2021 ASAHP Annual Conference – Abstract Live Q&A Schedule

WEDNESDAY, OCTOBER 20, 2021 (11:30am – 1:00 pm ET)

ROOM A
11:30AM-12:00PM: CREATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION (CONCURRENT ABSTRACTS)

A.1: STUDY OF STUDENT INVOLVEMENT IN INTERPROFESSIONAL WORK AND IMPACT ON HEALTH PROFESSIONALS; Elisabelle Bocal (University of New England); Sean Callagy (College of Osteopathic Medicine, University of New England); Michaela Myerson (School of Pharmacy, University of New England); William Rinaldi (College of Osteopathic Medicine, University of New England); Katie Santanello (College of Osteopathic Medicine, University of New England)
We believe interprofessional education (IPE) has benefited clinical practice because our experience taught us a collaborative approach to healthcare. We seek to understand if our experiences align with the broader population. We believe that interprofessional approaches to educating future healthcare leaders/ early emphasis on collaborative education can improve the delivery of services/ patient care from future providers through enhanced collaboration with health professionals. IPE may reduce interprofessional challenges, which hinder professional practice.
We will interview recent graduates from the health professions from graduate and professional programs at UNE. The interview will assess student experience in their program and perceived ability to collaborate in the workspace after graduation. Subjects will also be interviewed about IPE participation to uncover larger themes. This study will employ qualitative analyses.
Objectives:

- Determine post-graduate preparedness and comfort with collaboration in workplace;
- Analyze pedagogical methods of each discipline and impact of integrated IPE;
- Assess if an interprofessional opportunity improves the students' preparedness to collaborate with professionals outside discipline.

A.2: LONGITUDINAL ASSESSMENT OF STUDENTS' PERCEIVED COLLABORATION SKILLS WITH STRUCTURED IPE CURRICULUM; Anthony Breitbach (Saint Louis University); David Pole, PhD, MPH (Saint Louis University); Rachel S. Rauvola, PhD (DePaul University); Ginge Kettenbach, PT, PhD (Saint Louis University); Leslie Hinyard, PhD, MSW (Saint Louis University)
ISSUE: Assessment is essential to the development of Interprofessional Education (IPE). Often this assessment is limited to a discrete event or attitudes and perceptions of IPE. There is a need for more comprehensive assessment of IPE over time and measurement of higher skills around collaboration behaviors.
METHOD: This study longitudinally assesses retention or change in students' perceived collaboration skills before and after completion of selected IPE courses, a concentration or minor. The subjects completed an introductory IPE course in 2017 and repeated the Self Assessed Collaboration Skills (SACS) instrument as a graduating student; comparing perceived collaboration skills to past levels before and after the introductory IPE course. Demographic data and open-ended responses were also collected.
OUTCOMES: 106 respondents provided quantitative data and 91 provided qualitative data. Results suggest participants retained collaboration skills over time and recognize the value in intentional IPE course sequencing for clinical practice.
CONCLUSION: This study contributes to the further enhancement of IPE outcomes assessment, and the design of IPE experiences for fostering collaboration skills among health professional students.

A.3: A UNIVERSITY-WIDE ACADEMIC AFFAIRS DEANS COLLABORATION TO ADVANCE INTERPROFESSIONAL EDUCATION; David Henzi (UT Health SA); Deborah L.

Conway (UT Health SA); Sara L. Gill (UT Health SA); Cynthia O'Neal (UT Health SA); Timothy Raabe (UT Health SA); Adriana Segura (UT Health SA); Joseph A. Zorek (UT Health SA)
Academic institutions are challenged to transform national consensus regarding interprofessional education (IPE) terminology, goals, competencies, and accreditation expectations into locally valued curricular change.
UT Health San Antonio's strategic vision emphasizes teamwork and collaboration, which we advance through our Quality Enhancement Plan, Linking Interprofessional Networks for Collaboration (LINC). The LINC Academic Affairs Council, comprised of the associate deans for academic affairs, adopted Health Professions Accreditors Collaborative (HPAC) guideline recommendations for quality IPE to facilitate university-wide collaboration and integrate IPE into curricula using program-specific IPE plans. Implementation of a consensus template to guide program-specific IPE planning at UT Health San Antonio has resulted in meaningful and sustainable university-wide IPE. Plans promote cross-school collaborations, increase transparency, and facilitate curricular integration of IPE in a manner that addresses program- and university-level accreditation standards.
Lessons learned from the development and implementation of six program-specific IPE plans from the School of Health Professions (SHP) will be discussed.

A.4: NURSING COURSES ARE NOT JUST FOR NURSES ANYMORE; Jill Holmstrom (MSUM)
Nursing courses have traditionally just been reserved for nursing students. In today's healthcare environment we can no longer educate future health professionals in silos. The Essentials: Core Competencies for Professional Nursing Education released this spring by the American Association of Colleges of Nursing includes a domain on interprofessional partnerships and requires that interprofessional education be included in a nursing curriculum.
Using an interprofessional model for education a nursing course at a university in the Midwest was changed to an interprofessional course that is open to student across campus who are interested in entering into a health profession. This course also sought designation to fulfill one of the university's liberal arts and science curriculum goal areas.
What was learned from this process of breaking down a almost 40 year silo at this institution will be shared in this presentation. Learning from each other and helping to pave the way for others is an important step in increasing interprofessional education opportunities.
Many nursing courses can be adapted to be shared with other health professions. Now is the time to start sharing nursing knowledge with other health professions.

12:00PM-12:30PM: CREATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION (CONCURRENT ABSTRACTS)

A.1: FOSTERING STUDENT UNDERSTANDING OF TEAM-BASED CARE FOR UNDERSERVED POPULATIONS; Deborah S. Larsen, PhD, FASAHP, FAPTA (School of Health & Rehabilitation Sciences, The Ohio State University); Khawlah Al-Muhanna, MS, RDN (School of Health & Rehabilitation Sciences, The Ohio State University); Lisa Raiz, MSW, PhD (College of Social Work, The Ohio State University)
Purpose: To describe outcomes of a longitudinal interprofessional simulation intended to enhance students' understanding of diverse underserved populations, social determinants of health, and the need for team-based care.
Methods: As part of an interprofessional case-based course, 81 students from multiple health professions were divided into multidisciplinary teams to simulate the life of diverse families living in poverty. Groups were tasked with making decisions (financial, nutritional, medical, and situational). At completion, each student submitted a reflection on the experience. Using a grounded theory approach, reviewers qualitatively analyzed students' reflections by identifying, coding, and categorizing themes.
Themes:

1) Reflection on personal experiences.

2) Intention and confidence in working with underserved populations.
3) Implications for practice.
4) Value of interdisciplinary teams.
5) Emotional empathy.
6) Cognitive empathy.
7) Knowledge of resources and awareness of resource availability vs. access.

Discussion: Themes reflected a broad range of emotion, understanding and acquired knowledge as well as an appreciation of what each team member brought to the experience.

A.2: DEVELOPMENT OF A STATEWIDE ADDICTIVE SUBSTANCES AND PAIN CURRICULUM FOR HEALTH PROFESSIONAL STUDENTS; Heather Martin (The University of Alabama at Birmingham); Sue S. Feldman (The University of Alabama at Birmingham); F. Darlene Traffanstedt (Jefferson County Department of Health)

Issue to be addressed: The National Academy of Medicine identified gaps to treating substance use disorder and pain and determined the education system must collaborate across health professions. Alabama's health professional schools, including medical, nursing, physician assistant, pharmacy, dental, optometry, and veterinary schools, have common goals for teaching SUD and pain, but no multi-disciplinary curriculum exists.

Method: Requirements gathering included stakeholder discussions and surveys, analysis of 6 curricula programs outside AL and controlled substances regulatory codes, and 17 subject matter expert interviews. Thematic analysis was performed on each information source, followed by cross-thematic analysis.

Outcomes: Two curriculum units were identified with 6 and 11 modules each. Each module contains one or more lectures. Lectures include interactive, online information delivery, short videos, and learner knowledge check points.

Conclusion: A multi-disciplinary approach is needed for best patient outcomes. A statewide, multi-disciplinary, online curriculum around addictive substances and pain for future AL health professionals was developed with stigma, language, and referrals to specialists as priority topics.

A.3: CREATING A POP-UP MUSEUM ON THE OPIOID EPIDEMIC: A NOVEL APPROACH TO INTERPROFESSIONAL COLLABORATION; Michele Previti (Stockton University); Kerrin Wolf (Stockton University)

Issue: The ability to work collaboratively in an interprofessional setting is an essential skill for allied health students. However, opportunities to develop this skill can be limited at the undergraduate level since students have not yet begun their professional studies or clinical work. A multidisciplinary examination of the opioid epidemic which culminates in the creation of a "pop-up museum" will provide undergraduate students the opportunity to develop the Core Competencies for Interprofessional Collaborative Practice.

Method: Undergraduates studying a variety of majors collaborate in a semester long multidisciplinary analysis of the opioid epidemic. They then create and host a pop-up museum to educate the community about the epidemic.

Outcomes: Surveyed students report the multidisciplinary study of the epidemic and creation of the pop-up museum led to development of the Core Competencies for Interprofessional Collaborative Practice.

Conclusion: Studying the opioid epidemic from a multidisciplinary perspective and creating a pop-up museum about it provides undergraduate students with the opportunity to develop the Core Competencies for Interprofessional Collaborative Practice.

A.4: INTERPROFESSIONAL EDUCATION (IPE): CONDUCTING VIRTUAL INTERPROFESSIONAL TEAM VISITS (IPTV) IN HEALTH; Ashley Reed (Wayne State University); Jennifer Mendez, MD, PhD (Wayne State University)

Issue To Be Addressed: Participation in IPE during formal education is necessary to prepare students to collaborate with various disciplines during clinical practice. In addition, there is an increased demand for

telemedicine due to the COVID-19 pandemic and large aging population. This emphasizes the need exposure to situations where students interact with patients in virtual environment.
Method: IPTV engages students from various disciplines to conduct a virtual visit as a team, evaluating a participant's physical and social health. The visit allows IPE to occur remotely so participants can engage in a safe and secure setting. During the visit students use discipline specific assessment tools to evaluate the participant. After the visit, students collaborate to determine the participant's current health status, identify areas of risk, and provide support/resources when appropriate.
Observations/Outcomes: Participants reported the visit to be a positive experience. Students expressed an increased confidence in their ability to engage in interprofessional practice and collaborate with others.
Conclusion: The IPTV can be used as an educational model to conduct IPE and prepare students for current trends in virtual health care.

12:30PM-1:00PM: CREATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION; CURRICULUM INNOVATIONS RELATED TO COVID-19; and NEXT STEPS IN TELEHEALTH (CONCURRENT ABSTRACTS)

A.1: IPE DAY FOR 2000; Elizabeth Swann (Nova Southeastern University); Melissa Morris (Nova Southeastern University); Kimberly Valenti (Nova Southeastern University); Nanette Nicholson (Nova Southeastern University); Katharine Fitzharris (Nova Southeastern University); Richard Singer (Nova Southeastern University); and Alyssa Ojeda (Nova Southeastern University)
The 7th Annual IPE Day 2021 at Nova Southeastern University (NSU) involved all eight campuses, including, Puerto Rico, and just under 2,000 students from over twenty healthcare professions. This concurrent session will showcase innovative technology-driven interprofessional learning, using the online setting due to COVID, to deliver virtual simulations to facilitate IPE. The interprofessional planning team ensured that in the virtual setting, every person (student and facilitator) had meaningful experience. The qualitative IPE Day Worksheet, the IPE Day Evaluation that included the Interprofessional Collaborative Competency Attainment Survey (ICCAS) Tool and finally the Debriefing Assessment for Simulation in Healthcare (DASH) Facilitator tool to measure the simulation goals and IPE Day outcomes. We will emphasize and review the developmental processes of different simulations, so that participants will leave with the practical knowledge of the "how to" incorporate effective IPE Day learning outcomes via virtual settings. We are excited to share the lessons we learned delivering a Virtual IPE Day for 2,000 participants.

A.2: REWRITING THE SCRIPT: A PRE-HEALTH EDUCATION APPROACH FOR LEARNING WITH & BESIDE LGBTQ+ COMMUNITY; Inci Yilmazli Trout (University of the Incarnate Word); Shandra Esparza (University of the Incarnate Word)
This paper focuses on using a participatory data visualization method – Rewriting the Script - in an undergraduate Pre-Professional Cultural Issues in Healthcare course to bring LGBTQ+ community members and students together to have critical conversations on how to make healthcare more equitable for the community. In this approach, community members shared their stories of poor treatment in the healthcare system, and then symbolically rewrote the script with students to a positive outcome which culminated in students creating visuals inspired by the stories. Students used the visuals to spark conversations with individuals in their circles on the issues raised. At the end of the process, students wrote reflection papers on their experiences and self-commitments as future healthcare practitioners. Using a qualitative approach, we analyzed the papers which resulted in two categories of student commitments: personal and practice-oriented commitments. In the presentation, we will unpack these commitments in more detail. We share the promise of this approach to professional health education and how we might take it further as we seek to learn with and beside community members in improving health outcomes and increasing health equity.

A.3: INTERPROFESSIONAL EDUCATION IN ONLINE ENVIRONMENT DURING PANDEMIC – A MIXED METHOD STUDY; Jitendra Singh (Minnesota State University Moorhead); Barbara Matthees, PhD, MPH

With the COVID-19 crisis, the need for interprofessional education (IPE) and collaborative practice is more important than ever. Instructors and health professionals are exploring innovative methods to deliver IPE programs in online education This paper presents a mixed methods study where IPE was delivered/taught using completely online instruction. Using a survey/questionnaire adapted from the Readiness for Interprofessional Learning Scale (RIPLS) and qualitative discussions, students' readiness towards online IPE program and importance of such preparation was examined. Out of 215 students who completed the IPE program, one hundred eighty five students from clinical and non-clinical health disciplines responded to the questionnaire (86.04% response rate). Additionally qualitative content analysis was conducted on a total of 736 online discussions. Data analysis across all the four subscales of RIPLS suggests that students felt positively about teamwork and collaboration, and valued opportunities for shared learning with other healthcare students. Qualitative data analysis demonstrated that IPE increases awareness of team members' roles, enhances communication and collaboration and can lead to better care for COVID-19 patients.

A.4: TELE-REHAB FOR IMPROVING HEALTHCARE ACCESS AND CLINICAL OUTCOMES IN CYSTIC FIBROSIS; Dave Burnett (KUMC); Ashley Barry (University of Kansas Medical Center); Allison Bustos (University of Kansas Medical Center); Joel Mermis (University of Kansas Medical Center)

Hypothesis and Issue: Studies found exercise training (ET) programs have a positive impact on morbidity and mortality in Cystic Fibrosis (CF). People with CF report lack of time and travel distance as barriers to ET. Tele-rehab (TR) interventions can be used to enhance uptake of ET as well as improve clinical outcomes.

Methods: Participants (Pts) were randomized to usual care (UC) versus a TR trial. Pts randomized to TR were prescribed ET during weekly TR sessions. Lung function (FEV1), hemoglobin A1C (HbA1c), body mass index (BMI), and cardiorespiratory fitness (CR-fitness) were assessed at baseline and study completion.

Outcomes: Preliminary data indicated nine Pts enrolled over a 4-week period, but subsequent recruitment was halted due to Covid-19. However, enrolled Pts completed the intervention due to the TR design. TR Pts completed 21/24 (87%) of weekly prescribed exercise. At study completion, TR Pts showed improvement in all variables. Pts in the UC group experienced worsening of HbA1c, BMI, and CR-fitness variables.

Conclusion: While inferences from this small sample size are limited, these results support the feasibility of a TR program. TR improved important parameters linked to morbidity and mortality in CF.

ROOM B

11:30AM-12:00PM: CURRICULUM INNOVATIONS RELATED TO COVID-19 (CONCURRENT ABSTRACTS)

B.1: MEDICAL DOSIMETRY STUDENTS' PERCEPTIONS CONCERNING THE EFFECTIVENESS OF THEIR EDUCATIONAL PROGRAMS'; Jamie Baker (The University of Texas MD Anderson Cancer Center School of Health Professions); Mahsa Dehghanpour, EdD, MS, CMD (The University of Texas MD Anderson Cancer Center School of Health Professions)

Issue: In early 2020, many health professions programs offered lectures and clinical rotations remotely in response to COVID-19. Faculty instituted an IRB-approved study to investigate the effectiveness of educational programs' immediate response to teaching practices during the pandemic and how the modified educational delivery affected the students' learning experience.

Method: The Program Response to COVID-19 Effectiveness Questionnaire (PRCEQ) survey was developed to measure students' perceptions of their learning experience during COVID-19. The subject of the descriptive survey research was the current and former medical dosimetry student population who received modified education delivery.
Outcomes: Medical dosimetry students of accredited programs were asked about four areas of their experience during COVID-19 including 1) instructional quality in didactic education; 2) instructional quality in clinical education; 3) opportunities for and quality of interactions with faculty and peers; and 4) aspects of clinical and didactic education and communication that were particularly positive or negative.
Conclusion: The information reported in this survey will contribute to the quality of education during and after COVID-19.

B.2: HEALTH PROFESSION STUDENTS' LEARNING OUTCOMES CHANNELED BY THE ADOPTION OF A VIRTUAL CLASSROOM; Gesulla Cavanaugh (Nova Southeastern University); Melissa Morris (Nova Southeastern University); Santanu De (Nova Southeastern University); Clarissa Afable (Nova Southeastern University); Holly Madison (Nova Southeastern University); Jacqueline Marshall (Nova Southeastern University)
With the appearance of the Covid-19 pandemic, universities were forced to find more immersive technologies to maintain student learning. Health profession students who participated in a virtual classroom (VC) before (N=32) and during (N=20) the Covid-19 lockdown were assessed.
Hypothesis. The study investigated if a VC was effective in supporting student learning and engagement.
Method. Student learning, engagement, presence in the VC, and affinity to technology were measured. Pearson correlation and t test with bootstrapping (alpha .05, 95% CI) were conducted.
Observations. Student presence is significantly correlated with the perception that the VC facilitated learning and with the perception for the naturality provided by the VC. The number of times students viewed the course guides prior to joining the VC was significantly correlated with perceived course content difficulty and the belief that the VC made the course content more difficult. The independent t test reveals no significant differences between the presence of graduates and undergraduates $t = 1.11$, $p = 0.276$.
Conclusion. Health profession students are supportive of immersive technologies, while course designers should be mindful of student affinity for technology.

B.3: REDEFINING INTERNSHIPS: ONLINE, VIRTUAL & REMOTE INTERNSHIPS DURING COVID-19; Tara Crowell (Stockton University); Anthony Dissen (Stockton University); Elizabeth Calamidas (Stockton University)
The COVID-19 pandemic necessitated many in academia to rethink internships, in particular the need for virtual learning experiences. This presentation provides insight into how the COVID-19 pandemic necessitated the redefinition, and consequently restructuring of internships. Presentation provides a brief overview of traditional vs. virtual internships, the pros and cons of virtual internships, guidelines for obtaining virtual internships, offers numerous suggestions and resources for possible projects that can be completed during the internships, and includes tools to assess both traditional and virtual internships learning outcomes. This information is applicable not only to public health programs, but to other academic programs as well; it serves as a valuable guide in the planning and implementing of academic internships during times of shutdowns or other similar restrictions. This material can assist institutions in rethinking and expanding future internship opportunities that will facilitate students' educational and professional growth. Authors offer suggestions for future research; specifically, the need to focus on comparing students' perceptions of virtual internships and their impact on learning and career preparation.

B.4: SATISFACTION WITH COMMUNICATIONS AND SUPPORT RECEIVED DURING COVID-19 IN RESPONSE TO REMOTE WORKING; Margaret Dougherty (Mayo Clinic); Ausejo, David (Mayo Clinic School of Health Sciences); Bello, Ruth (Mayo Clinic School of Health Sciences); Cieslak, Kathryn (Mayo Clinic School of Health Sciences); Ehlers, Emily (Mayo Clinic School of Health

Sciences); Henderson, Joan (Mayo Clinic School of Health Sciences); Hochstetler, Vicki (Mayo Clinic School of Health Sciences); Prigge, Ryan (Mayo Clinic School of Health Sciences); Troy Tynsky (Mayo Clinic School of Health Sciences)
Issue: The international COVID-19 pandemic in Spring 2020 caused an abrupt transition to virtual delivery methods for many health science faculty and students. Eighteen months later, school leaders ask Mayo Clinic School of Health Sciences (MCSHS) program directors, faculty, and students about their level of satisfaction with communication from the school and level of support they received during COVID-19 pandemic in response to remote working implementation.
Method: Program directors, faculty and students used a Likert scale within an electronic survey tool to indicate their satisfaction with school communication and the support and educational tools they received from MCSHS, Mayo Education Technology Center and Mayo Learning Solutions Center to transition to all-virtual teaching and learning.
Outcomes: Survey respondents evaluated satisfaction with school communications methods and seven technology training methods.
Conclusion: Results of the survey will be utilized to fine-tune school communication strategies and for allocation and prioritization of technology resources to support advancement of quality education within virtual learning platforms.

12:00PM-12:30PM: CURRICULUM INNOVATIONS RELATED TO COVID-19 (CONCURRENT ABSTRACTS)

B.1: CLINICAL EDUCATION IN A PANDEMIC: "THE GOOD, THE BAD, THE UGLY"; Michelle Butina (West Virginia University), Sarah Ewing (Gannon University), Yasmen Simonian (Weber State University), Brenda Bertrand (University of Alabama at Birmingham), Mari Knettle (Cleveland Clinic), Marcie Weinstein (Towson University), Amber Boyd (University of Cincinnati), Peter Hu (University of Texas, MD Anderson Cancer Center), Christopher O'Brien (Kings College), Sue Sisto (University at Buffalo, State University of New York), Felicia Chew (Genesis Rehab Services), Julie O'Sullivan Maillet (Rutgers University, School of Health Professions)
The ASAHP Clinical Education Task Force (CETF) acknowledges education programs in health professions quickly adapted to circumstances created by the COVID-19 pandemic. CETF is comprised of representatives from academic institutions and healthcare who educate and work with health profession students across the country. CETF led a series of webinars throughout the pandemic to support clinical education. Upon review, several lessons were learned and will be presented as the "Good, the Bad, and the Ugly". "The Good" includes freely shared resources; creativity to meet accreditation standards and achieve competencies using simulation and telehealth; technology to provide uninterrupted learning and assessment; and flexible or abbreviated rotations. "The Bad" evaluates the loss of passive student learning experiences outside the classroom setting. "The Ugly" addresses loss of clinical rotations; limited access and increased competition for clinical sites; lack of faculty expertise to implement simulated labs/clinical experiences quickly; and disparities in available technologies. Despite the challenges of clinical education during COVID-19, many innovative practices emerged and may be useful moving forward.

B.2: BEST PRACTICES FOR ENCOURAGING STUDENT PARTICIPATION IN BOTH FACE-TO-FACE AND VIRTUAL ENVIRONMENTS; Alex Rothstein (New York Institute of Technology); Mindy Haar (New York Institute of Technology)
Hypothesis: A sense of community is a valued aspect of the classroom dynamic. Strategies for optimizing interactivity and discussion in all learning environments have become increasingly important and an emphasis must be placed on strategies that promote participation across course formats.
Method: The Community of Inquiry model, which emphasizes the impact of social, teaching, and cognitive presence in the classroom environment, is used as the theoretical framework to demonstrate student's need for and the benefits of a sense of community in the classroom setting.

Observations: We offer several evidence-based variables for eliciting student engagement and enhancing their sense of belonging relevant in both face-to-face and virtual environments.

- Developing the classroom setting
- Addressing students by name
- Calling on individual students to participate
- Allowing students time to answer questions
- Asking for student feedback
- Reading verbal and nonverbal feedback

Conclusion: Fostering a sense of community and enhancing student interactivity through a comfortable and engaging learning environment can improve an instructor's ability to educate and connect with students in both F2F and virtual settings.

B.3: ACTIVE LEARNING IN THE VIRTUAL ENVIRONMENT; Michelle Martinchek (MGH Institute of Health Professions); Martha McKean, MS, PA-C, MPH (MGH Institute of Health Professions) ; Joshua Merson, MS-HPEd, PA-C, CAQ-EM (MGH Institute of Health Professions)
Active learning strategies are increasingly used in health professions education. Team-based learning (TBL) is an active learning model with a flipped classroom and application exercises. Our program does TBL for all systems-based didactic courses in the first year of the Physician Assistant program. Due to the COVID-19 pandemic, a need for a virtual educational model arose.
Several technology platforms were used to transition active learning modules to the virtual environment. Synchronous sessions used videoconferencing, and online learning tools and innovative instructional methods were incorporated.
All 2021 cohort students, who had one virtual semester, met first year program competencies. All 2022 cohort students have completed two semesters with this virtual format and are on track to progress. Evaluations for virtual courses indicate favorable ratings by students, at or above in-person courses.
We successfully transitioned didactic systems-based courses to a virtual format with online technologies and innovative methods to facilitate active learning. Further work is needed on other outcomes, including the soft skills associated with active learning modalities and long-term knowledge retention and application.

B.4: "ONLINE... SAY WHAT?!" CURRICULUM MODIFICATION TO A PRE-PT HEALTH PROFESSIONS EDUCATION PROGRAM; Garrett Masada (Western University of Health Sciences); Gunnar Fillerup (Western University of Health Sciences); Denise Schilling (Western University of Health Sciences)
Hypothesis: A modified 4-week, online interprofessional program can provide effective outcomes like the traditional 6-week model, providing secondary benefits of decreased cost, increased accessibility for students, and schedule flexibility.
Methods: The Summer Health Professions Education Program (SHPEP) provides an educational model for undergraduates to learn about various medical professions. The 6-week in-person curriculum was modified to a 4-week online venue. Physical Therapy (PT) content was delivered via care packages, web-applications, patient recorded encounters, and kinesthetic activities. Students were surveyed regarding their knowledge of the profession and program perceptions.
Outcomes: Data suggests similar outcomes when comparing the 4-week online program to the traditional in-person model. There was similar engagement, satisfaction, understanding of the PT profession, while maintaining a personal, interconnective environment.
Conclusion: With careful development & consideration, a modified, online curriculum is not only effective in providing a comprehensive understanding of PT but also provides secondary positives including ability to reach students across the country inclusive of Puerto Rico, decreased cost, and increased schedule flexibility.

12:30PM-1:00PM: CURRICULUM INNOVATIONS RELATED TO COVID-19 (CONCURRENT ABSTRACTS)

B.1: THE IMPACT OF COVID 19 ON THE STAGES OF DEVELOPMENT. A PERSONAL REFECTION AND CLASS DISCUSSION; Sydney Moran (AdventHealth University); Ashley Gauthier (AdventHealth University)
Issue: During COVID 19 we were not allowed to enter the hospital for Pediatric Clinical Rotations.
Method: To obtain clinical hours we created an assignment to have the students reflect on the effect of COVID 19 on each of Erickson's Developmental Stages .We asked for one positive aspect and one negative aspect related to the topics school closures and social distancing guidelines. We also asked which level was most effected and why. After the assignment was submitted, we met to have a class discussion on the assignment.
Observations: The class discussion was imperative for this assignment. It allowed students to gain an understanding from their peers. Single students could understand the reality of their fellow peers with children of varying ages. Students shared how the Pandemic had affected their families and themselves.
Conclusion: When COVID 19 closed our hospital to students we were required to develop substitute experiences for the students that still were meaningful in their education. By addressing each of Erickson's Stages of development in this assignment we felt it allowed the students to reflect on the current and possible future consequences COVID 19 will have on future generations.

B.2: HIGH IMPACT TEACHING THROUGH IN-PERSON AND ONLINE CLINICAL REASONING LABS; Allen Keener (Eastern Kentucky University); Cassandra Ginn (Eastern Kentucky University); Allen Keener (Eastern Kentucky University); Renee Causey-Upton (Eastern Kentucky University)
Issue to be addressed: The purpose of this presentation is to describe the impact of a clinical reasoning lab experience for graduate occupational therapy students. Method: Retrospective, pre-test/post-test design
Research objectives:

1) Determine impact of an in-person clinical reasoning lab on students' perceived clinical reasoning skills.
2) Determine the impact of an online clinical reasoning lab on students' perceived clinical reasoning skills.
3) Compare outcomes of an in-person clinical reasoning lab to an online clinical reasoning lab. Due to COVID-19, this clinical reasoning lab was altered for online course delivery in summer 2020.

Outcomes: Students who completed the lab in person and students who completed the lab online demonstrated significant improvements in their perceived clinical reasoning.
Conclusion: Both in-person and online labs can be valuable tools for increasing perceived clinical reasoning in allied health students.

B.3: TEAM-BASED DEVELOPMENT OF A TELEHEALTH CURRICULUM FOR HEALTH PROFESSIONS TRAINING STUDENTS; Megan Timmerman (University of Nebraska Medical Center); William Hay (University of Nebraska Medical Center); Victoria Kennel (University of Nebraska Medical Center); Tessa Wells (University of Nebraska Medical Center); Nancy Krusen (University of Nebraska Medical Center)Mia Hyde (University of Nebraska Medical Center); Corrine Hanson (University of Nebraska Medical Center)
Issue to Be Addressed: The COVID-19 pandemic forced the expansion of telehealth delivery into the mainstream. This necessitated academic curricular revision to train students in telehealth care delivery.
Methods: A team of health professions educators was formed to develop modular, interprofessional learning experiences addressing standard elements of telehealth. Preliminary work identified accreditation criteria and extent to which telehealth skills are currently addressed across health professions. Telehealth competencies were developed.

Outcome: Four modules were created. The first three were: Technological Skills; Quality Care and Engagement; Statutory and Regulatory Standards. The fourth module focused on team-based care using the telehealth delivery format, with an opportunity for practical application of skills.
Conclusions: Clinical providers have been forced to develop telehealth capacity and will likely continue to deliver care virtually in the future, necessitating academic institutions to incorporate telehealth training in the pre-professional phase. These scope and regulation changes necessitate training in the common elements of telehealth practice that have not existed in health professions curricula to date.

B.4: TAKING FROM WHAT WE LEARNED: DETERMINING IF ONLINE LABS ARE RIGHT FOR YOUR COURSE AND PROGRAMS; Marci Swede (North Central College)
Issue to be addressed: The emergent move of traditional labs to online was a necessity of COVID. When the crisis entered its 2nd academic year, the planned delivery of online labs began. Looking forward, institutions are considering continuing to run online labs as we return to normal. The question is: how to determine which courses are appropriate to run online? We need a flexible decision-making model to assess if a course should be delivered online.
Method : The model is based on a course evaluation strategy: the student population served; learning outcomes for each course; institutional resources; role of the course in the program/major. A literature summary of best practices and outcomes will be included.
Observations: This model allows for flexible decision making and can be extrapolated to clinical experiences. Rather than a one size fits all approach, institutions can make strategic decisions at the course and section level.
Conclusion: Online labs can be performed at a high level and meet program and student needs. They can provide equitable access to prerequisites needs and disability accommodations, and can more broadly reach students. However, these benefits are realized when the appropriate courses are delivered.

ROOM C
11:30AM-12:00PM: NEW MODELS FOR CLINICAL EDUCATION (CONCURRENT AND POSTER ABSTRACTS)

C.1: DELIBERATE PRACTICE TO TEACH MOTIVATIONAL INTERVIEWING SKILLS TO PHYSICAL THERAPY STUDENTS: A FEASIBILITY STUDY; Nikole Cronk (University of Missouri); Erin Dannecker (University of Missouri); Jack Wells (University of Missouri); Brad W. Willis (University of Missouri)
ISSUE TO BE ADDRESSED: This project assessed physical therapy (PT) students' perceptions of the feasibility and acceptability of using online, deliberate practice and clinical simulation to learn motivational interviewing (MI) skills.
METHOD: In a prospective manner, PT students (N=60) first attended an online presentation on MI skills. Next, they separated into 4 groups and completed online, deliberate practice of MI skills during two consecutive simulated clinical encounters. Students received feedback after the first encounter and then repeated the encounter incorporating the feedback. Students rotated across the roles of provider, patient, observer and timekeeper over 4 class periods so each practiced MI skills as the provider. Students and interprofessional faculty observers used a previously validated form to record the MI skills demonstrated during each encounter.
OBSERVATIONS/OUTCOMES: Students' MI skills increased from the first to second encounters. In addition, students' qualitative feedback about the deliberate practice technique was largely positive.
CONCLUSION: PT students' MI skills improved with the online use of deliberate practice and they found this method of skill development to be feasible and acceptable.

C.2: DESIGNING AND IMPLEMENTING PROBLEM BASED LEARNING TECHNIQUES TO SUPPLEMENT CLINICAL EXPERIENCES; Matthew Mills (Springfield College); Dr. Brett Winston (Springfield College)
Hypothesis/Issue to be addressed: Despite hope that the world will return to pre-pandemic conditions, the reality is post pandemic clinical education has already been forever changed. Educators have had to re-imagine ways in which students can still obtain the clinical skills necessary to become competent, entry level professionals who can demonstrate critical thinking and sound clinical decision making as healthcare professionals.
Method: Educators leveraged problem-based learning to delivery supplemental clinical education to health care students in a cost-neutral manner. Educators utilized the implementation of asynchronous virtual scenarios focused on the development of clinical reasoning and clinical decision making skills.
Observations/Outcomes: Student learners expressed positive feedback regarding the supplemental clinical exposure provided through problem-based learning model of virtual patient cases. Students were also able to gain experience with complex, rare, and nuanced situations which are challenging in authentic clinical experiences.
Conclusion: Problem-based learning can provide an effective supplement to traditional in person clinical experiences in a cost-effective manner to enhance student learning.

C.3: INCREASING OCCUPATIONAL THERAPY CLINICAL EDUCATION OPPORTUNITIES THROUGH A PROGRAM-RUN FREE CLINIC; Anna Grasso (Salus University); Sharon Marcy (Salus University); Andrea Tyszka (Salus University); Caitlyn Foy (Salus University); Brianna Brim (Salus University); Lauren Sponseller (Salus University); Fern Silverman (Salus University)
Issue: Occupational therapy clinical education trends highlight competitiveness and oversaturation, a problem exacerbated by the pandemic. Will a University's occupational therapy free clinic reduce the clinical site deficit while providing rich learning opportunities and effective clinical intervention?
Method: Faculty and students from a Master of Science in Occupational Therapy program opened a free clinic in January 2021. Using a clinical education framework, and a four-phase program development model, two student cohorts completed clinical experiences through direct, consultative, and educational services to underserved community members across the lifespan. The first cohort focused on clinic development and the second focused on implementation and evaluation of services for in-person and virtual clients.
Outcomes: From January through June, 2021, 15 occupational therapy students received clinical education through the free clinic.
Conclusion: Community focused clinical education through an occupational therapy free clinic is a sustainable, long-term opportunity to prepare students for their careers as culturally humble, adaptable practitioners, who are able to identify and address the needs of vulnerable client populations.

12:00PM-12:30PM: MODELS OF EXCELLENCE FOR ENHANCING DIVERSITY, EQUITY, AND INCLUSION (CONCURRENT ABSTRACTS)

C.1: EQUITY AND INCLUSION EQUALS DIVERSITY; Ruth Bello (Mayo Clinic School of Health Sciences); Margaret Dougherty, Vicki Hochstetler, Ryan Prigge, David Ausejo, Emily Ehlers
Issue: In response to unrest following the death of Mr. George Floyd in Minneapolis, MN., Mayo Clinic School of Health Sciences developed a blended learning course focusing on anti-racism curriculum for learners. The course provided a general overview of diversity, equity and inclusion (DEI) related issues, support for learners and a societal contribution.
Method: 325 learners completed asynchronous DEI prework to prepare for facilitated synchronous sessions. Trained facilitators led small-group discussions targeting DEI issues.
Outcomes: Post session surveys returned by 33% of learners and 55% of facilitators provided feedback and suggestions:

- more frequent, in-depth training around systemic racism

- practice sessions to proactively manage racism, bias, microaggressions
- a bolder institutional stand against racism and
- more resources for anti-racism issues

Conclusion: Student interest in anti-racism curriculum was strong with a desire for continued training. Curriculum to be updated with feedback and offered twice annually.

C.2: UNDERGRADUATE TO GRADUATE SCHOOL JOURNEY: SHPEP- SUMMER ENRICHMENT PREPARING STUDENTS FOR SUCCESS; Gunnar Fillerup (Western University of Health Sciences); Garrett Masada (Western University of Health Sciences); Denise Schilling (Western University of Health Sciences)
Hypothesis: Professional development (PD) in a 6-week interprofessional program provides undergraduates with early exposure to graduate school including pre-requisites, application process, resume development, interview skills and overall enhanced confidence resulting in the increased likelihood of success.
Method: The Summer Health Professions Education Program (SHPEP) provides an educational model for undergraduates to learn about the healthcare professions. Students who declare an interest in health career professions participate in a 6-week program. All students participate in STEM focus curriculum in the morning and profession focus content in the afternoon. Students interested in Physical Therapy are exposed to the profession including a PD week designed to improve students understanding of graduate school application process. Upon completion, students were queried via survey regarding their knowledge of graduate school requirements and perception of their preparation.
Outcome: Data suggests early exposure can increase confidence levels of perception in preparation and understanding of various graduate requirements.
Conclusion: A 1-week exposure in PD can improve the likelihood of success throughout the application process.

C.3: RESPONDING TO THE IMPACT OF COVID-19 ON MARGINALIZED GROUPS; Serena Gramling (Jacksonville State University); Dr. Laura Barrow (Jacksonville State University)
Issue: Marginalized groups in the United States have had a greater incidence of illness, violence, financial burden, and minimal access to services during the Covid-19 pandemic. For purposes of this presentation, marginalized groups will be defined as persons subject to discrimination based on certain personal characteristics such as sex, gender, religious beliefs, and/or race or ethnicity. Many are unaware of or unable to access services available to them. As health professionals, we are obligated to respond to the needs of others. Regardless of our position, we can make an impact on vulnerable communities by increasing communication, understanding barriers they face, and assisting them with navigating through available services.
Method: Clinical Approach
Observations / Outcomes: By understanding the resources available to marginalized groups, we can refer them and/or assist with accessing those services.
Conclusion: As leaders in the community, we must investigate and understand available resources for marginalized groups so they have the opportunity to access assistance for themselves and their families.

C.4: COMMUNITY MEDICAL IMAGING LABORATORY: FROM RESEARCHING PROTOCOLS TO A BETTER PATIENT EXPERIENCE; Jose Rafael Moscoso Alvarez (Universidad Central del Caribe); Quiriat Torres (Universidad Central del Caribe); Elaine Ruiz-Izcoa (Universidad Central del Caribe); Maria E Gonzalez-Mendez (Universidad Central del Caribe)
HYPOTHESIS: Better patient experiences which enhance diversity, equity, and inclusion by providing students with tools for clinical and translational research in the implementation of protocols used with underserve communities.
METHOD: A Community Medical Images Laboratory was developed with the purpose of offering radiography services to underserved community members while students practice attention protocols

using the translational clinical research strategies to assess the most effective between them, measured as patient satisfaction and excellent quality images.
OUTCOME: Two research interest topics were identified by students as needing improvement. The first, producing quality radiographs of obese patients can be a technical problem and its being researched with the use of phantoms by adjusting exposure factors, patient positioning, x-ray source distance and radiation beam limitation. The second issue is the recognition of the LGBTTQIA+ community rights and in the way the transgender community is addressed appropriately.
CONCLUSIONS: The CMIL will provide tangible and proved evidence of the most effective practices during a radiographic procedure in obese patient's and LGBTTQIA+ community.

12:30PM-1:00PM: SELECT TOPICS IN ALLIED HEALTH and MODELS OF EXCELLENCE FOR ENHANCING DIVERSITY, EQUITY, AND INCLUSION (CONCURRENT ABSTRACTS)

C.1: ALLIED HEALTH WORKERS ROLE IN PATIENT EDUCATION IN THE US; Walter Moyo (University of Nicosia); Kaboni Gondwe (University of Wisconsin-Milwaukee); Elena Philippou (University of Nicosia); Panayiota Andreou (University of Nicosia); Alexia Papageorgiou (University of Nicosia)
Issue: Allied health workers are under-represented in research which looks at health education provided by health workers to patients. Most health education research has been conducted from the perspective of nurses and physicians.
Method: A comprehensive literature search on the concepts of "role", "allied health workers" and "patient education" was conducted using 4 databases: Academic Search Ultimate; Health Source- Consumer Edition; Health Source- Nursing/ Academic Edition and MEDLINE in February, 2021. The focus was the US health system. The findings were synthesized and compiled.
Observations: It was found that allied health workers in the US are currently underutilized in providing patient education, although physical therapy as an allied health profession has actively attempted to formalize its members routine participation in patient education. Factors that impede the involvement of allied health workers in the provision of patient education include inter-professional, organizational, personal and time factors.
Conclusion: Incentives and policy changes are required to maximally integrate allied health workers into patient education efforts.

C.2: TRAUMA INFORMED CARE: LESSONS LEARNED FROM A GLOBAL OUTREACH TRIP WITH REFUGEES IN ATHENS, GREECE; Jessica Varghese (New York Institute of Technology); Mercy Joseph (New York Institute of Technology)
Issue to be addressed: A ten-day interdisciplinary medical outreach trip was designed as an educational intervention to enhance cultural awareness among undergraduate students, to learn more about refugees and broaden the students' understanding of trauma informed care.
Method: Three faculty members and twelve undergraduate students, from nursing, pre-physician assistant and occupational therapy participated in this outreach trip to Athens, Greece.
Following the trip two nurse researchers conducted individual interviews with the students to understand their experiences in working with refugees. Data was analyzed using Colaizzi's method of data analysis.
Observations/Outcomes: Prior to this trip students stated they had little to no understanding of the term trauma informed care. However, after their experience in Greece, students voiced a greater awareness of the importance of trauma-informed care in their practice.
Conclusion: Educators and students need to be better equipped with trauma informed care practices which can help in the workplace setting. The lessons from this trip have broader implications in how we prepare and teach health professionals to care for populations across the country and across the world.

ROOM D

11:30AM-12:00PM: CREATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION (POSTER ABSTRACTS)

D.1: TABLETOP SIMULATION TO IMPACT PRE- HEALTH STUDENTS STIGMA PERCEPTIONS TOWARDS OPIOID USE DISORDER; Shelby May (University of Alabama at Birmingham); Michelle Brown (UAB), Tera Webb (UAB)
Hypothesis: The Opioid Tabletop Simulation is aimed at reducing stigma associated with opioid use disorder among healthcare professionals, healthcare students, and pre-health students.
Method: The Opioid Tabletop simulation was developed by an interprofessional team at UAB. The simulation allows participants to have a first-person experience to navigate life with an opioid use disorder and promotes introspection in response to these personalized experiences. It focuses on opioid use disorder as a chronic, relapsing disease for which there is treatment and recovery and the role of stigma related to opioid use disorder. Despite advancements in treatment and the availability of life-saving medications, provider stigma remains a barrier to reducing opioid use disorder (OUD) and decreasing the number of opioid-related deaths. Creating 'OUD competent' and sensitive healthcare professionals requires incorporating OUD education and stigma training into program curricula. To study the effect of The Opioid Tabletop simulation participants completed a standardized evaluation.
Conclusions: Students reported that the learning experience was valuable and that the objectives of the simulation were met.

D.2: NEW COURSE MODEL FOR INTERPROFESSIONAL EXPERIENCE; Rachel Johnson Krug (University of Mary); Jodi Roller, PT, EdD, DPT (University of Mary); Mary Dockter PT, PhD (University of Mary); Joscelyn Varland OTD, OTR/L, CLT (University of Mary)
Interprofessional education (IPE) is a vital component of health profession education programs that prepares students to collaborate with a multitude of health care professions. For one private, Catholic, Benedictine university, IPE evolved from one problem-based learning (PBL) case experience involving two health profession programs to a one-credit IPE course involving eight health professional programs. The course consists of both onsite and online delivery models with over 200 undergraduate and graduate students. The course description, assessment information, faculty and student responsibilities, and their respective feedback are provided.
The course description, as well as the assignments for the course, follow the guidelines for best practices of interprofessional collaboration. The overall feedback from faculty and students is positive. Students are satisfied with the face-to-face experience and felt the course is beneficial for the development of interprofessional communication. The completion of reflections after each session provides valuable qualitative data in the form of feedback for course improvement.

D.3: OVERCOMING COVID-19 BARRIERS THROUGH A COURSE IN CLINICAL AND TRANSLATIONAL RESEARCH IN PUERTO RICO; Juan Carlos Soto-Santiago (University of Puerto Rico, Medical Sciences Campus); Rosado-Santiago, E. L., De Jesús-Ojeda, L., Irizarry-Ramírez, M., García-García, R., Flores-Rivera, E., & Campos-Rivera, M. (University of Puerto Rico, Medical Sciences Campus)
Educational need: The interdisciplinary course: Clinical and Translational Research(CTR) (INTD 5998) responds to the need to provide undergraduate and graduate students of higher education institutions in Puerto Rico(PR), the knowhow in CTR.
Method: INTD 5998 is a two-credit course, designed in the hybrid modality, as part of the RCM-UCC Cooperative Title V Project. The course presents the main concepts underlying the performance of CTR through lectures, workshops, and presentations .It was offered from January to May in 2020 and 2021, in a virtual modality responding to the restrictions imposed due to the COVID-19 pandemic. This distance learning mode provided greater accessibility to students from distant geographic areas, including students from other UPR campuses; and allowed for continuity to the teaching and learning process. The learning management system Blackboard Ultra and Teams were used as alternative platforms.

Results: 100% of the students(n=23) who completed the course indicated that the course was a good learning experience, it helped them increase their knowledge In CTR, it met their expectations, and that they would recommend other students to take it.
Conclusion: INTD 5998 offers a valuable interprofessional experience.

D.4: IMPLEMENTATION OF AN INTERPROFESSIONAL EDUCATION CASE STUDY DURING THE COVID-19 PANDEMIC: A REPORT; Jeanine Engelmann (Marywood University); Lindsay A. Phillips, PsyD, ABPP (Marywood University); Lori E. Swanchak, PhD, PA-C, DFAAPA (Marywood University); April Ciesielski, MSN, RN (Marywood University)
A multigenerational COVID-19 case study included telehealth and cultural competency. Eighty students from 7 healthcare programs participated in the online event over 3 days. Of the 80 participants,64 completed a post-event survey. Approved by IRB, the survey included closed questions for perceived satisfaction and open questions for qualitative feedback. Most participants agreed or strongly agreed the event was engaging(73.44%), beneficial to their career (88%), would help with future interdisciplinary work(71.88%),and learned something new about other disciplines(84.38%).They liked the ability to learn from other professions(88%) and the applicability of COVID-19 and multiculturalism(10%). They least liked the perceived lack of representation from all disciplines in each event session (54.17%). Some students acknowledged the online format was necessary, but noted they preferred an in-person event(13.51%). Respondents suggested increased opportunity for communication and networking among students(16.21%) in the future. Incorporating diversity, equity, and inclusion resulted in positive comments and may provide greater depth to IPE programming. Responses highlight recommendations for more socialization and collaboration between students.

12:00PM-12:30PM: CREATIVE APPROACHES TO INTERPROFESSIONAL EDUCATION/COLLABORATION (POSTER ABSTRACTS)

D.1: THEMATIC ANALYSIS OF STUDENTS' PERCEPTIONS OF INTERPROFESSIONAL EDUCATION IN HEALTHCARE DISCIPLINES; Jitendra Singh (Minnesota State University Moorhead); Jill Holmstrom, EdD
Interprofessional education (IPE) and team-based care can help in providing well-coordinated care to patients in all areas of healthcare. Historically, healthcare education has been conducted in silos where students get minimal opportunity to learn from students who are from different health disciplines. The aim of this qualitative in-progress project is two-fold: 1) To gain an understanding of healthcare students' experiences and perspectives regarding IPE and how opportunities to learn with students from different disciplines may help in enhancing patient experiences, and 2) To develop recommendations on how to implement IPE opportunities in online and on-campus mediums of instruction. Students from clinical and non-clinical programs have been invited to participate in semi-structured interviews and focus group sessions to collect data for the study. The data will be transcribed verbatim and a Braun and Clarke framework will be utilized to analyze the collected data. Peer debriefing, participant checks, and triangulation will be used to establish trustworthiness of the study. The results will be utilized to create new and improve existing IPE program offerings for students majoring in healthcare focused programs.

D.2: VIRTUAL REALITY SIMULATIONS FOR PROFESSIONALS AND INTERPROFESSIONAL STUDENT GROUPS; John McCarthy (Ohio University); Kerri Shaw (Ohio University); Matt Love (Ohio University); Elizabeth Beverly (Ohio University)
Issues to be addressed: What are the themes of discussion in interprofessional and single profession groups when watching interactions with the patient and a nurse and a social worker in 12 virtual reality simulations involving a young woman who is pregnant with a history of substance abuse?
Method: An interview and focus group methodology was selected. There were multiple groups of healthcare professionals from medical, nursing, and behavioral health disciplines and student groups including social work, nursing, speech language pathology and audiology.

Observations/Outcomes: Pre/Post word association tasks indicated an overwhelming shift to a more positive valence after viewing videos. Participants considered the videos to be highly immersive and interprofessional groups had more frequent and longer discussions related to professional practices of social work and nursing professionals.
Conclusion: Virtual reality simulations can be effective in reducing bias and increasing compassions. Further they can be platforms not only for a health discipline shown in a video, but also for interprofessional groups to understand roles, responsibilities and ethics of other disciplines.

D.3: INNOVATIVE ACADEMY: LEVERAGING TECHNOLOGY & PROJECT MANAGEMENT TO IMPROVE STAKEHOLDER MANAGEMENT; Patrick Corr (George Washington University School of Medicine and Health Sciences); Catherine Golden, Ed.D., MPA (George Washington University, School of Medicine and Health Sciences)
The Governor's Health Sciences Academy (Academy) at Alexandria City High School is an award-winning partnership between School of Medicine and Health Sciences at the George Washington University and Alexandria City Public Schools. As the first public-private partnership of its kind in Virginia, the Academy was established in 2018 in response to the region's urgent need to expand the health care workforce pipeline and diversify representation among health care professionals. Issue Addressed: Given the complex nature the initiative and breadth of stakeholders, it was crucial to identify innovative ways to collaborate, and ensure effective engagement throughout implementation and ongoing operations. Methods: The Academy is one of the largest initiatives to benefit from the agile and innovative approaches afforded by project management methods. Central to the adoption of methods has been the use of Smartsheet, a project management tool, to build a comprehensive project plan and set-up communication plans. Outcomes: A number of benefits have been identified since implementation, including: improved engagement from multi-level stakeholders, enhanced communications with key operational partners, and more efficient annual reporting.

D.4: ACADEMIC SPEED DATING FOR HEALTH CARE DISCIPLINES; April Ciesielski (Marywood University); Dr. Jeanine M. Engelmann (Marywood University); Dr. Lindsay A. Phillips (Marywood University); Dr. Lori E. Swanchak (Marywood University)
An interactive interprofessional educational (IPE) event for 56 students across a variety of healthcare disciplines was organized. The objective was to increase students' knowledge of other health care professions. Students from 8 healthcare disciplines participated. Questions were provided to initiate conversation regarding their discipline's role when caring for patients, their disciplines scope of practice, and what educational and licensure requirements are needed for their profession. The event was 90 minutes where students rotated seats every 5 minutes to meet the various disciplines. An IRB approved post-event evaluation was emailed out to the students. Out of 56 participants, 30 participants completed the evaluation. The evaluation included Likert scale closed- and open-ended questions. Of the respondents, 60% strongly agreed the event was engaging, 70% strongly agreed they learned something new, 43.33% strongly agreed the event was beneficial to their career, and 50 % strongly agreed the insights from the event will assist them with future interdisciplinary work. Themes found among the data was students most liked interacting and learning about other professions and least liked the limited time for engagement.

12:30PM-1:00PM: CURRICULUM INNOVATIONS RELATED TO COVID-19 & NEXT STEPS IN TELEHEALTH (POSTER ABSTRACTS)

D.1: REINVENTING STANDARD PATIENT EXPERIENCE DURING COVID: A SUSTAINABLE APPROACH; Karen Majeski (Quinnipiac University); Tracy VanOss (Quinnipiac University); Gabbriel Ceccolini (Quinnipiac University)
Rehabilitation programs offer clinical experiences based on national accrediting body standards. During Covid-19 universities found it difficult to place students in clinical sites. Finding alternative clinical

experiences was necessary. Standardized patients (SP's) were used in place of clinical sites. This team developed scenarios for adult & pediatric populations. Scripts & assignments were created to meet learning objectives. The SP coordinator trained SP's, developed a schedule of delivery & assisted with executing the experiences. Professors met with students to provide feedback and assess clinical completeness's provided informal feedback to students. Educational outcomes were collected by reviewing graded assignments, student reflections, and SP feedback. Student grades were comparable to clinic grades in previous years and reported as valuable learning experience .SP feedback was also positive. Departmental outcomes showed decrease in cost with using SPs versus clinical sites. The Covid-19 Pandemic made it difficult to place students for observational clinical experiences. Instead, a SP experience was implemented to meet clinical competencies. Outcomes indicate student success at a lower cost. Use of SP's is a sustainable approach.

D.2: CONVERTING THE IMPERSONAL TO PERSONAL: ESTABLISHING RAPPORT AMONG TEAM MEMBERS IN A VIRTUAL SETTING; Carol Spears (Cleveland State University; Madalynn Wendland (Cleveland State University; Barbara Miliken (Cleveland State University)
Hypothesis: The goal to establish team building skills for students participating in IPE courses may be achieved when receiving instruction exclusively using online platforms.
Method: An online picture collage maker was used for team members to uploaded personal pictures from their phones that reflect the essence of who they are to add to their collage. The team discussed why pictures were selected and worked together to develop a common theme and team name based on images uploaded.
Observations: Students interactions increased. A break down in barriers was noted and students of assigned teams assimilated to working together to complete the required task.
Conclusion: After completing the task, students learned specific details about others on the team, provided input in the task, and had fun. Positive interactions were fostered among students on assigned teams allowing members of interprofessional teams learn with, from, and about each other was needed. As compared to previous years, when teaching occurred during in-person classes, online instruction was as successful in meeting the overarching objective of developing team building skills without needing to adapt the curriculum.

D.3: USING SIMULATION TO BRIDGE THEORY TO PRACTICE DURING A PANDEMIC; Jill Tourtual (Stockton University); Denise Petro, MSN-ED, RN (Stockton University); Carole-Rae Reed, PhD, RN (Stockton University)
ISSUE TO BE ADDRESSED: Creative ways to develop simulation for undergraduate baccalaureate nursing students to achieve state-mandated clinical hours.
CLINICAL APPROACH: The theory behind simulated learning is to provide the nursing student with the opportunity to explore develop their critical thinking skills and judgment in a safe, nonjudgmental environment. Critical thinking is the basis for nurses' daily decision that requires academic and acquired knowledge to provide patients with the best care. During the Covid-19 pandemic, clinical experiences and in-person teaching was limited. Previous approaches to utilization of simulation needed to be modified.
OBSERVATIONS: Information obtained via student surveys post simulation day were varied.
CONCLUSION: Strategies used may be beneficial for other health care clinical disciplines in addition to nursing.

D.4: A MODEL FOR DELIVERY OF ORTHOPEDIC PREOPERATIVE EDUCATION VIA TELEHEALTH; Allen Keener (Eastern Kentucky University); Dana Howell (Eastern Kentucky University)
Issue: Preoperative education is provided to patients prior to orthopedic surgery and there is no defined standard of practice. Telehealth can decrease barriers associated with care and support patients with health-related outcomes. However, telehealth has many complex factors that must be considered for

successful implementation. Preoperative education provided via telehealth could optimize related patient outcomes and recovery.
Method: Apply and combine existing theories to describe a framework for the delivery of orthopedic preoperative education to patients via telehealth. The EDUCATE model provides elements for quality patient education and can provide a structured framework for patient education. Bashshur's model considers effective telehealth service delivery and provider and patient factors. Combined into a new model, a structure for delivery of preoperative education via telehealth is created.
Observations/Conclusion: Preoperative education provided via telehealth can increase patient outcomes. This new model addresses a gap in the literature related to preoperative education delivery and provides a structured method for preoperative education via telehealth for consideration by allied health professionals.

ROOM E
12:30PM-1:00PM: SELECT TOPICS IN ALLIED HEALTH AND MODELS OF EXCELLENCE FOR ENHANCING DIVERSITY, EQUITY, AND INCLUSION (POSTER ABSTRACTS)

E.1: PERILS OF CO-VID 19: MORAL DISTRESS AND BURNOUT IN PT EDUCATORS;
Allison Kellish (Franklin Pierce University); Doreen Stiskal (Seton Hall University) Ann Conventry (Franklin Pierce University)
The COVID-19 pandemic poses particular challenges for faculty in health science programs who scrambled to shift course content from face-to-face to full online delivery. One year since the initial COVID 19 lockdown, programs are still delivering courses in a modified delivery mode.
The purpose of this descriptive correlational design was to identify the prevalence, and levels of moral distress and burn out experienced by physical therapy faculty teaching in physical therapy educational programs during COVID -19 pandemic. Participants completed the Moral Distress Thermometer, Maslach Burnout Inventory Educator Survey, the Academic Distress Questionnaire for Physical Therapy Educators and a Demographic Survey. Descriptive statistics, Pearson correlations, Post-hoc analyses using Bonferroni multiple comparison tests, and ANOVA compare each dimension of the MBI-ES to the MDS. Data from completed surveys revealed that physical educators identify as having moral distress and burnout, with a relationship between emotional exhaustion and depersonalization.

E.2: BUILD IT AND THEY WILL COME: BENEFITS OF AN ONLINE DATABASE OF RESEARCH PARTICIPATION OPPORTUNITIES; David Janosik (University of Central Florida); Megan Pabian (University of Central Florida)
Hypothesis: Developing a college-level platform and marketing campaign that advertises opportunities for research participation will increase the quantity and quality of research participants.
Method: A website and portal were developed for researchers. Visitors can review opportunities, volunteer for the opportunity, and get notified of future studies. Web traffic, conversion rates, and the number of qualified volunteers were monitored.
Observations/Outcomes: Results showed a centralized online resource had a positive impact on the volunteer rate for research studies. Working with the university's IRB was critical to producing a quality project. Creating pages that were "social media" friendly increased exposure.
Conclusion: College-level online resources that advertise and collect information from potential research participants is a valuable resource that colleges should explore when looking to foster greater participation and enhance the quality of research in a college.
These results suggest that researchers are likely to see higher rates of volunteers, obtain more "qualified" volunteers, and gain more exposure when they leverage online advertising systems that incorporate synergies across the college/university.

E.3: USE OF CLINICAL IPE OUTCOMES TO INFORM PATIENT-CENTERED SERVICE DELIVERY; Angela Kennedy (UT Health - San Antonio); Temple A. Ratcliffe (UT Health San Antonio); Christine Gaspard (UT Health San Antonio); Elena Riccio Leach (UT Health San Antonio); Rebecca Moote (UT Austin College of Pharmacy); Marta Vives (UT Health San Antonio); Joseph A. Zorek (UT Health San Antonio)

Issue: Clinical interprofessional education (IPE) offers an opportunity to improve the effectiveness of patient-centered service delivery, yet this is neither well-understood nor described within health professions education or literature.

Methods: Conducted a scoping review of PubMed, SCOPUS, and CINAHL databases to characterize clinical IPE literature, then performed a sub-analysis to identify commonly utilized outcome measurements and implications for allied health professionals.

Outcomes: Identified 91 clinical IPE articles published since 2015 that included two or more learners from two or more professions who provided direct patient care. Allied health interprofessional learners were in 41 articles reviewed.

Fifteen studies used validated IPE assessment tools to measure learner attitudes/perceptions and knowledge/skills. Five studies included patient or organizational outcomes. Most outcomes involved self-reported changes in learner attitudes and knowledge/skills; few studies included learner behaviors or patient/system outcomes.

Conclusion: For clinical IPE to inform patient-centered service delivery, future studies need to focus on patient or organizational outcomes to best inform actionable change.

E.4: MENTORING STUDENTS FROM DISADVANTAGED BACKGROUNDS ENROLLED IN A HEALTH CAREERS OPPORTUNITY PROGRAM; Joyce Maring (The George Washington University); Carmen Sessions (The George Washington University); Russell Korte (The George Washington University); Minhye Kim (The George Washington University); Reamer Bushardt (The George Washington University)

Issue to be addressed: To advance health equity and diversify the regional health workforce, George Washington University invests in students from demographically diverse backgrounds and underrepresented groups across numerous health career pathways, including a HRSA supported Health Careers Opportunity Program. We describe a mentoring program designed to promote academic and clinical success of enrolled health career students from economically and/or educationally disadvantaged backgrounds.

Method: This is a descriptive design that summarizes the pilot implementation and early outcomes of an innovative mentoring program.

Outcomes: 50 students from disadvantaged backgrounds completed health career programs over 2 years. Trained volunteers provided structured mentoring to enhance academic and personal success. Exit surveys affirm graduates agree to strongly agree that mentoring helped prepare them to provide excellent, culturally competent care.

Conclusion: Structured mentoring promotes success of students from disadvantaged backgrounds enrolled in rigorous health career programs. Mentoring may contribute to a reduction in the shortage of diverse health professionals available to address regional and national health inequities.