Initial IPE Community Engaged Curriculum Concludes with Student Presentations

What is it about this collective group that draws so much energy and excitement?!? On April 12th, the Student Union Ballroom was set up in a different venue with five presentation areas dispersed across the massive ballroom for 26 interprofessional student teams to present their findings based on their community work between February and April. This was the culmination of the first required interprofessional community engaged curriculum (CEC) at the University of New Mexico Health Sciences Center.

Besides its focus to incorporate public health principles and emphasize culturally-sensitive interactions in the community, the CEC’s interprofessional slant centered primarily on providing opportunities to develop two of the key IPEC competencies—effective communication and teamwork skills.

Representing dental hygiene, medicine, nursing, occupational therapy, pharmacy, physical therapy and physician assistant programs, 338 HSC health profession students worked through the initial challenges (understanding their roles and differing viewpoints) to make decisions and solve problems collaboratively in interprofessional teams. Their common goal was to effectively collect and use community information to support best practices to improve the health of the community.

Speakers

In support of HSC’s efforts in the communities, HSC Chancellor Paul Roth, Mayor Richard J. Berry, Bernalillo County Commissioner Chair Art De La Cruz, and Lt. Governor Isidor Abeita from the Pueblo of Isleta came as guest speakers and each offered their particular guidance highlighting the importance of the students’ work in the communities.

“While many of you [students] are at the beginning of your training...additional interprofessional education programs are being developed to progressively strengthen your ability to work in effective teams for compassionate, collaborative care to meet the needs and challenges of our changing health care system,” Dr. Roth stated.

Gabriel Campos, J.D., director of the Office of Diversity and Human Rights for the city of Albuquerque, led the program as master of ceremonies, which was apropos since he also served as a CEC co-facilitator at the Raymond G. Sanchez Community Center.

The audience also heard remarks from Alicia Goodner, a level 2 nursing student at the College of Nursing, and Anjuli Sears, a
graduate student in the occupational therapy program at UNM, about their experience from the Community Engaged Curriculum. (See Goodner/Spears on p. 3)

Community Findings/Student Recommendations
Attendees included city/county, HSC and UNMH officials, Community Center staff/members and related community representatives who were there to capture as many presentations as they could, to hear the students’ evidence-based conclusions for health improvement in the 26 Albuquerque and Bernalillo County communities. A digital book with all of the prepared posters and brochures has been compiled and can be viewed here.

As an initial step, the CEC workgroup compiled a summary of the student recommendations. The information is currently being analyzed for factors, such as, time needed and level of difficulty to implement, costs/resources, level of evidence, level of influence (from an individual to multi-level), setting, and expected outcomes. This information will be shared with the city and county officials for potential implementation.

CEC Facilitators
Fifty-three facilitators and 4 alternate facilitators worked in dual co-facilitator teams of different professions, and were charged with helping students experience the IPEC competencies using a set of activities to learn collaboration across disciplines to improve community health. For some faculty, this was their first experience to engage with interprofessional student teams. To prepare facilitators, faculty development workshops were offered: a 2 hour faculty development workshop, Facilitating Interprofessional Student Teams (Fall: September 22, October 21 and November 12), and a 1.5 hour working session, How to Effectively Facilitate Interprofessional Student Groups. (Spring: January 20 and 28).

Reflection/Evaluations
Reflection was an important aspect of the teams’ work to continually gauge the learning along the way. Although this was not employed by all groups, this was found to help groups gel more quickly. Students were asked to evaluate their experience in this pilot curriculum either by survey or in small forums. Facilitators were invited to join one of the two in-person debrief sessions held in May, or complete a brief Survey. The communities are being interviewed to provide their input.

Challenges
As one person stated, this was “a great, bold attempt at a new way of health professions education at UNM.” The public health objectives were vague to students and hard for them to get their minds around the community objectives. Students felt the stress from competing priorities with their ongoing curriculum. There were also frustrations around logistics, such as transportation to centers, effectiveness of meeting at the centers, and difficulty scheduling key informant interviews. In spite of these and a few other implicit issues, 84% of about 100 students surveyed declared, “My interprofessional team worked together effectively.” Moreover, the students’ recommendations offer several projects that are extremely well thought out and provide clear guidelines for implementation, some with or without funding.

Just as each community center and each team has its own personality, facilitators shared a wide spectrum of experiences. Several themes emerged, mirroring some of the student comments, but also pointed out inadequate facilitator preparation, need for better organization, clearer communication re IPE core values and objectives, better understanding of students’ course work, help with managing interprofessional team dynamics, perceived disparity in student expertise, and disparate grading and accountability.

The IPE community engaged curriculum workgroup is optimistic that this innovative IPE curriculum can be further developed to integrate early learner IPE competencies into the health professions student education. A community engaged course provides the basic context for students to learn how to work effectively in collaborative teams while achieving our ongoing commitment to build on community partnerships for improving the health of patients, families, and communities.

This statement sums it up, “Any effort that tries to do what this course did is going to have controversy and detractors, but I value this course as a beginning to community based learning and for IPE at UNM HSC.” With anticipated program alterations, the IPE CEC workgroup is calling out for interested faculty to share ideas and join the group. (See Help Wanted, p. 15.)
Mayor Richard J. Berry offered remarks at the April 12th IPE Student Presentations of the Community Engaged Curriculum.

“So many good things that are happening in our communities are coming out of the partnerships that the city has with UNM,” said Mayor Berry.

“I’m thrilled about this program and what you’re doing, and it comes from some “lessons learned.” The first lesson is you find out that you’re never ever the smartest person in the room... there’s always someone in the room that has some point of view or has some perspective that is advantageous to you—if you will just take the time to listen.

“The second thing to learn is that there is this much need and only this many resources... So the best way to figure that out is to get out there and ask the questions.

“We have world reknown programs here. Morning Star for Careers got the “Top 25 Innovations in All of Government” last year. I got the idea from a 16 year old student at Valley High School, an idea about career development in the high schools. The Better Way Campaign, the panhandling initiative that we have, just had its 10 millionth view online. I got that idea from this homeless gentleman holding a sign that said, I need a job.

“You’re very bright people and you’re going to learn all about your health professions, but never stop listening to your community. These ideas that you’re going to present today are things that we can then take back and as we’re sitting around listening to craft solutions, we’ll listen to you as you listen to your community.”

—Mayor Berry

Alicia Goodner, Nursing Student

“My name is Alicia Goodner, a level 2 nursing student. The question I’ve been asking myself is, what has this taught me? I began the Community Engaged Curriculum with very little experience with public health. I believe like many others, I felt a great deal of trepidation at the beginning of the semester.

“For me, I wondered how an English girl could possibly relate to a community in the South Valley. But what I experienced was immediate trust in the position I held as a health care professional. The community members I interacted with didn’t mind who I was or where I came from. The only thing that mattered to them was how I could help.

“There are so many underserved and vulnerable communities in and around ABQ. If I’ve learned anything it would be that we as future health care providers have a great responsibility to the communities that we live in and work around, to make a difference, not only to their health overall but to their quality of life. The best way we can make this difference is to work as a team.”

—Alicia Goodner

Anjuli Sears, OT Student

“During the last 2 years as a graduate student in OT at UNM, I’ve gotten to participate in multiple interdisciplinary events here. These events have been great for my education and helped me foster relationships with students in other disciplines. They have helped me to better define my role on a team as an occupational therapist and to define what I can offer that is unique from the other disciplines. These experiences have also helped me learn teamwork and what it means to work on a team, especially if there are differing opinions and how you can work together to still come up with a common goal to help those around us, which is why we are here in these professions.

“While all of these experiences have been really meaningful, there has always been one thing missing and I didn’t realize that until this semester and this interprofessional experience, and that missing element was real people. All of the other events were based on hypothetical cases, with actors that we might be interacting with portraying the part of a medical condition, but we didn’t actually get the chance to work with real people with real problems in the community that we are potentially going to be serving. That was something that this experience gave to us and allowed us to do before we graduate.

“Something else this experience did was it really helped push me to look beyond the individual and beyond the patient sitting right in front of us to the communities that they are a part of and the different context that have made that person who they are. It is very easy to get focused on the individual and looking beyond that has helped me to be a better student and of course a better healthcare practitioner.

“So I want to thank everyone who has put this together because I do believe, even though there were some challenges, that we as students did come out of this with a better understanding of who we are serving and how to better serve them and create change.”

—Anjuli Sears
Team Reflects on IPE Community Engaged Program

This experience working with the various health professions made me realize how important it is to work as a team so that we can provide the best outcome for our patients. Overall, I thought our group worked well, cohesively, and we were able to come up with ideas that will [hopefully] help benefit the community center in the future.

IPE was a great way to meet students in other programs at the UNM HSC and learn about their future profession. I wish we had the time to continue working together to start the garden and see its impact on our community.

I really had a wonderful experience this semester! It started off a bit rough with us not being 100% comfortable with one another, not knowing exactly what to expect from the whole process of this group, as well as feeling tied to the agenda in the curriculum (for the first 2 sessions), however by the end of the experience I really feel as though I gained friendships with other students and a better understanding of community. I really hope that those creating the experience didn't get too let down by negative feedback and are able to rally and continue the program for next year.

I also want to thank you for your flexibility and great facilitating skills. We truly felt as though it was a student led group and you encouraged that, so thank you! It was a pleasure to get to know you (not only do we get to network with students from other professions, but instructors as well!).

Working with my IPE team really helped me grow into a more confident person because it allowed me to express my concerns and ideas, advocate and develop interventions for our patient, the Singing Arrow Community. It also has helped me not only know about my team members' professions but most especially mine. Thank you for this opportunity!

Overall, I enjoyed having the opportunity to convene and converse with individuals in other professions. Though the community aspect of the IPE experience was a nice idea, I would have liked to have more time learning about each of the professions. That being said, I greatly appreciated the facilitators' efforts to establish cohesion and then let us take the reins of the group dynamic. It was a pleasure working with everyone.

This process has challenged me in several ways and, most notably, gave me the opportunity to work on being a collaborative team member instead of a directive team leader. Clearly there are aspects to my team participation that I need to continue to develop... allowing more serious consideration to different viewpoints... I have certainly gained some valuable information in working with teams of differing backgrounds.

Working with the IPE group showed me that, despite extremely busy schedules, students of different professions can come together in a respectful manner and put forth shared effort to create a worthwhile project. The experience was overall extremely positive and I believe it will help me to work capably on an inter-professional team in the future.
Tornadoes in NM? HSC Students Train in Public Health Emergency

On March 22, 114 HSC students participated in a 4 hour Interprofessional Disaster Preparedness Event held in the College of Nursing and Pharmacy auditorium and classrooms. A diverse set of students came from the following programs: Paramedic, nursing, medical laboratory sciences, nuclear medicine, public health, magnetic resonance imaging, and computed tomography.

The Event’s concepts emphasized the IPEC Core Competencies—the roles and responsibilities within and beyond professional training for response to emergency health needs of a community, and to ensure effective communication to respond to and enact a public health emergency medical response. Students learned to interact as a team with other disciplines by discovering each profession’s unique role and applying it to improve patient outcomes. A tornado hazard was chosen as the scenario for practice purposes and students also learned about responding to disasters by analyzing a hypothetical Tornado scenario.

As a precursor to the live activity, all students were required to complete two online FEMA courses (FEMA IS-100 and FEMA IS-700), read The Varying Faces of Disaster by Sharon Druce, as well as complete assigned readings from their respective faculty instructors.

Nineteen facilitators were actively involved representing: the Department of Emergency Medicine, the Preventative Medicine Residency Program, Emergency Management Graduate Programs, UNM College of Nursing, the New Mexico Department of Health, Medical Laboratory Sciences, Department of Radiology and Pathology, and one community member. (See p. 6 for list)

Initially, students were assembled in the auditorium. All were given a pre-survey to assess attitudes and experiences with interprofessional education. Students then participated in a one-hour welcoming session including an introduction to coordinating faculty and guest speakers, an overview of events, information on the value of interprofessional interactions, and further information on how those interactions are vital to emergency preparedness.

Among the guest speakers/presenters were: John W. Miller, NMCEM, Strategic National Stockpile and Medical Countermeasure Coordinator from the New Mexico Department of Health; Dr. Laura Banks, Assistant Professor, UNM Department of Emergency Medicine and Director of the UNM Center for Disaster Medicine; Peter W. Loomis, DDS, Assistant Professor from the UNM Departments of Pediatrics and Pathology, and Chandra Gerrard, Lecturer III from the UNM Department of Radiology and Pathology, and Dr. Krista Salazar, Associate Professor and IPE Coordinator at the UNM College of Pharmacy.

As Forensic Odontologist at the New Mexico Office of the Medical Investigator, Peter W. Loomis, DDS, presented on mass fatality incidents. Dr. Loomis, who served as a team member during the response to the Joplin, Missouri tornado in 2011, described the nation’s standard disaster procedures and detailed the tornado response in Joplin.

Laura Banks spoke on emergency preparedness on campus and the likelihood of tornado events in New Mexico.

Following the presentations, students divided into interprofessional small groups and moved into separate classrooms to allow for collaboration on the three phases of the Tornado case. The small groups were later combined to form multiple presentation groups who presented their work on one of the three case phases to all the other students. In this larger setting, students were able to compare and contrast their own ideas with their colleagues.

At the conclusion, students completed a course feedback worksheet and an individual post-survey to determine their attitudes after participating in the activity as well as any comments they wished to share.

References:
2. The Varying Faces of Disaster, Sharon Druce.

**Specific Roles/Responsibilities Competencies**
- RR1. Communicate one’s roles and responsibilities clearly to patients, families, and other professionals.
- RR4. Explain the roles and responsibilities of other care providers and how the team works together to provide care.
- RR6. Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention.
- RR9. Use unique and complementary abilities of all members of the team to optimize patient care.

**Specific Team and Teamwork Competencies**
- TT1. Describe the process of team development and the roles and practices of effective teams.
- TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team work.
- TT3. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.
- *TT5. Apply leadership practices that support collaborative practice and team effectiveness.*
- TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.
- *TT9. Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.*
- *TT10. Use available evidence to inform effective teamwork and team-based practices.*
- TT11. Perform effectively on teams and in different team roles in a variety of settings.

*Objectives for facilitator-learners*
The second annual IPE LoboWings Patient Safety training was offered on March 29, 2016 with 306 health profession students including 2nd year medical, 3rd year pharmacy, and 1st and 2nd level nursing students. The 3.5 hour training, which includes lecture, interactive team discussion and role-playing with case analyses, was held in half-day sessions with about 50 interprofessional teams of 5-6 students each.

The IPE LoboWings Patient Safety training provides HSC students instruction on effective interdisciplinary practice and problem solving. LoboWings concepts are used to ensure clear roles and accountabilities; improve accuracy of team communications and functions; and how to correct and eliminate preventable errors before they result in patient harm.

Class instruction was provided by the UNM Hospital Organizational and Professional Development instructors: Mark Rolfs, Amy J. Baker, Gianna B. Joerg, Charles Hinson, and Jane R. Bleske. Faculty observers/facilitators included Glynnis Ingall (Pathology); Loren Kelly (College of Nursing); and Mark Holdsworth, Michel Disco and Tracy Hunter, all from College of Pharmacy.

Using a case outline for one brief exercise, students were asked to identify the warning signs and decide when someone should intervene to break the error chain, who is the best person to “stop the line”, and what could the person have said or done. Students learn the “red flags” to watch for and how to communicate a red flag with self-confidence using assertive statements.

The workshop helps students learn the steps for an effective huddle and how to debrief with the team. They discover what a team leader should and should not do, what a team should and should not do, as well as the most important thing a leader must do.

Crew resource management or cockpit resource management (CRM) is a set of training procedures for use in environments where human error can have devastating effects. Used primarily for improving air safety, CRM focuses on interpersonal communication, leadership, and decision making in the cockpit. LoboWings incorporates CRM skills and tools adapted from commercial aviation, to improve and standardize communication and teamwork with the primary goal of reducing or eliminating preventable medical errors.

The instruction includes lean concepts and tools. Successful lean healthcare efforts result in measurable improvements in patient outcomes: Improved quality, less harm due to preventable errors, better access, shorter waiting times, and better service. These patient benefits come from a joint focus on improving the work life for medical providers and hospital staff, improving processes to prevent systemic errors, reducing stress levels, and reducing waste so that hospital personnel can spend more time on and focus more on patient care. The hospital or healthcare organization benefits in a long-term perspective due to reduced capital costs and ongoing expenditures, growth opportunities created by freed-up capacity, and an improved reputation that results from better quality and service.

For their role-playing, each student team was provided an envelope containing slips of paper that students drew to identify their role as either the intern physician, pharmacist, nurse, leader, recorder, or student observer. The intern physician is provided the patient’s background and complaint (shortness of breath), the patient’s symptoms, diagnosis and treatment. The pharmacist receives the physician’s prescription order for heparin, but some information appears to be missing and s/he tries to obtain it without success and continues to fill the order as written. The nurse receives the heparin and notices an issue with the dosage and calls a huddle of the patient care team. The leader conducts the huddle using the guidelines provided in the LoboWings Team Skills Workshop handbook. The recorder takes notes of the discussion to record the problem, key data, concerns, decisions, action items and results of the debriefing, while the student observer will offer the team general observations about how the team interacts, shows respect and communicates with each other and any other impressions.
Members of the IPE Patient Safety & Quality Improvement workgroup (PSQI) helped adapt the LoboWings training to meet the interprofessional education criteria incorporating the IPEC competencies and creating interactive elements to engage the student teams.

Our thanks go to the following PSQI team members, who over the last year were responsible once again for bringing us this year’s program: Glynnis Ingall, Mark Rolfson, Loren Kelly, Mark Holdsworth, Michel Disco, Sergio Adalberto Huerta, and Kristina Wittstrom. Next, the PSQI workgroup will consider expanding the IPE safety work to another activity, such as group-based root cause analysis.

A statistical analysis was conducted from the pre- and post-surveys of the 2015 IPE LoboWings training and a manuscript is being prepared for publication. The pre- and post-surveys evaluated the attitudinal changes towards interprofessional teamwork and individual confidence in effective communication of identified safety issues. The abstract, Lobowings: A Pilot Study of Interprofessional Patient Safety Training, based on the analyses from the 2015 IPE LoboWings program was accepted by the American Association of Colleges of Pharmacy (AACP) and a poster will be presented at the annual AACP meeting scheduled July 23-27, 2016 in Anaheim, CA.

Its objective is to evaluate the effectiveness of an interprofessional active learning exercise promoting patient safety through teamwork and collaboration among healthcare students. Analysis of the attitudinal survey showed statistically significant improvement for all participants on all survey items. The largest effect size was seen in participants’ self-identified ability to recognize patient safety issues and the confidence to appropriately intervene within an interprofessional setting.

A follow-up survey was issued this spring to provide longitudinal data on the effectiveness of the training following the students actual clinical practice experiences. The outcomes will be discussed at an upcoming PSQI meeting.

Meanwhile, the current 2016 pre- and post-surveys are also being analyzed. The IPE LoboWings training overall has been one of the most successful IPE programs and well received by the students.

The IPEC Competencies for this course are: Values/Ethics for Interprofessional Practice #1, 3, 4, 5, 6, 7; Roles & Responsibilities #1, 3, 6, 9; Interprofessional Communication #1, 4, 8; Teams and Teamwork #1, 2, 3, 4, 7, 8, 10.

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Preventing Health Care and Public Health Professionals for Team Performance: The Community as Classroom

By Corinne Graffunder and Brian Sakurada
April 06, 2016, Download PDF

Today, team-based health care is no longer an innovation or even a choice. Increasingly, providers are using a team-based approach to deliver care, and the complexity of health problems facing many Americans, combined with the specialization of health professionals, makes teamwork and team training essential. This is especially true for dealing with factors that contribute to chronic conditions and for treating people with multiple chronic diseases—a group already comprising one-fourth of all Americans and two-thirds of people of age 65 or older.

For individuals and families, health-related interactions occur in multiple settings. While these interactions often involve physicians and nurses in various disciplines and types of positions, they also involve physician assistants, pharmacists, dietitians and nutritionists, oral health professionals, eye care professionals, podiatrists, rehabilitation therapists, social workers, mental health and substance abuse therapists and counselors, health educators, speech-language-hearing pathologists, along with arrays of technologists and technicians, nursing assistants and aides, facilitators of health insurance coverage and socially aware care, clerks, translators, and administrators. Growing evidence suggests that to achieve the Triple Aim of improving the experience of care, improving the health of populations, and reducing per-capita costs of health care, these health care professionals and workers must function interdependently, supporting and communicating with one another, coordinating services efficiently, and focusing their attention on the whole patient.

Tea m-b a s e d h e a l t h c a r e i s n o l o n g e r a n i n n o v a t i o n o r e v e n a c h o i c e . T h e c o m p l e x i t y o f h e a l t h p r o b l e m s f a c i n g A m e r i c a n s m a k e s t e a m w o r k a n d t e a m t r a i n i n g e s s e n t i a l .

Preparing Health Care and Public Health Professionals for Team Performance: The Community as Classroom

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Welcome to Incoming IPE Director at UNM Health Sciences Center

Effective July 1st, Dr. Amy Levi will step into the shoes as the third IPE director at the University of New Mexico Health Sciences Center.

Born in Buffalo, NY, Levi moved to Albuquerque in 2012 and became the Albers Endowed Professor of Midwifery at the UNM College of Nursing. She also held leadership roles as Interim Practice Team Chair and Interim Associate Executive Dean.

She has undergraduate degrees in Nutrition from Hampshire College (1975) and in Nursing from Widener University (1985). Her MSN (1986) and PhD (2000) are from the University of Pennsylvania.

Prior to her appointment at UNM, Levi was engaged in full scope midwifery practice and on the faculty at the University of Pennsylvania School of Nursing, the University of Vermont School of Medicine, and the University of California San Francisco School of Medicine.

“I’ve nurtured an interest in and passion for interprofessional education for many years. Prior to my arrival at the UNM, I initiated an interprofessional education program at the University of California San Francisco to support the education of nurse-midwives and medical students to improve team collaboration for obstetrical care,” Levi said. This program has continued to support the professional development of nurses and physicians for collaboration in clinical practice.

Levi’s research and professional interests encompass interprofessional care in sexual and reproductive health, unintended pregnancy management, and midwifery education. To expand her role in global health, she initiated a group independent study for nurse-midwifery students to participate in the provision of clinical services in San Lucas Toliman, Solola, Guatemala. She is also a curriculum consultant to the midwifery program at Aga Kahn University in Karachi, Pakistan, and has participated in emergency obstetrical education for nursing faculty in Malawi.

Recent publications address the development of competencies in sexual and reproductive health, patient-centered miscarriage management, and updating the annual gynecological exam.

Levi is a Fellow in the American College of Nurse-Midwives and the American Academy of Nursing. The designation, WHNP-BC, is for Women’s Health Care Nurse Practitioner-Board Certified by the National Certification Corporation.

Dual Retirements–Congratulations!

Michel Disco, BSPharm, Rph, MBA received both her BS in Pharmacy and MBA from the University of New Mexico. While holding the position as assistant dean for external programs and clinician educator associate professor for the College of Pharmacy at UNM, Disco also took the helm as the second director for the HSC Office of Interprofessional Education in 2012.

As a licensed pharmacist for forty years, Disco understands the need for a collaborative interprofessional team to provide the best care for patients. While Disco retires from her position officially June 30th, she will continue on a part-time basis teaching the public health course to pharmacy students this August, and will remain actively involved in her IPE areas of interest for patient safety and community engagement.

Disco is the recipient of several awards and in 2015 became a recipient of the national Pharmacist Lifetime Leadership Award presented by the Pharmacy Times.

Recognizing public health problems unique to New Mexico, Disco has also participated in New Mexico Pharmacists Association teams responsible for prescriptive authority legislation covering narcotic overdose treatment, contraception, immunizations, tobacco cessation, and tuberculosis testing.

Betsy VanLeit, PhD, OTR/L, FAOTA is retiring this July from her current position as associate professor and director of the UNM School of Medicine Occupational Therapy Graduate Program, as well as the IPE representative for the Health Professions Programs (HPP). Her plans include a relocation to California.

VanLeit received her BS in Occupational Therapy from the University of Washington, an MPA from the University of San Francisco, and a PhD in Community Health Education from the University of Washington.

VanLeit has been involved in interprofessional education since 1995. As the director of the internationally-known Rural Health Interdisciplinary Program for many years, VanLeit went on to develop the HSC Office of Interprofessional Education in 2009, serving as its first director through 2012. She continued to support interprofessional education as an active member of the IPE Team and the Community Engaged Curriculum workgroup. VanLeit’s scholarly interests focused on how to help health professional students to develop relational competencies that support self-reflection, person-centered care, and effective interactions with communities.
Profile of our IPE Community Coordinator

When Yvette Ramirez Ammerman, BA, M.Ed joined the Office of Interprofessional Education in September 2015, we had been recruiting for a “highly motivated, effective and professional community coordinator”—Yvette fills that bill to the tee!

Her overall role is to help expand and promote IPE experiential curriculum and other learning activities, and coordinate teams of faculty/students from all the health professions to work collaboratively with our health care systems and communities to address health priorities.

With a wealth of knowledge gained from working with a wide range of constituencies in diverse communities, her credentials are indisputable. During this Spring’s IPE Community Engaged Curriculum (CEC), Yvette developed the critically important relationships to secure the sites and support for hosting hundreds of students across the 26 community centers.

Prior to joining UNM, Yvette worked with the National Association of Community Health Centers as associate director working with over 600 primary health care centers in 22 states developing an internal advocacy structure and implementing community outreach activities.

Previously, Yvette worked as a legislative bill analyst at the New Mexico State Legislature, became a policy analyst and progressed to CEO of the New Mexico Primary Care Association (NMPCA) which represents New Mexico’s federally-qualified health centers.

Yvette is an avid advocate for social and environmental justice, and is committed to working with communities to ameliorate disparities in health care access and outcomes.

Yvette currently divides her time between the IPE office and the Center for Native American Health where she also devotes her attention to community engagement.

Discovering our Communities...

Yvette Ammerman

Driving down Cesar Chavez Blvd heading toward my first site visit at a community center participating in the Community Engaged Curriculum (CEC), I am thinking about our Interprofessional Service Learning opportunities and how vital it is for our student teams to get to know communities in a way that won’t happen in a classroom, practicum, preceptorship, or later in a hospital, clinic or office.

I drive up to a small Center in the middle of a huge park. It is morning and parents are bringing in their kids to the Center. The Center director excuses herself intermittently to chat warmly with kids and parents at each drop-off. The kids are happy to be there, they stow their lunches in the refrigerator and scamper off to “work” in the computer lab. As we walk, she recalls when she first started at the Center and her concern when parents didn’t leave their kids with snacks or a lunch (kids get a hot meal at the Center in late afternoon). After several times having the same kids show up in the morning without adequate food, she (a bit self-righteously, she admits) decided to call the parents to resolve the problem. The number she dialed was a homeless shelter. She says she hasn’t felt self-righteous since.

Now, having visited many of the community centers run by the city and the county, I have a similar feeling of humility, and a far greater appreciation for not only our community’s tremendous assets, but also a more keen understanding of the endemic problems facing our children, our families, our community.

Meeting the staff of another Community Center and learning about the services they provide was equally profound. This Community Center is a hub for 5 after-school programs providing therapeutic recreational services for kids and teens with and without disabilities.

The Staff led us through their computer lab, arts and crafts room overflowing with projects; and then took us outside, showing us their two completely accessible playgrounds—their pride was evident. The soon to be completed play area includes a water play table, a seated merry-go-round, rocking toys, sand diggers, and smoothly paved trails which lead to the brightly colored expansive jungle gym developed particularly so kids with mobility restrictions can be right in the midst of the tunnels, poles, slides, and elevated walkways while playing with friends. In addition to being accessible to kids with varied mobility, both play areas are designed to accommodate a spectrum of disabilities, including Down syndrome, sensory disorders, and visual and hearing impairment. In addition to being fully ADA accredited, we weren’t surprised to find out it had won the “National Play Area Design Award” in 2000. We left rooting for the construction of a new gym, so that they could have equal room to learn, exercise and play inside as they currently do outside.

To get to the next Community Center, I drove through miles of heavily industrialized areas, dodging semi’s driving fast, all while searching for streets not on my GPS and through neighborhoods with non-sequential addresses. I passed a wastewater treatment plant, numerous salvage and towing lots, a homeless shelter and a brick factory. When I finally arrived at the correct address, it was to find a tree-shaded oasis which surrounds the Community Center packed with exuberantly playing kids. After the tour of their art room, full of beautifully painted Dia de los Muertos skulls, the huge gym and boxing ring, and having a chance to say hello and talk about the IPE program
with the 60+ school kids gathered on bleachers, two staff members and I sat down to talk about some of the challenges in their community. When I talked about my experience trying to find the Center, the director relayed that all the land in the vicinity had originally been zoned as an industrial area but now a small portion was zoned for residential use. She lamented the poor air quality, the many busy streets, few sidewalks and no parks (except for the Community Center). In all, the lack of planning and adequate infrastructure periodically leaves the area surrounding the Center flooded and inaccessible, and the heavy traffic, lack of safe sidewalks and few walking/biking trails is an ongoing concern for the Center staff. I left the Center feeling that this special place is an oasis in many more ways than just being a great place for kids to play.

Lastly, and unforgettably, is the Center director who proudly took us through his entryway packed with community resource information, everything from poison control, to mobile farmers markets, shot clinics (UNM’s!) to emergency preparedness, to signed contracts from the kids to “Say ‘NO’ to Drugs”! We ended up in the bright, colorful room where kids from the area were tutored and cared for after school. The Center director talked about the beautiful diversity of the kids and families served at the Center, he spoke of the transient nature of many of the community members and of the refugee population his Center serves. He noted how tough it can be to communicate with the waves of parents who spoke so many different languages. His final reflection was, “Albuquerque is a welcoming place.” I couldn’t agree more.

I’ve found that each Community Center is unique in the services they provide, from Senior and kid meal programs to newborn care, exercise programs, computer classes, homework assistance, tutoring, basketball leagues, to ceramics and boxing, but what indelibly unites them is the palpable commitment of their excellent staff.

So while our CEC student teams would focus on specific health issues in their communities, this Service Learning opportunity provides a chance to better understand the context in which these health conditions occur. Many thanks to all the great Community Partners who warmly welcomed the students from our Interprofessional Community-Engaged program.

Report Predicts Pharmacists Learning with Other Health Professionals Will Become More Common

A report from the International Pharmaceutical Federation’s (FIP’s) Education Initiative concludes that learning together with other health professionals is becoming more mainstream for pharmacists and future pharmacists. The report presents examples of multidisciplinary education from around the world.

Both FIP and the World Health Organization believe that interprofessional education is a foundation for a collaborative, practice-ready workforce and that this type of practice will strengthen health care systems and improve patient outcomes.

"As the number and complexity of treatments grow, it’s no longer possible for any one health provider—no matter how knowledgeable—to be able to provide top quality care working in isolation," says coauthor Tina Brock.

Interprofessional education appears to be an area of pharmacy where developing countries are active, using new models that others can replicate. “In the United States and many western systems, we’re now spending significant resources in retraining people who were educated separately to work together in high performing teams. If under-resourced countries never build those professional ‘silos,’ they will not have to expend precious resources to tear them down,” Brock says. See full article at: http://www.fip.org/www/index.php?page=news_publications&news=newsitem&newsitem=210
HSC Students hold IPE Clinical Skills Case Competition—April 2

On Saturday, April 2nd, HSC students held an IPE Clinical Skills Case Competition in the Interprofessional Healthcare Simulation Center. This was the second annual case competition following last spring’s case which focused on elder abuse.

“There were 30+ students from 1st years to 4th year medical students participating in the competition and these different educational ranges worked very well,” said IPE director Michel Disco.

There were 6 balanced interprofessional teams representing medicine, pharmacy, nursing, OT and dental hygiene students. The case competition was created and managed by a team of students. Melanie Dodd, Vice Chair & Clinician Educator Associate Professor, College of Pharmacy, led the students in this annual competition, which was adapted from the 2015 clinical skills competition coordinated by the ASHP Pharmacy Student Forum, part of the American Society of Health System Pharmacists (ASHP).

The judges included: Michel Disco, College of Pharmacy; Krista Salazar, College of Pharmacy; and Amy Levi, College of Nursing. While students worked, judges were equipped with headphones to catch the team discussions and negotiations about the patient’s issues and health care needs.

The well-organized students even prepared a sign up list for those interested in planning next year’s event and already have a planning meeting scheduled.
Cross-Campus Community Collaborative
To Address Social Determinants

Leadership from The Office for Community Health, the School of Architecture and Planning, the School of Law, the College of Arts and Sciences, the RWJ Center and the College of Population Health have joined together to create an easily accessible cross campus UNM resource to respond to priority needs of New Mexico’s communities in the realm of the social determinants of health.

Background
Social determinants of health are the conditions in which people are born, grow, live, work and age which are shaped by the distribution of money, power and resources at global, national and local levels (WHO). In the U.S., social determinants of health have a far greater influence on health than our health system and New Mexico is the state with the highest rate and burden of adverse social determinants of health. Addressing the social determinants of health saves money and saves lives, but in order to optimally address these issues requires multidisciplinary expertise as well as other intellectual and programmatic resources.

New Mexico’s communities could benefit from support for local capacity building to address the social determinants of health. But communities are often unaware of UNM resources that they can access. UNM has many assets and is well positioned to provide the expertise and resources to support these communities. In fact, all UNM Colleges are actively reaching out to communities to address their needs. Past collaborative efforts around the state, including initiatives in Silver City, Santa Rosa and Hobbs, provide evidence for the substantial benefit to communities when we work together.

Unfortunately, most of UNM’s community engagement efforts are disconnected, siloed from each other. This reduces the efficiency of our efforts and leaves resources difficult for communities to access.

Objectives

- Form a cross-institutional advisory group representing key institutional and community stakeholders that will represent the needs of both rural and urban communities, as well as the ethnic and linguistic diversity of the state.
- Create a cross-disciplinary unit to serve as a community resource and respond to community needs. The unit will include technical assistance component in which appropriate mixes of UNM personnel may be deployed to study a problem, make recommendations and partner with community groups to execute plans.
- Create a compendium of major resources accessible by communities to improve their health, local capacity, and social/economic development.

Efforts of this collaborative will be coordinated by a full-time staff member, and each entity of the collaborative will designate a part time staff or faculty member to work with the collaborative. The allocation of existing funding and resources from each participating program will amplify impact and unify existing efforts. In addition, the collaborative will seek support from local business, local and national foundations, and the federal government.

The proposed work of this collaborative is closely linked to the mission and vision of the University and the Health Sciences Center. A core element of the UNM mission is to “actively support social, cultural, and economic development in our communities to enhance the quality of life for all New Mexicans” and the UNM HSC has declared its vision to measure its success by our state’s health. In a time of administrative transition, this proposal could not be timelier: it will serve the needs of our communities, augment community trust, and help to unify our intra-institutional forces.

Contacts:
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HMcGrew@salud.unm.edu

Health Sciences Student Council (HSSC)
2016–2017 Officers
Vishal Patel – President
Christina Brigance – Vice-President
Fabiha Sabin – Vice President Outreach
Anna Herrera – Secretary
Joseph Dinallo – Treasurer
What if you could make a difference?

- In the education of Nurse Practitioner and Nurse-Midwifery students.
- In the quality of care for all New Mexicans.
- In the future of health care for decades to come.

**Become a Preceptor**

By volunteering as a preceptor, you can share your knowledge and skills with our APRN students who have the most up-to-date clinical practices and partner with our faculty to help train the next generation of advanced practice nurses.

**Training opportunities available for Adult Health, Pediatric, Acute Care and Nurse-Midwifery rotations**

**Preceptor Perks**

- Adjunct Faculty appointment
- Access to UNM libraries
- Credit for NP national re-certification
- UNM Health Sciences Center secure email account
- Annual Preceptor Recognition Event
- Invitations to trainings and activities offering free CEU's

For more information, contact Robyn Mintz at rmintz@salud.unm.edu or (505) 272-1184.

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“Preceptors in the Nexus Toolkit”

**What you’ll get from this toolkit**

A wide array of tools that support and enrich interprofessional practice to enhance patient care, and professional development opportunities for clinical preceptors who facilitate interprofessional teams of learners. You can use any or all of the tools in a variety of settings—everything is customizable! Thanks to a HRSA grant, these free materials are available for anyone to use across the nation at https://nexusipe.org/preceptors-nexus. The tools are available in a variety of formats:

- web-based modules for preceptor development.
- active-learning materials and facilitator guides for face-to-face workshops for preceptor development.
- interprofessional education materials to be used with learners to enhance their practice experiences.
- interprofessional collaborative practice materials and other resources being used across the country.

**Who this toolkit is for**

This toolkit will help preceptors in any healthcare profession who wish to precept interprofessional learners and/or champion interprofessional practice and education at their clinical site.

Please note that a National Center user account is required to access the online materials and modules.
Interprofessional Health Outreach Program

IHOP is on the Rise
Call for Student Ambassadors, Service Learning Volunteers and Leaders

Students who want to partake in a unique experience that allows an opportunity to give back to their community and impact New Mexican youth should take a look at the IHOP program (the Interprofessional Health Outreach Program). And faculty, this would be a good direction to encourage your HSC students seeking service learning opportunities.

IHOP is a student initiated and run program where HSC students are encouraged to participate in community outreach events locally and across the state by engaging with youth in schools, after-school programs, community centers and career fairs. HSC students use this opportunity to mentor youth by exposing them to opportunities in the healthcare field and encouraging them to continue their education.

As an option for use by HSC students, summaries describing the 14 different health profession roles and graduation requirements are available to help kick-off presentations that may be made to various school and other target groups. By way of demonstration, HSC students also make use of health care paraphernalia (stethoscopes and other tools of the trade) to engage and instruct the young protégés.

By engaging New Mexico youth in these events and exposing them to opportunities in healthcare careers, IHOP hopes to make an impact on the future health of our community and our state.

IHOP Ambassadors & Volunteers
There are a couple of ways that HSC students can be involved in IHOP:

1. Ambassador. As a true interprofessional student program, IHOP is now enlisting HSC student ambassadors from each academic program on campus. Ambassadors meet with IHOP leaders monthly to discuss IHOP related events and initiatives, plan and organize youth community outreach events, and help disseminate IHOP information to their student bodies.

2. Volunteer. HSC students can also be involved simply by signing up as a volunteer through the IHOP list-serv. Volunteers can choose to participate in whatever they are interested in from a selection of community activities, both large- and small-scale, and decide what fits within their schedules.

IHOP Fellowship Incentive
Students who complete a 6 point system within a 12-month commitment receive a Dean’s letter of recognition for their service. Click here for more information.

Contact: Nicole Lee, NicoleLee@salud.unm.edu or ihop.unmhsc@gmail.com.

IHOP Leaders*
Nicole Lee (School of Medicine, Class of 2018)
Maura Ronquillo (School of Medicine, Class of 2017)
Fabiha Sabin (School of Medicine, Medical Laboratory Sciences Program, Class of 2017; and HSSC VP for Outreach)

Office for Diversity Representative: Octavio Munoz

*IHOP invites HSC students from all disciplines, who are interested in a leadership role, to contact the IHOP leaders above or email ihop.unmhsc@gmail.com. Have your school/program represented in this growing interprofessional service learning opportunity!

Effective now!
The IPE Office has Relocated—(yes, again)!!

Office of Interprofessional Education
now located in

SURGE Building (#226)
MSC 11 6055
Suite 140, Room 151A (first floor)

Physical address:
2701 Frontier Ave NE, Albuquerque, NM
Tel. 505-272-1613
http://hsc.unm.edu/ipe/
hsc-ipe-office@salud.unm.edu
Exploring the Impact of Aligning Interprofessional Education & Practice on Patient Outcomes

Objectives:
- Describe the need for alignment of interprofessional education and practice
- Identify opportunities for measuring the impact of interprofessional education and practice on patient outcomes
- Discuss a case-study that explores an IPECP model and the outcomes for patients

IPE Patient Home Safety Visits
This workgroup seeks faculty to help launch a new IPE initiative to provide follow-up with patients for home safety assessment, medication management, grasp of doctor’s instructions, etc. Student teams would include 2nd-3rd year HSC health profession students.

Contact Michel Disco, mdisco@salud.unm.edu, 272-1508

Help Wanted
JOIN US IN RESTRUCTURING THE IPE COMMUNITY ENGAGED CURRICULUM
We will bring together UNM HSC students from 2 or more health and/or other professions to learn about, from and with each other to enable effective collaboration and improve health outcomes.

IPE COMMUNITY ENGAGED CURRICULUM WORKGROUP
Email hsc-ipe-office@salud.unm.edu; call 272-1613.

UNM Cross-Campus Community Collaborative
seeks interested persons to address adverse social determinants. See p. 13.
Contact: Michaele Pride, mlpride@unm.edu; Hannah Cole McGrew, HMcGrew@salud.unm.edu.

Need HSC Student Service Learning Volunteers & Ambassadors
Join the Interprofessional Health Outreach Program (IHOP)! Refer to p. 15.
Contact: NicoleLee@salud.unm.edu.

UPCOMING WEBINAR
Monday, June 20, 2016, 11 am MDT
Exploring the Impact of Aligning Interprofessional Education & Practice on Patient Outcomes
http://learning.umn.edu/search/publicCourseSearchDetails.do?method=load&courseId=4583805
The document, *Core Competencies for Interprofessional Practice*, came about as a joint effort of professional organizations for many of our professions, and it had the full involvement and input from different national bodies. They came up with 4 competency domains and then specific competencies within those domains that they felt every student in the country should get some experience and training around.

**Domain 1-Values/Ethics for Interprofessional Practice**

Domain 1 is for our students to learn to value and embody the ethics for IP practice. An example of a competency in this domain would be that our students embrace the cultural diversity and individual differences that characterize patients, populations and the health care team--so, thinking about how we work together in a respectful way. This is the domain is about respect and mutual respect, not just one-way respect.

**Domain 2-Roles/Responsibilities**

Domain 2 is much more about us understanding our role and also the roles and responsibilities of other team members. Even with those professions that we don’t know a lot about, what we tend to know is really a lot of stereotypical things. Everyone thinks they know their own profession, they sometimes think they know others, some they realize they don’t know, but in any case, we all need to actually understand the roles and responsibilities of the different members of the team and this is something that we always need to think about in our educational initiatives.

**Domain 3-Interprofessional Communication**

Domain 3 has to do with communication like being able to listen as opposed to just talk, being able to use all of the communication skills that we’ve learned to use with patients and family members, but we don’t always learn to use with each other. Communication has to do with being clear about the jargon that we develop within our own professions— it becomes a barrier. And we all have that—we have the lens through which we see the health care world, and we have the language that we use. Learning how to communicate across boundaries is really, really key.

**Domain 4-Teams and Teamwork**

Domain 4 is putting it all together so that we work as an effective team. We all have experiences in our life where we felt a part of teams that worked well together and most of us have memories or experiences of teams that were quite dysfunctional. Part of what we’re helping our students do is create functional teams and learn what to do when they are not functioning very well.

That’s the broad overlay of things that we need to be thinking about. No matter what the content area is for interprofessional education, we need to be addressing at least some of these competencies.

The “I” in illness is isolation, and the crucial letters in wellness are “we.” ~ Author Unknown

*See UNM HSC Center of Life, Social Wellness*