awareness and use of the Framework. Individuals completing the survey represented 51 universities from the U.S. and 1 from Kuwait.
Most programs include Framework concepts in their courses. The only itemed in the negative was one related to discussions on the effects of immunizations on health. While 35 percent of respondents say their faculty members are aware of the Framework, more than half are not sure. Few use it in the design of their programs.

Authors conclude that more work is needed to introduce the Framework to ASAHP faculty members.

**E.5 (3:40pm-4:00pm): DEVELOPMENT OF FACULTY OBLIGATION GUIDELINES;** Stacy Gropack (Stony Brook University); Eric Lamberg (Stony Brook University)

**Hypothesis/Issue to be addressed:** A primary concern of senior leaders in higher education is equity, accountability, and productivity of faculty.

**Method:** Leadership of the School of Health Professions (SHP) at Stony Brook University in collaboration with the faculty designed guidelines for obligations where all faculty are recognized equitably for contributions to the mission and objectives of their program and SHTM in teaching, scholarship, service, and administration. Surveys of obligations and comparative research resulted in iterations and a final version centered around an annual development plan, of which the faculty and the chair agree on to best serve the institutions needs while also considering the needs and interests of the faculty.

**Observations/Outcomes:** A series of discussions to elicit feedback from school leadership and faculty resulted in suggestions that could be applied uniformly in SHP as well as suggestions specific to each program. Implementation of guidelines is ongoing with continued assessment.

**Conclusion:** Development of faculty obligation guidelines requires collaboration and flexibility to allow for development, equity, and meeting institutional and program needs.

**E.6 (4:05pm-4:25pm): “TELL ME, SHOW ME, LET ME”: WHAT PRE-HEALTHCARE STUDENTS ARE LOOKING FOR;** Gunnar Fillerup (Western University of Health Sciences - College of Health Sciences); Garrett Masada (Western University of Health Sciences - College of Health Sciences); Dee Schilling (Western University of Health Sciences - College of Health Sciences)

**Hypothesis:** A 6-week inter-professional (IP) program consisting of various educational experiences has shown positive outcomes & good social validity by emerging healthcare professionals.

**Methods:** SHPEP is an enrichment program for Undergraduate students to learn about their profession of interest, one profession being Physical Therapy (PT). The 6-week IP program consists of IP didactic curriculum & profession specific education. Students interested in PT participate in afternoon curriculum that exposes participants to various aspects of PT. Experiences include clinical shadowing, expert panels, doctorate curriculum shadowing, & hands-on activities. Students were queried via survey regarding program design & content, program satisfaction, & confidence.

**Observations:** Data suggests an IP program with the key elements of clinical observations, content experts, program shadowing, & hands-on interaction provides positive student feedback & increased confidence levels in their perception of understanding the profession.

**Conclusion:** An IP program consisting of clinical experience, discussions with experts in the field, doctoral curriculum observations, & laboratory activities increase student satisfaction while improving confidence in their knowledge of the profession.

**E.7 (4:30pm-4:50pm): AN EMERGING TREND IN DOCTORAL EDUCATION IN HEALTH PROFESSIONS IN THE UNITED STATES;** Ning Lu (Governors State University); Catherine Balthazar (Governors State University); Caren Schranz (Governors State University); Kai-Wen Cheng (Governors State University)

One of the trends in health professions education is interprofessional education which was heightened during the COVID-19 pandemic and as we recover from it. The College of Health and Human Services at the Governors State University proposed to develop and provide a Doctor of Philosophy in Health Interprofessional Leadership.

**Issued to be addressed:** Develop Doctor of Philosophy Degree in Health Interprofessional Leadership
Method: Content analysis of published health interprofessional doctoral programs. Data are from program descriptions, admission eligibilities, and curriculums. Analysis focused on:
1. Opportunities for doctoral graduates from interprofessional programs
2. Target student population
3. Program structure
4. Curriculum
5. Faculty disciplines

Observations: Preliminary results demonstrated that most programs reviewed have concentrations (tracks), which in general can be categorized as health education leadership or health practice leadership. Graduates are prepared for leadership in health sciences and wellness, health education, healthcare management and policy, postdoctoral fellowships, and faculty appointments.

Conclusion: Doctoral degree in interprofessional health leadership produces graduates to lead the health education and practice that is more and more dependent on teams of interprofessional.

TOKYO/VANCOUVER
CONCURRENT SESSION F: NEW MODELS FOR HEALTH PROFESSIONS EDUCATION AND PRACTICE

F.1 (2:00pm-2:20pm): MAKING THE EVIDENCE-BASED CASE FOR CLINICAL SITE PARTICIPATION IN CLINICAL EDUCATION; Mari Knettle (Cleveland Clinic); Amber Boyd (University of Cincinnati); Laura Dailey (Kindred); Yasmen Simonian (Weber State University); Sue Ann Sisto (University at Buffalo); Julie O'Sullivan Maillet (Rutgers University School of Health Professions); Christopher O'Brien (King's College)

Issue to be addressed: New evidence-based resource for academic programs to share with facilities to advocate for participation in clinical education.

Method: A literature review was conducted by the Clinical Education Task Force (CETF) to find published articles about the impact of clinical education on clinical sites across a broad scope of health professions. Key findings from the review were summarized and categorized into broad themes.

Outcomes: The task force identified four major themes from the literature about the benefits of site participation in clinical education: Students Add Value, Productivity, Preceptor Perception, and Patient Perception. These themes were compiled on a one-page infographic that summarizes each theme in a single sentence and gives a “key” to achieving the listed benefit. A QR code embedded in the infographic takes readers to a bibliography of published literature supporting the listed themes.

Conclusion: The one-page resource created by the CETF can be used by both academic programs and healthcare facilities as a tool to frame conversations about the benefits of clinical education. The information presented dispels common misunderstandings and perceived obstacles that serve as barriers to clinical education participation and highlights the benefits to students, faculty, clinicians, and patients.

F.2 (2:25pm-2:45pm): IMPACT OF COVID-19 ASSOCIATED ONLINE INSTRUCTION ON STUDENT LEARNING IN HEALTH PROFESSIONS COURSES; David Shelledy (UT Health San Antonio); Venessa Kodosky (UT Health Professions); Mathew Anderson (UT Health San Antonio); Timothy Reistetter (UT Health Professions)

We sought to determine the effect of the rapid transition to distance/e-learning due to COVID-19 restrictions on health professions students’ perception of their learning. Hypothesis: Rapid transition to e-learning for didactic coursework would reduce students’ ratings of instructors’ teaching methods and progress on objectives. Method: We compared all student course evaluations in our school for the 12 months prior to the imposition of e-learning to the 12 months following the implementation of COVID-19 restrictions. Results: Over 15,000 individual course evaluations to evaluate teaching methods and students’ progress on objectives were completed for 444 courses across 8 different health professions programs. There were no significant differences (p>.05) in students’ evaluations of 9 teaching methods, significant declines in 4, and significant improvements in 6 following the transition to e-learning. Students’ evaluations of progress on objectives declined significantly (p<.05). Mean scores for students’
summary evaluations of teacher excellence increased from 4.10 to 4.30 on a 5-point scale (p<.0001) following the implementation of e-learning. There was no significant difference in mean course excellence summary evaluation scores. Conclusion: The impact of the rapid transition to distance/e-learning had variable effects on students’ evaluations of teaching and learning, however, mean scores on teaching excellence improved.

F.3 (2:50pm-3:10pm): A-SMART INTERPROFESSIONAL EDUCATION AND PRACTICE MODEL POST COVID-19; Halcyon St. Hill (Florida Gulf Coast University); Loureen Downes, Ph.D. (Florida Gulf Coast University)

Issue: The COVID-19 pandemic underscored the urgency for utilizing interprofessional teams of health care providers to deliver patient centered care. Notably, individuals with lifestyle-related diseases were more likely to be hospitalized and even more likely to die from COVID-19.

Purpose: To design an interprofessional educational and practice model that addresses the linkages between the immune system, lifestyle behaviors and patient centered care.

Method: Clinical Approach & Educational Model

Observations/Outcomes: Evidence-based lifestyle habits such as adopt healthy diet, stress less, move often, avoid alcohol, rest more, and tobacco cessation (A-SMART), is a practical approach to interprofessional education across a range of health professions, effectively addresses the risk for lifestyle-related chronic diseases including COVID-19 and other respiratory infections, and positively impact patient education and interprofessional practice.

Conclusion: Impending curricular changes that address interprofessional education and practice is therefore eminent.

F.4 (3:15pm-3:35pm): LEARNER CENTERED TEACHING-MASTERS IN MEDICAL LABORATORY SCIENCE LEADERSHIP; Patricia Tille (University of Cincinnati)

Medical laboratory science as well as many other health-care professional curriculums focus on the technical applications and content knowledge specific to the discipline. However, all health-care professional programs often lack an in depth curriculum that includes critical thinking, processes and the development of the leadership skills and experiences that foster the development of highly skilled professionals. The Masters in Medical Laboratory Science Leadership provides an overall learner-centered curriculum structure that includes interprofessional practices, evidence-based practice and a leadership focus that can be adapted to other health-care programs in an advanced practice model. This presentation will discuss the curriculum design for the educational model and program outcomes including student satisfaction, student advancement, successes and challenges. In addition, instructor challenges and assessment will also be included. Overall, this education model that includes a learner-centered approach can be effective and adopted to meet the needs of any health-care advanced program focused on developing strong leadership skills.

F.5 (3:40pm-4:00pm): ANALYSIS OF PREADMISSION VARIABLES TO PREDICT LICENSURE EXAMINATION OUTCOMES IN PHYSICAL THERAPY; Dave Krause (Mayo Clinic)

Issue/Question to be addressed: What admissions information is valuable? Specifically, what admissions variables (if any) predict success on the National Physical Therapy Examination (NPT)

Methods: Setting: A Physical Therapy program with a class size of 28. Study type: A retrospective study of preadmissions variables to predict licensure examination outcomes on graduating classes from 2001-2021 (n=551). Analysis: Receiver operating characteristic (ROC) curves were used to identify cut scores for each variable that optimized sensitivity and specificity and best distinguish between graduates who did and did not successfully pass the NPTE on their first attempt.

Outcomes: Based on a Receiver Operating Characteristic Curve analysis of graduates, 4 pre-admissions variables predict passing the NPTE: Quantitative GRE, Verbal GRE, Behavioral Interview Score, Cumulative Undergraduate GPA .

Conclusion: Analyzing pre-admission variables can provide insight into applicants most likely to succeed
on the NPTE and in turn, influence admissions decisions.

**F.6 (4:05pm-4:25pm): FEWER CANDIDATES, CRITICAL DEMAND: CLOSING THE HEALTHCARE WORKFORCE GAP; Jessica Langley (National Healthcare Association); Kristiana Routh (National Healthcare Association)**

Even as we start the recovery process from Covid-19, the strain on the healthcare workforce and career pipeline is higher than ever. Both educators, employers, and workforce leaders are thinking outside the box to offset these shortages. Enrollments within post-secondary health care programs are down which is causing the industry to come up with creative and innovative ways to attract, train and retain, essential health care workers

**F.7 (4:30pm-4:50pm): SOURCES OF INFORMATION THAT INTRODUCED UNDERGRADUATE STUDENTS TO THEIR APPLIED HEALTH MAJOR; Erin Vanderbunt (Southern Illinois University Edwardsville)**

Ensuring that students have accurate information on which to base their major selection decisions on can allow them to make a more informed major selection, potentially increasing satisfaction and minimizing the time to graduation. Applied health undergraduate students from the majors of exercise science, nutrition, public health, and speech pathology at a midwestern university were invited to complete a survey ranking the influence of a variety of information sources that may have introduced them to their current major. The most influential sources of information were consistent for Applied Health undergraduate students overall and between academic majors. Personal experience with the major, friend or family member in the major, and health care professionals in the major were repeatedly among the highest non-college related sources, while college introductory courses and college instructors in the major were the most consistently reported influential college-related sources. These findings can be used to help institutions and academic programs to create or modify recruiting campaigns and marketing materials to be both more effective and more informative for prospective students.
FRIDAY, OCTOBER 21, 2022 (10:10am-11:45am)

CASABLANCA

CONCURRENT SESSION A: SELECT TOPIC IN HEALTH PROFESSIONS and INNOVATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION

A.1 (10:10am-10:30am): DEPLOYMENT OF FACULTY RESOURCES AND THE DEVELOPMENT OF ACCOUNTABILITY AND TRACKING TOOLS; Jason Turner (Rush University)

Allied health faculty are expected to meet teaching, service, research, and clinical responsibilities. There is a need to develop a framework that tracks faculty efforts over time, reduces feedback loop times, supports career development, and creates accountability for individual faculty, directors, and chairs.

Method: A simple, flexible framework was developed to map teaching, service, administration, research, and clinical activities onto faculty effort expectations. Course titles, credits, teaching scores, grant activity, and research productivity reports were also included. The framework informs annual performance assessment meetings, captures goals for the upcoming year, and is used to determine merit increases. Outcomes: The framework normalized teaching expectations and research productivity across the college, made explicit the distribution of efforts across members of departments, provided a business rationale for additional resources, and aligned program and individual goals. Moreover, the process assures enough time is devoted to the requisite domains to enable faculty development. Conclusion: The tool develops accountability, transparency, allows plasticity, and identifies significant variances.

A.2 (10:35am-10:55am): NP AND PA FELLOWSHIP QUALITY STANDARDS; Nicole Oertli (Mayo Clinic School of Health Sciences); Aaron Rindflesch (Mayo Clinic School of Health Sciences)

Issue: Mayo Clinic School of Health Sciences (MCSHS) has seen a surge in Nurse Practitioner (NP)/Physician Assistant (PA) Fellowships in the recent years. There are 14 NP/PA fellowships, with 8 of them being approved in the last 2 years. Many programs accept both NP and PA learners. Unfortunately, there is currently no combined accrediting body. The cost and time to gain accreditation from both NP and PA accrediting bodies is significant. In lieu of accreditation, MCSHS has created quality standards for all NP/PA fellowships.

Method: A group of 20 NP/PA fellowship program directors (PDs), faculty, and education leadership worked over a one-year period to discuss and develop common standards related to topics such as curriculum, evaluations, and program FTE. Input from all NP/PA fellowship PDs was sought using an electronic survey tool. Results from the survey indicated current state similarities and differences among the programs.

Outcomes: Quality standards have been developed and will be shared in the presentation. These standards will temporarily substitute for accreditation in creating consistency among fellowships. Conclusion: The quality standards created will be utilized by all current and future MCSHS NP/PA fellowships.

A.3 (11:00am-11:20am): INTERACTIVE, SCALABLE AND ASYNCHRONOUS: INTERPROFESSIONAL EDUCATION INTERACTIVE E-MODULE; Michael Wong (Azusa Pacific University); Richard Oliver (University of Missouri); Melissa Cole (Azusa Pacific University); Priya Bakshi (Indiana State University); Vicki Hammen (Indiana State University); Jayna Niblock (STAR Institute)

Evidence suggests that Interprofessional Care is a means to better health, better care, and lower costs. Homeyer et al. discussed four primary arguments for IPE (Interprofessional Education): (1) development and promotion of interprofessional thinking and acting, (2) acquisition of shared knowledge, (3) promotion of beneficial information, and knowledge exchange, and (4) promotion of mutual understanding. Major barriers of IPE are the coordination and harmonization of the curricula between professions, time and cost needed to prepare and run the experience, and the ability to create meaningful reflection/interactions for all participants.

With the continued challenge of the COVID-19 pandemic and the emerging value of online simulations
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(Pritchard et al., Carla et al., Bethea et al.), a team of clinicians and academic instructors were determined to plan, film and create a fully interactive, asynchronous interprofessional simulation. The design and implementation of this simulated IPE experience will be discussed and student feedback via survey will be reported.

**Issue to be addressed:** Challenges and strategies to implement a large scale IPE experience on a virtual platform.

**Method:** Educational model built around a hybrid/flipped classroom concept

**Outcomes:** Survey data from over 100 IPE participants

**Conclusion:** Online, interactive, asynchronous inter-professional simulations may be scalable, time efficient, and cost-effective.

BARCELONA
CONCURRENT SESSION B: INNOVATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION

**B.1 (10:10am-10:30am): PREPARING ALLIED HEALTH PROFESSIONALS AS PLANETARY HEALTH LEADERS; Regina Chen (Rush University); Andrew Garman (Rush University)**

**Issue To Be Addressed:** Allied health professionals are increasingly being called on to contribute to global efforts to address climate change, and students are increasingly seeking opportunities to meaningfully contribute to solutions. This session we will share approaches allied health schools can use to meet these educational and practice needs.

**Method:** In the Spring of 2022, Rush University launched a new project-based interdisciplinary course on climate change and planetary health. Students worked in teams on projects identified by Rush’s sustainability manager and received mentorship from an interdisciplinary team of staff and faculty collaborators. Learning objectives were developed from Planetary Health Education Framework, and human-centered design concepts guided project development. We then began a university-wide curricular needs assessment by adapting the planetary health report card (PHRC) for allied health disciplines.

**Outcomes:** Course evaluations indicated that the class was very well received, and offered specific suggestions for future programs.

**Conclusion:** We will provide specific recommendations for allied health faculty, including our findings from adapting the PHRC for allied health programs.

**B.2 (10:35am-10:55am): THE MAGIC OF SUCCESSFUL LEARNING OUTCOMES: COLLABORATION, RELEVANCE, AND, HUMANISM; Dr. Gail Evans Grayson (Western University of Health Sciences - College of Health Sciences); Dr. Gunnar Fillerup (Western University of Health Sciences - College of Health Sciences); Dr. Garrett Masada (Western University of Health Sciences - College of Health Sciences); Rudy Barreras (Western University of Health Sciences - College of Health Sciences); Dr. Dee Schilling (Western University of Health Sciences - College of Health Sciences)**

**Hypothesis:** An integrated educational project created by the collaboration of 3 different experts in a 6-week inter-professional (IP) program for Undergraduate Students facilitates opportunity to demonstrate the integration, synthesis, & application of knowledge.

**Methods:** SHPEP provides an educational model for students to learn about their profession of interest. Students interested in Physical Therapy were taught interprofessionally by a physical therapist, librarian, & healthcare educator, regarding disease, research strategies for literature search & review, & educational teaching considerations regarding health literacy & role of culture. Students were queried via survey regarding their perception of their knowledge of literature gathering, educational principles & perception of confidence for future projects.

**Observations/Outcomes:** Data suggests a relevant, patient-centric project delivered collaboratively by three professionals can provide an improved understanding & interest in research (literature search & review), educational methods (influence of health literacy & culture), & pathology (conditions & treatment). Feedback indicated increased confidence levels in all areas & perceived the project as
relevant.
**Conclusion**: A collaborative teaching effort with a patient focused project can facilitate integration, synthesis, & application of medical knowledge, research, & educational methods.

**B.3 (11:00am-11:20am)**: DEVELOPING AN INTERPROFESSIONAL CERTIFICATE PROGRAM: PUTTING THEORY INTO EFFECTIVE PRACTICE; Mary Von (Pacific University College of Health Professions); Rebekah Ratzlaff (Pacific University); Kathryn Bell (Pacific University)
The Interprofessional Integrated Behavioral Health Education and SBIRT Training (IP is BEST) program is an innovative training program in a collaborative interprofessional clinical setting with two specific curricula: Online SBIRT (screen, brief intervention, referral, and treatment) Training and Substance Use Disorder (SUD) Training; and clinical shadowing.

**Hypothesis**: Building upon the Foundations of Interprofessional Practice course, additional behavioral health and substance use training will be provided for 10 interprofessional students. Completion of the IPisBEST certificate program will better equip future healthcare workforce with innovative skills, advanced knowledge, and increased confidence in providing culturally responsive behavioral health and substance use disorder care to underserved populations.

**Method**: 10 interprofessional students will be admitted each year and >90% of participants will complete the program. Diversity of participants (ethnic, racial, educational, or linguistic) will increase 10%. Assessment of knowledge scores will show statistically significant improvement each year.

**Observations**: Clinical and Educational outcomes: 10 students enrolled fall 2022.

**Conclusions**: Establishing a new interprofessional certificate program is imminently doable. Initial student feedback has been positive, with students remarking that the online coursework was enjoyable, pertinent, and timely.

**B.4 (11:25am-11:45am)**: PREVENTING REPEATED STRESS INJURIES IN MEDICAL IMAGING; Laura Vasquez (School of Health Professions, UT Health San Antonio)

**Issue to be addressed**: Medical Imaging is the third largest group of the healthcare professions. Medical imaging is often referred to as the “eye of medicine” and is used across all stages of the healthcare process. The role of medical imaging in the COVID-19 pandemic has been essential. The need for technologists is expected to increase due to increases and aging of the population, technology advancements and prevalence of disease states. Two compounding factors which impact the staffing are retirements and premature exiting of the field due to repetitive stress injuries.

**Method**: The purpose is to address and prevent the on-going injuries and shortages in medical imaging. Proper ergonomics education and safe body mechanics by occupational therapy (OT) professionals is considered.

**Observations/Outcomes**: Proper education and preparation by OT professionals may prevent repetitive stress injuries.

**Conclusion**: Addressing the factors that limit the availability of medical imaging technologists is critical. Repetitive stress injuries lead to premature exiting of the field. Ergonomic education by OT professionals must be incorporated into the education to preserve the safety and staffing of medical imaging professionals.

**SALON C**

**CONCURRENT SESSION C: MODELS FOR EXCELLENCE FOR ENHANCING DIVERSITY, EQUITY, AND INCLUSION and SELECT TOPICS IN HEALTH PROFESSIONS**

**C.1 (10:10am-10:30am)**: CLINICAL RESEARCH WITH TRANSGENDER AND/OR INTERSEX PARTICIPANTS; Valerie Herzog (Weber State University); Alysia Cohen (Weber State University)

Transgender and intersex individuals may choose to take hormones and/or have surgical procedures to align with their gender identity. The purpose of this study was to determine how researchers manage participants and data of transgender or intersex individuals in clinical research studies. Our hypothesis
was that there were not be a consensus. Methods: 378 published researchers from three years of three leading journals in sports medicine were surveyed using Qualtrics. Results: 82 respondents completed the survey (response rate of 21.69%) with 87.8% in a university, 3.7% in a hospital or clinic, 3.7% in a research-based organization, 2.4% in a government agency, and 1.2% with professional sports. There was no clear consensus and many indicated that they were unsure how they would manage the subject’s categorization (32.9%) or data (36.6%) if the individual was using hormones and/or surgery to transition. Few (6.1%) had related policies within their organization. Conclusions: There does not appear to be a consensus among researchers on how to manage participants or data when a transgender or intersex individual volunteers to participate in a research study. The research community should work to develop best practice guidelines.

C.2 (10:35am-10:55am): PLANNING AND DESIGNING TO SUPPORT THE PURSUIT OF DIVERSITY, EQUITY, AND INCLUSION; Gideon Labiner (University of Cincinnati); Ebony Speakes-Hall (University of Cincinnati); Charity Accurso (University of Cincinnati) Hypothesis: In 2015 the CAHS at UC undertook strategic planning exercises leading to the development of the CAHS Diversity, Equity, and Inclusion Advisory Council (DEIAC). In the Summer of 2020, the CAHS began the Call-to-Action, 5 Pillars for DEI focus. In the final year of strategic planning, we gathered stakeholder feedback to chart our progress and plan for future engagement. Method: The CAHS used the Polarity Thinking™ model during the 2015 strategic planning. This model identifies assessment tensions to help guide advancement. Strategies for benchmarking progress were initiated and loftier goals have been set. Outcomes: The 2015 strategic planning provided a base for developing interprofessional action items across the CAHS in DEI. The schema of 5 Pillars (Curriculum, Training, Engagement, Communication, Research) would become focal points. Our outcomes from each Pillar will be analyzed to identify areas of growth and those needing greater support. Conclusion: The college has achieved significant progress in its DEI efforts across all units. DEI initiatives include curriculum redesign, DEI centered courses and increased faculty DEI centered research. By purposefully integrating DEI, it has become a recognized priority.

C.3 (11:00am-11:20am): FACILITATING INCLUSIVE POLICY CHANGES THAT PROMOTE EQUITY & INCLUSION IN HEALTH PROFESSION PROGRAMS; Ericka Zimmerman (Western Carolina University) Issue to Be Addressed: Health profession education (HPE) programs are more likely to recruit and retain diverse students when program policies, learning experiences, and faculty recruitment are crafted through the lens of equity and inclusion. Administrators should be mindful of biased and discriminatory language and practice in HPE programs. Method: This session provides administrators with recommendations and considerations for inclusive policy changes that foster changes in attitudes, behaviors, and action within and across HPE programs, including internal and external resources. Observations/Outcomes: At the conclusion of the presentation, attendees will be able to a) recognize areas of biased, discriminatory, and microaggression language in program policies, admission criteria, student learning experiences, and faculty hiring materials; b) identify contemporary and inclusive language and practice; and c) identify internal and external resources for collaboration, support, and education for using contemporary and inclusive language and practice. Conclusion: Administrators are instrumental in facilitating, nurturing, and supporting faculty in policy changes that create a climate of equity and inclusion within HPE programs.

C.4 (11:25am-11:45am): WINNING THE GAME: HITTING A TRIPLE IN INTERPROFESSIONAL EDUCATION; Shawn Drake (Arkansas State University); Lori Gatling (Arkansas State University); JoAnna Cupp (Arkansas State University); Brinda LeGrand (Arkansas State University); Susan Snellgrove (Arkansas State University); Debbie Knight (Harding University) Hypothesis/Issue to be addressed: The Healthy Ager (HA) Service Learning Project provides an
interprofessional and collaborative practice opportunity for healthcare students (dietetics, physical therapy and nursing) at Arkansas State University. The COVID-19 pandemic imposed significant challenges to the face-to-face format of the HA program. An innovative restructuring of the course allowed students to meet Interprofessional Education Collaborative (IPEC) core competencies while working with older adults in a telehealth format. Pharmacy students from Harding University were able to participate in the program using the telehealth format.

**Method:** The new HA curriculum encompassed three primary learning theories (behavioral, cognitive and sociocultural), while using web-based conferencing and standardized patients (SPs). Students completed pre-post course assessments using the Interprofessional Collaborative Competency Attainment Survey (ICCAS) and a reflection paper on IPEC core competencies as their final course project. Observations/Outcomes- Data analysis is underway and results will be presented at the meeting.

**Conclusion:** The new HA curriculum met the IPEC core competencies using a web-conferencing platform. In addition, HA reported they would be more interested in using telehealth in the future with their healthcare provider.

**SAISON D**

**CONCURRENT SESSION D: NEW MODELS FOR HEALTH PROFESSIONS EDUCATION AND PRACTICE**

**D.1 (10:10am-10:30am): DIRECT-ENTRY DEGREE INTO MAGNETIC RESONANCE IMAGING;**
Laura Vasquez (School of Health Professions, UT Health San Antonio)

**Issue to be addressed:** Current findings indicate a lack of cohesive procedure in the best way to educate Magnetic Resonance Imaging (MRI) specialists. Evidence shows that MRI technologists lack essential knowledge, skills and competencies. Existing traditional educational methods are inadequate, particularly within the area of MRI safety-focused instruction.

**Method:** Historically, MRI professionals are radiographers who have learned MR imaging via on-the-job cross training. The purpose of this study was to investigate the best way to learn MRI. The data was collected from hiring employers while evaluating the value of direct-entry into MRI without a radiography background by way of a specialized MRI safety-focused education.

**Observations/Outcomes:** Those who learned MRI via a specialized direct-entry MRI primary pathway group achieved higher overall scores than the MRI post-primary pathway group.

**Conclusion:** A specialized MRI degree is controversial because it eliminates the need to primarily qualify as a radiographer. Research shows that direct entry via a specialized MRI degree with MRI safety-focused educational content supports the efficacy of an appropriate MRI learning method for this advanced imaging modality.

**D.2 (10:35am-10:55am): BENEFITS OF A FLIPPED CLASSROOM VS. TRADITIONAL LECTURE EXAM-BASED DESIGN ON GRADUATE EDUCATION;**
Sue Ann Sisto (University at Buffalo); Jessica Kruger (University at Buffalo)

**Hypothesis:** A flipped classroom will produce greater learning and student satisfaction compared to a lecture and exam-based course design.

**Method:** A flipped classroom design is compared to a traditional lecture-based and exam-based design through student course evaluations and a learning survey. The traditional approach was used for a single graduate DPT class during the first year of their curriculum. The flipped classroom approach was used for the same students during the send year DPT program. Classroom worksheets guided the classroom activities and exit tickets were used to capture concepts that were difficult. These concepts were reviewed in the following class.

**Outcomes:** While curriculum content was different across both years, there was a remarkable difference in student engagement and satisfaction as evidenced by instructor and teaching assistant observation as well as improvements in student satisfaction as evidenced though anonymous course evaluations.

**Conclusion:** While the initial investment of time and planning is needed to create a flipped classroom design, the benefits of student engagement, learning and satisfaction support the value of this effort.
**D.3 (11:00am-11:20am): INTERNATIONAL HEALTH INITIATIVE: A MOLECULAR DIAGNOSTICS TRAINING PROGRAM FOR HEALTH PROFESSIONALS; Gloria Viboud (Stony Brook University); Hana Fukuto (Stony Brook University); Iulian Nelepcu (Roche Romania SRL, Diagnostics Division); Steliana Necula (Roche Romania SRL, Diagnostics Division); Nora-Esther Galli (Roche Romania SRL, Diagnostics Division)**

Advances in molecular diagnostics (MD) are expected to contribute significantly to improving the health of people worldwide. However, incorporation of these technologies in many countries remains a challenge. As one of the least developed countries in Europe, Romania is in dire need of medical and laboratory staff trained in modern technologies.

**Goals:** To develop a curriculum easily deliverable to health care professionals in Romania and to evaluate the effectiveness of the training in increasing their understanding of molecular tests.

**Methods:** This self-paced educational program consisted of online asynchronous lectures and optional synchronous review sessions. The training was offered to 50 healthcare professionals. Pre- and post-assessments were answered anonymously.

**Outcomes:** 68% of the selected participants completed the training successfully. Based on participants’ self-assessment, the course was successful in improving the overall knowledge of MD, specifically to understand MD techniques and interpret results.

**Conclusions:** There was a very high participant satisfaction with the overall training. This study can serve as a model to be used in other less developed countries willing to incorporate MD to their clinical labs.

**D.4 (11:25am-11:45am): DEVELOPMENT AND IMPLEMENTATION OF SUBSTANCE USE TRAINING FOR ALLIED AND BEHAVIORAL HEALTH GRADUATES; Frank Czuba (Governor State University)**

Allied and Behavioral health professionals (ABHP) interact with clients at higher risk for substance misuse due to physical injury/illness, personal, mental, or relational problems leading to more substance use that impact daily life activities, health and wellbeing. “There are more deaths, illness and disabilities from substance use than from any other preventable health condition” (https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse/death retrieved on 12/7/19). As primary care providers, ABHP need to recognize warning signs and initiate/maintain dialogue about substance misuse. However, traditional ABHP education provides minimal training. Interprofessional collaboration, through SAMHSA grant (#FG-1879FG000098-01) created a Screening, Brief Intervention, and Referral to Treatment (SBIRT) Educational Training Program for ABHP graduate students. Evidenced-based SBIRT is effective in reducing substance misuse in clients. The online training program enhances graduate students’ competence in substance use disorders for at-risk clients. Pre/post quizzes assess the learners’ comprehension of material. 3 phases of Data Collection: 1)ABHP educators reviewed the SBIRT Modules for content, terminology, application 2)ABHP students completed the SBIRT program, including pre-post quizzes at Governors State University 3)ABHP students in another state completed the SBIRT program and pre-post quizzes. Data collection is in process for phase 3. Analysis and results of 3 phases of data collection will be presented.

**TOKYO/VANCOUVER CONCURRENT SESSION E: NEW MODELS FOR HEALTH PROFESSIONS EDUCATION AND PRACTICE**

**E.1 (10:10am-10:30am): VIDEO CONFERENCING V. VIRTUAL REALITY: DEVELOPING FACULTY FOR FUTURE ENVIRONMENTS; Melissa Morris (Nova Southeastern University); Janice Palaganas (MGH IHP)**

**Research Question:** Lived experiences of an inter-professional health profession education team was explored to discern “what are the comparative experience of health profession faculty meetings in a cloud-based video conference using a computer screen and a virtual reality environment using a head mounted display device”?
Methods: This mixed method participatory action research team consisted of researchers with diverse demographics and perspectives ranging from resisters to expert promoters. Participants met twice a week for nine weeks in VC and VR completing meeting satisfaction and virtual world experience surveys after each recorded session. Recordings and journal entries were inductively coded.

Results: Preliminary results show that regardless of VR experience, participants began in the platforms as novices and over time became proficient in the prospective environments. Distractions in both the VC and VR were identified. Overall, the meetings in the VR environment were rated higher in satisfaction, engagement, and fun.

Conclusion: The project provided a deeper understanding of barriers and adoptions of technology. The results inform faculty development in that time and practice are needed for users to orient and gain proficiency.

E.2 (10:35am-10:55am): STUDENTS’ PERSPECTIVE ON EDUCATIONAL DELIVERY OF MEDICAL LABORATORY SCIENCE PROGRAMS DURING COVID-19; Guillermo Nunez (UT Health San Antonio, School of Health Professions)

Issue to be addressed: The COVID-19 pandemic altered the academic environment and led to significant changes in program delivery. Traditional classroom teaching was substituted with online instruction and laboratory simulations. Clinical laboratory practicums and classroom interactions are essential in the academic and professional training of Medical Laboratory Science students (MLS). It is important to address challenges caused by COVID-19 that affect students’ educational experience.

Method: The purpose is to evaluate the student’s perspective on the impact of COVID-19 in relationship to the quality of program delivery. The mode value of the Likert scale on the impact of COVID-19 and the teaching quality of online learning were evaluated.

Outcomes: The Likert scale was used to evaluate students’ perspectives as it relates to challenges caused by COVID-19. Questions evaluate challenges, performance, and satisfaction during the pandemic.

Conclusion: COVID-19 brought many challenges to educational systems globally. This study reveals how students can bridge the gap between traditional and online learning methods and create opportunities for implementing new, more effective models of delivery.

E.3 (11:00am-11:20am): CULTIVATING THE HEALTH SCIENTISTS’ IDENTITY AS SCHOLAR-PRACTITIONERS; Genevieve Pinto Zipp (Seton Hall University); Lauretta Cathers (Virginia Commonwealth University); Kieran J Fogarty (Western Michigan University); Lynda T Goodfellow (Georgia State University); Beverly Henry (Northern Illinois University); Douglas Kuperman (Rush University)

Issue: Interprofessional education in the health sciences does not and should not stop at the professional level. Thus, interprofessional post professional doctoral programs advancing health professionals as scholar-practitioners with defined skill sets in scholarship, leadership, and teaching is imperative.

Methods: The purpose of this presentation is to 1) describe how the Scholar-Practitioner framework and the Communication Theory Identity were used to inform an explicit identity, for Health Scientists; and 2) provide an overview of The Association of Doctoral Programs in Health Sciences (ADPHS) formed in 2019.

Observation: The ADPHS vision of being a leading interprofessional voice for better health, health care, and health professional education will be discussed and the strategies developed to ensure the quality of health sciences education, to promote health sciences as a distinct interdisciplinary academic field and to advocate for the common good of doctoral programs in health sciences will be shared.

Conclusion: Health Scientists, whether a scholar practitioner or academician, exemplify the interprofessional communication skills necessary to explain complex concepts, engage in clinical reasoning, and decision-making, and employ observational and data-analysis to improve health professional education and ultimately person-centered care.

STUDENTS TO ADDRESS EQUITY IN CLINICAL PRACTICE; Lee Ann Guenther (Stockton University)

**Issue:** Health professionals have an opportunity to address the problem of social determinants of health (SDOH) in their practice and promote equity for patients. Education on how to do this could occur within the inter-professional (IPE) curricular content of entry-level health profession programs.

**Method:** A virtual IPE event was offered to nursing, physical, occupational and speech therapy students at a NJ public university. The event included a brief lecture on foundational concepts in SDOH, equity and ethics, especially the principle of justice; a patient case was then used in IP break-out and full group discussions to address SDOH and equity in practice.

**Outcomes:** All participants described increased awareness and comfort with the importance of promoting equity for patients. All were also committed to IP practice, decreasing SDOH and increasing equity. Recommendations included continuing this event annually and expanding participation.

**Conclusion:** This IPE virtual event required little resources and achieved desired outcomes. Study of the event’s impact as participants graduate and begin clinical practice could provide additional support for inclusion and expansion of similar activities to address and promote equity.