The Learning Curve

Episode 6: Interprofessional Education & Collaborative Practices with Dr. Brooke Salzman, Dr. Amber King, and Dr. Shoshana Sicks

Presented by the Academic Commons

[00;00;00;00 - 00;00;07;24] **Jacob Santos**

Welcome to The Learning Curve, a podcast presented by the Academic Commons.

[00;00;07;26 - 00;00;13;22] **Jacob Santos**

[00;00;13;25 - 00;00;45;28] **Jacob Santos**

Your hosts for today are myself, Jacob Santos and, hello I'm Jerry Feldman. So, our mission in this podcast is to illuminate higher education, teaching and learning through the power of shared experiences and research informed practices through engaging discussions and expert insights. We aim to empower educators to transform their teaching practices and rich student learning experiences and contribute to a culture of evidence-based pedagogy in higher education.

[00;00;46;01 - 00;01;18;26] **Jacob Santos**

On this episode will be discussing collaborative practices with Brooke Salzman, M.D., Shoshana Sicks Ed.D., and Amber King, Pharm.D. Brook Salzman, MD, is a professor and vice chair of Faculty Affairs in the Department of Family and Community Medicine. She is a board-certified family physician and geriatrician. Doctor Salzman serves as the Associate Provost of Interprofessional Practice and Education and co-director of Jefferson Center for Interprofessional Practice and Education.

 [00;01;18;29 - 00;01;57;06] **Jacob Santos**

Also known as JCIPE at Thomas Jefferson University, Shoshana Sicks Ed.D., is Director of Curriculum and Administration at JCIPE. Her experience and higher education administration includes interprofessional education, curriculum affairs, program and curriculum development and management, admissions and student services. And finally, we have Amber King Pharm.D. She is an associate professor at Jefferson College of Pharmacy. Her clinical background is in critical care, and she serves as the associate Provost of Interprofessional Practice and Education and co-director of.

[00;01;57;09 - 00;02;10;15] **Jerry Fillman**

Welcome, everybody. So question one. Can you tell us a little bit about yourselves and your role at Jefferson University? And then, you can also have time to explain how you got started with JCIPE.

[00;02;10;23 - 00;02;39;17] **Amber King**

All right. Hi, this is Amber. So I am a faculty member at Jefferson College of Pharmacy, where I teach pharmacy students. In their first three years of the curriculum, we, I teach students about communicating effectively with patients and with health care providers. And I also teach a lot of critical care topics in, pathophysiology and therapeutics.

[00;02;39;19 - 00;02;55;14] **Amber King**

Oh, and how I got started at JCIPE. So I started volunteering with JCIPE when I first became a faculty member at Jefferson, and just got more and more involved over the years and have really enjoyed my work with the JCIPE team.

[00;02;55;16 - 00;03;38;21] **Brooke Salzman**

Hi everyone! My name is Brooke Salzman and excited to be here today. As Jerry mentioned, I'm a physician in the Department of Family and Community Medicine, and my clinical practice is at the Jefferson Center for Healthy Aging and, I serve as the co-director for JCIPE. And thankfully, through my work, I have met colleagues who were involved in JCIPE along the way and really, was interested to get more involved and become a part, to facilitate and become a part of activities, and feel like it's really helped to kind of bring back and, to enhance the team work on my team and our clinical setting.

[00;03;38;24 - 00;04;04;15] **Shoshana Sicks**

And hi, I'm Shoshana Sicks I, work full time in JCIPE and I help to develop, our programs and scale them and do the administrative aspects of the programs. So all the implementation and delivery. And I also, work with our program teams and our staff and oversee our budget and do the operational components of the center on a day to day basis.

[00;04;04;17 - 00;04;25;24] **Shoshana Sicks**

Funny story. I, interviewed for a different job at Jefferson and headed off at that hiring manager, but I didn't get that job. And then she called me after a couple of months later and asked if I was still interested, in working at Jefferson, and she had handed my resume to that, then co-director of JCIPE. So that's how I ended up here.

[00;04;25;26 - 00;04;46;25] **Jacob Santos**

All right. Thank you, all of you, for, introducing yourselves. And, so the next question, that we're going we have for you is for our listeners, who may not be familiar, with the with JCIPE, how did it get started and how have your programs expanded over time?

[00;04;46;27 - 00;05;08;18] **Shoshana Sicks**

Yeah. So this is Shoshana again. I will take that one. And, for those who are unfamiliar, our center was one of the first of its kind in the country. We started in 2007, and we were fortunate enough to have some funding from the Mason Foundation. And, at that time, the center was really all about delivering health centers.

[00;05;08;18 - 00;05;28;07] **Shoshana Sicks**

So, we had some staff, a couple of staff to do that, but it was really focused. Main endeavor, and we did, you know, formed an advisory committee and there were other components that grew, but we really started with Health Mentors, which is our flagship program, and we'll talk a little bit more about throughout the podcast.

[00;05;28;09 - 00;06;04;02] **Shoshana Sicks**

At that time, we had 450 students from four health professions about and, we've now expanded, as you alluded to, to, nearly 2,400 unique students and 28 health professions across 16, and sometimes more programs. And you're asked about our growth over time. We've really adapted to meet needs, learner needs. And, you know, college and program needs, you know, faculty and center needs as well.

[00;06;04;02 - 00;06;28;15] **Shoshana Sicks**

So I'll give you an example. You know, as well as professions, as we've expanded here at Jefferson in our merger in 2017, for example, we've acquired new programs. So that's, you know, accounts for some of the growth. But over time, we have seen accreditation standards really grow, in the area of interprofessional education.

[00;06;28;15 - 00;06;55;08] **Shoshana Sicks**

So there was more and more demand for interprofessional education because it became a requirement across the health professions. So nearly every health professions program has an accreditation requirement or several standards related to interprofessional communication and collaborative practice. And, the center has had to respond to that demand and grow. So really been able to grow and expand again according to demand and needs.

[00;06;55;10 - 00;07;01;13] **Shoshana Sicks**

And, the growth of our, entity as an enterprise as well.

[00;07;01;15 - 00;07;14;24] **Jerry Fillman**

Excellent. Thank you for that. So again, JCIPE is like a, a very unique experience. So, so that anyone. But, how does your teaching practice inform your JCIPE work?

[00;07;14;26 - 00;07;40;24] **Amber King**

That's a great question, Gerry. And I really think that it's hard to separate my, It's hard to separate my teaching practice from my JCIPE work and think about which one informs the other, because I think that they both inform each other. I started facilitating the Health Mentors program the same year that I was hired as a faculty member.

 [00;07;40;24 - 00;08;14;20] **Amber King**

So I've really grown up in JCIPE and learned so much from the colleagues from different professions who I have had the opportunity to learn with and from and about through my opportunities co facilitating with them, co developing programs with them, and conducting research with them. So I wouldn't be the educator that I am if not for all of the opportunities that JCIPE has provided.

[00;08;14;23 - 00;08;52;19] **Amber King**

My clinical teaching experience as a clinical pharmacist in an intensive care unit really gave me the motivation to continue my work with JCIPE. I had experience with high and low functioning teams, a lot of, a lot of opportunities to navigate interprofessional communication challenges and conflict and coaching students through how to manage these issues. And that really informs my work at JCIPE and my work at the College of Pharmacy.

[00;08;52;22 - 00;09;20;11] **Amber King**

I think it's really important. In fact, I think it's essential that whenever students come to JCIPE programing that they understand how it's relevant to their future practice and by telling them stories, of, of my own experiences, I hope makes the J side lessons about the importance of teamwork and communication and working with people from other professions.

[00;09;20;11 - 00;09;43;28] **Amber King**

I really hope that it helps those lessons come alive. And, you know, J like faculty and staff, are so creative in their program development. And that has been, very inspiring to me to be creative in my pharmacy teaching. And my pharmacy teaching has taught me to be student centered, to learn from students perspectives, to see the importance of reflection on action.

[00;09;44;00 - 00;10;07;19] **Amber King**

And again, that really important point of drawing explicit connections between the classroom, whether it's it's the pathophysiology of acute kidney injury or the therapeutics of acute kidney injury or team dynamics. So central to draw that line between the classroom and clinical practice.

[00;10;07;21 - 00;10;25;15] **Jacob Santos**

Awesome. Thank you, for sharing that. So I think you touched upon this a little bit, in, that, last answer, but, can you, discuss the significance, interprofessional education or IPE, for today's learners?

[00;10;25;17 - 00;10;55;20] **Brooke Salzman**

Happy to take this one. So, you know, more and more, our health care system relies on having high functioning teams to deliver high quality care. And yet we still see that health professions training remains predominantly in silos. And we really need to prepare future clinicians with the knowledge and skills and behaviors required to work effectively together.

[00;10;55;23 - 00;11;28;02] **Brooke Salzman**

Unfortunately, there's ample data that demonstrates the consequences of poor teamwork and a lack of training, including things like high rates of medical errors and inefficiency, or soaring health care costs, as well as high provider burnout. And, In contrast, on the flip side, studies have shown that building effective teams and improving teamwork can significantly impact patient and population based health outcomes.

[00;11;28;05 - 00;11;43;22] **Brooke Salzman**

Improve that patient experience of care. Also improve team and provider wellness and potentially reduce burnout and potentially either reduce or contain health care costs.

[00;11;43;24 - 00;12;10;00] **Jerry Fillman**

Thank you. Now, from the description, there's a lot of moving parts with getting IP into the curriculum. How does JCIPE integrate interprofessional practice into the Thomas Jefferson University curriculum? I know you mentioned a couple that it's kind of built in naturally with some of the departmental standards, which is great, but how do you, get more on board when that's kind of not the case?

[00;12;10;02 - 00;12;33;10] **Shoshana Sicks**

Yeah. Jerry, that's a great question. I think I had touched on it a little bit, when she mentioned creativity and, how creative our faculty are. And that's certainly the case. And I think that's, that's my one word answer for how we do this. All the programs have, you know, different requirements and try to meet at different times and our different lengths.

[00;12;33;14 - 00;13;00;07] **Shoshana Sicks**

That's all the academic programs with which we work. So it can be a real challenge to figure out how do we deliver, this content and make sure that everyone meets the standards and, you know, experiences the richness of the opportunities that we have to offer. And, you know, is prepared in the ways that Brooke was describing to address, you know, to work on high functioning teams and deliver quality care, in today's health care environment.

[00;13;00;07 - 00;13;28;14] **Shoshana Sicks**

So a lot of creativity, we, we, we try to develop programs using not using sorry in partnership with interprofessional teams ourselves. So we'll work with faculty teams and try to have representatives from the professions that want to participate or might participate. We still have in our professional kind of advisory groups. But we have that group and we meet at least quarterly in that case, usually about five times a year.

[00;13;28;16 - 00;13;46;28] **Shoshana Sicks**

And make sure. Are we still responding to everybody's standards? Does what we're doing makes sense? What are the data look like? What's our feedback from students and from health mentors looking like, you know, those health centers, our community volunteers? So we review all that together and make sure that the programing is still relevant, meeting the needs.

[00;13;47;01 - 00;14;12;22] **Shoshana Sicks**

Meeting the standards that folks have in their different professions. So that's the structure we often have when we're creating something new. And then the next question is how it gets into the curriculum. And again, it's really creatively. So we have, as you mentioned, required programs like Health Mentors and Team Safe are required for the vast majority of professions that are enrolled in each of them have 12 academic programs enrolled.

[00;14;12;24 - 00;14;36;21] **Shoshana Sicks**

They are slightly different from one another, but they all are. They're very large groups of students. And, they're mostly required, meaning they're embedded into various curricular health ventures is three semesters long. So, it's embedded into various different courses of any program. But students are required to complete that program as part of their coursework.

[00;14;36;21 - 00;15;03;00] **Shoshana Sicks**

So, that's one way. And it's really an ideal way that literature tells us that that is, that, you know, the best way to sustain the programing. However, we also have hybrid programs and we, have ones that are totally volunteer. So by hybrid, I mean that some of the profession, the students, learners, the professions in which they're studying require that the students participate and some of them don't.

[00;15;03;00 - 00;15;23;29] **Shoshana Sicks**

We have volunteer students as well. So, it's it takes some creativity. I will also say that, when we talk about multiple sessions and something like Team Safe, not every session has every profession. So 12 professions might take the program over the course of the year. We run a set of fall workshops and a set of spring workshops.

[00;15;24;02 - 00;15;43;27] **Shoshana Sicks**

Those, you know, certain professions need to integrated into courses in the fall. Certain professions integrate it into coursework in the spring. So, you know, need to go on a Friday afternoon and can't do a Friday morning session. But other three professions will do it on a Friday morning. So we might run sessions a whole day. But different professions come in and out.

[00;15;43;27 - 00;16;06;02] **Shoshana Sicks**

And, as long as there's two or more professions and typically we in a program like that will have 3 or 4 at a time. But as long as there's two or more, it meets the definition of interprofessional education. And we have learners. Yeah. Learning about from and with. So being a little bit creative in terms of the scheduling and the integration into curricula to.

[00;16;06;04 - 00;16;31;02] **Jacob Santos**

Awesome. Thank you. I love that kind of the focus of your answer there was that was that element of, creativity, and how it requires some flexibility. You were just talking about the scheduling and, what works and what doesn't, and trying to be adaptable to the needs of the individuals you're working with. So, our next question, then, is what role do the Thomas Jefferson University instructors play in facilitating effective interprofessional education?

[00;16;31;04 - 00;16;37;02] **Jacob Santos**

And how does JCIPE support faculty in these roles?

[00;16;37;05 - 00;17;15;05] **Amber King**

That's a great question, Jacob. We truly could not run all of our JCIPE programing without dozens, the dozens of faculty and staff members who helped to develop and facilitate our programs. So each of our

programs has 1 or 2 faculty colleagues who are really in charge of developing the curriculum, keeping it current, thinking about the overall logistics of the program.

[00;17;15;08 - 00;17;45;26] **Amber King**

And then each program has multiple facilitators who will step in on the day of programing and help to deliver that programing. So, for example, for our Health Mentors program, we have our two faculty co-leads who, come from two different professions to give those two different perspectives. And they work throughout the year fine tuning the curriculum to make sure that it is the best it can be for our students.

[00;17;46;01 - 00;18;15;05] **Amber King**

And then on a day when students are coming to campus, we'll have dozens of of folks from the clinical pillar, dozens of faculty members, some even coming from other campuses. Folks will come down from Dixon, across town, from East Falls to facilitate sessions for these interprofessional groups of students. So we really couldn't do it without them. JCIPE does a lot to support faculty and staff development.

[00;18;15;07 - 00;18;43;18] **Amber King**

So before each program, we provide a faculty development session on the logistics of that program. We also talk about common situations that we have seen a rise in a particular program. And we offer, some ideas on how to manage those situations. And then we crowdsource ideas. So we say, hey, for all the facilitators who are attending this training, how have you handled this situation in the past?

[00;18;43;18 - 00;19;21;25] **Amber King**

So we get lots of great ideas, creative ideas, different perspectives on how to handle situations that arise. JCIPE also recently implemented a an annual recognition ceremony that recognize our faculty and staff facilitators, and thanks them for their work with us. We have research opportunities for faculty and staff, we collect lots of student data, and any one who facilitates with us and is interested in conducting some research.

[00;19;21;28 - 00;19;50;19] **Amber King**

We, love to work with folks in order to do that, and that provides people with an additional incentive. So not only participating because you are passionate about IPE and interprofessional collaborative practice, but doing something that is going to help you get promoted. So we really try to do a lot to support those who give their time. In order for us to be able to run this very important programing.

[00;19;50;22 - 00;20;12;18] **Jerry Fillman**

That's great. Thank you. That's just a again, a lot of moving parts, but I mean, the value from the amount of students you get is a big piece. So looking for more specific examples for teaching practice, can you share examples of teacher practice employed by JCIPE faculty to promote collaborative learning among students from different health care disciplines?

[00;20;12;21 - 00;20;46;25] **Brooke Salzman**

I think the essential aspect of collaborative learning is that it's interactive. So, that might sound, you know, self-evident, but it, really interprofessional education is not just having students from different health professions in the same room together or learning about the same topic. It's really JCIPE really aims to implement programs that allow learners. And I think we've all mentioned this phrase, from the World Health Organization's definition of interprofessional education.

[00;20;47;00 - 00;21;13;01] **Brooke Salzman**

But it's really learners, students learning about, from and with each other to enhance future collaborative practice. So, sometimes faculty members will come to us with the interests of developing a program. And the most common thing that often when we're trying to provide some consultation to how to make it really interprofessional or truly collaborative, is how, again, how is it interactive?

[00;21;13;01 - 00;21;40;19] **Brooke Salzman**

How are the students really sharing what, you know, their the expertise they bring, their scope of practice, their perspective. How to how are they really sharing that with one another? To really help them learn together how to best approach, care in a person centered, team based manner. So most of our programs, we do have some on asynchronous online modules that just introduce students to basic principles.

[00;21;40;26 - 00;22;07;13] **Brooke Salzman**

But other than that, all of our programs, again, really aim for that creative, interactive element. So many of our programs that we've talked about already are simulation activities. So we have programs like our Team Safe program and Team Care Planning. So many of these are whether they're virtual or in-person, or simulation programs where students are enacting scenarios together, taking different roles.

[00;22;07;16 - 00;22;44;23] **Brooke Salzman**

And then reflecting on what happened to really learn from that experience. And then certainly our we have other programs like our health mentors program. We also have, complex care collaborative, where students are put in and our professional teams and are interacting with, community volunteer. And so there we have, again, student teams working together to, either, interview, community member or develop or address a problem or help develop care plans.

[00;22;44;25 - 00;23;20;06] **Brooke Salzman**

Again, kind of coming back to that interactive piece, I think the other part of our programs, in addition to being interactive, is how do we create an environment that, has a level playing field or kind of dismantles, power dynamics so that people all feel comfortable participating and learning from one another? We try to set the stage so that all students are, we, we feel are well trained and intelligent.

[00;23;20;09 - 00;23;38;15] **Brooke Salzman**

But it's also okay to make mistakes. It's okay to admit when we don't know what each other does. And we really want to kind of raise those issues to the forefront, and to help, you know, team members communicate with one another so that we can work effectively together.

[00;23;38;17 - 00;24;05;18] **Jacob Santos**

Awesome. We want to kind of start moving, into a different kind of area of our interview. You talked we've learned over the course of this discussion today. You know, JCIPE is a vast program that started way back in 2007, and you have all these excellent opportunities, working with faculty and students to provide them, with all these unique challenges and, programs that they can enhance their learning.

[00;24;05;24 - 00;24;20;17] **Jacob Santos**

So a question, that we have then is given how long you've been around, what are some challenges you have encountered in developing and sustaining JCIPE into professional programs, and how have you addressed them?

[00;24;20;20 - 00;24;45;12] **Shoshana Sicks**

Yeah, it's a really good question. It's not all sunshine and rainbows. All right. There are always challenges, and important to talk about, I think really important. You know, there are folks all over the country, all over the world doing this work. And, we do have the benefit of hindsight, as we talk about our beginnings, many of the challenges we faced are really common in the field.

[00;24;45;12 - 00;25;04;18] **Shoshana Sicks**

So maybe I'll talk about, those and then a little more specificity for us, but I maybe it'll be reassuring to listeners to know that, they're experiencing some of the things that are really common. But I think Brooke alluded to the first one, as she was giving her last response, which is like, is it really interprofessional?

[00;25;04;20 - 00;25;32;15] **Shoshana Sicks**

And I think we get approached by people and we also, partner with groups and run our own program sometimes where, you know, Brooke mentioned, for example, the modules that we do and they're, you know, asynchronous modules online. So folks are not interacting with one another. But we realized in delivering our programs, these learners need to have a baseline knowledge of what is interprofessional education and collaborative practice.

[00;25;32;18 - 00;25;54;02] **Shoshana Sicks**

What what are the roles of different health professionals you may encounter in programing here in practice? So it's not necessarily learning about from in with one another, but we have to have some common language and exposure. So we even wrestle internally with like is it really interprofessional programing. But we do need everyone to have this understanding.

[00;25;54;04 - 00;26;12;26] **Shoshana Sicks**

And similarly, we'll often get approached about programs that might have learned from two different professions just sitting in the same room. But there's no interactivity, and they're not really learning about from there with or just, you know, someone's delivering the same content, the content to both of them. So I think that's a little bit of a struggle, believe it or not.

[00;26;12;28 - 00;26;34;24] **Shoshana Sicks**

Is it really and truly interprofessional? And if not, how can we make sure it's robustly interprofessional? So that's, one, you know, challenge. I think we're going to talk a little bit more later about the, the perspective of the value of this work and some maybe resistance that we face over time. So let her cover some of that.

[00;26;34;26 - 00;26;52;04] **Shoshana Sicks**

But those are, you know, those are common ones. And I guess you asked us so how we address them, and I don't want, folks to feel like they don't have some tools to do that. So, in terms of our interprofessional, you know, we asked that question. We look at whether people are interactive, we add discussion components or think pair share.

[00;26;52;04 - 00;27;12;05] **Shoshana Sicks**

We try to help, folks developing programs, find other, professional programs that might want to join. So lots of ways we can think about how to really make it robustly in our professional space can be a major issue. You start to get people together and then there's not a place to put them. So again, some of the virtual programing helps with that.

[00;27;12;08 - 00;27;32;19] **Shoshana Sicks**

For health mentors, we have had about 1500 students doing it annually. So we'll split that orientation into two dates. So two consecutive weeks students come to orientation half the group one week, half the group the other week. Just so we have enough space on campus and enough faculty facilitators to facilitate an hour and a half long session.

[00;27;32;22 - 00;28;04;20] **Shoshana Sicks**

So, that's how we kind of creatively work around scheduling. And again, the hybrid and virtual offerings. And then I'd say facilitator availability. Sometimes institutions, you know, have to rely on volunteerism that happens with us as well. We've built a cadre of really enthusiastic, wonderful faculty who, you know, really find them work meaningful and and have benefit, you know, see the benefits in it and have reaped the benefits of it.

[00;28;04;22 - 00;28;26;29] **Shoshana Sicks**

So we're very fortunate in that way. But that doesn't mean that we still sometimes are short, that a date doesn't work as well for folks sometimes. You know, the delivery and the pedagogy change a little bit because of some of the obstacles we can face in securing space. And securing faculty. And again, that's where we have to think a little bit creatively about what can we deliver, what can we offer.

[00;28;27;01 - 00;28;51;17] **Shoshana Sicks**

And then in terms of faculty and facilitators, we want to continuously acknowledge their contributions. As Amber did. That's common for us. We always want to thank them and recognize them and then think about formal pathways. How can we integrate this work into promotion and tenure pathways and make sure that folks are really formally recognized? In that way, some colleges, included as service also.

[00;28;51;19 - 00;29;05;02] **Shoshana Sicks**

So how do we make sure that faculty are really recognized for a lot of curriculum development and delivery that they're doing as part of JCIPE work that may not be, you know, compensated formally for their, you know, job description.

[00;29;05;04 - 00;29;31;28] **Jerry Fillman**

So really moving pieces, everything aligns. You have enough facilitators, you have the students. Is there any other way that you kind of get students to engage? Because, again, like they're coming in most of the time is strangers, I assume. Right. So I know it's kind of corny, but like as our icebreakers involved, do you just jump right into just clinical experience and say like, hey, this is what happens.

[00;29;32;01 - 00;29;58;28] **Amber King**

Another great question, Jerry. Yeah, you're right. A lot of times students will come into an activity, not knowing anyone else in the room or, you know, just knowing 1 or 2 friends, from their own profession. And we do love icebreakers. I have to say, I used to not like icebreakers, but I have been converted and I sort of love them.

[00;29;58;28 - 00;30;45;16] **Amber King**

Now. We definitely will do icebreakers. We'll try to do inclusive introductions where we, as the instructors or the co facilitators explain why we think that this is important, why we are facilitating this session over what might have been our lunch break. Definitely connecting the content to their future clinical practice. But we also think it's really important to have faculty champions within, in the professions who are embedding the psych programs into their courses and who verbalize to the students why this content is so important.

[00;30;45;18 - 00;31;18;25] **Amber King**

Because it's one thing for me as a facilitator to say this is important for this reason. But if you are not a pharmacy student, then perhaps my, my story or my description doesn't resonate with you, but if you heard it from your own faculty member, that can really that can really resonate with students. Additionally, in some programs we share with students feedback from previous students.

[00;31;18;25 - 00;31;43;16] **Amber King**

So for example, in the health mentor students, one of my colleagues mentioned that the students have an opportunity to visit their health mentors home. Some students get nervous about that. This is going to take a long time. I have a very busy curriculum. I don't want to go to this person's home. It's something I'm nervous about because I haven't done it before.

[00;31;43;18 - 00;32;09;19] **Amber King**

So we share with students that previous students have found this experience to be very valuable, that they've learned so much, that this might be the only time that you have the opportunity to visit a patient or client's home. So sharing experiences and thoughts and feedback from their predecessors can also be really helpful.

[00;32;09;21 - 00;32;31;27] **Brooke Salzman**

I was just going to add on to that, too, in terms of your commentary about icebreakers and why we do like them is just I mean, anecdotally, both students and faculty like to participate in our programs because we, we get to know each other, not just as the doctor I work with, the nurse I work with, you know, you know, these different health professions.

[00;32;31;27 - 00;32;59;04] **Brooke Salzman**

But as people and realizing how we all are people who are trying to help in someone's care. And we hear a lot from students, how how they really appreciate when they're on their clinicals bumping into someone they worked with. in a JCIPE. And then there are more comfortable to reach out to say that pharmacy colleague to say, I don't know how to dose this medication or whatever the question is.

[00;32;59;10 - 00;33;17;04] **Brooke Salzman**

So really, it's those personal connections that can enhance collaborative practice. And we find that with faculty as well. They do this to make connections. Whether it's for, you know, collaborative scholarship opportunities or just, again, just for that personal connection across campus.

[00;33;17;06 - 00;33;43;13] **Jacob Santos**

I mean, I'll weigh in on icebreakers and that I really enjoy them. I think there are a lot of fun, especially if they're done. Well, you know, there's certain times where, like, they can be they can be a little, like, oh my gosh,okay. So kind of in that idea, like, oh, I don't know. You talked about the importance of, you know, testimony from individuals in the field, or hearing from, a trusted advisor or individual like a faculty member.

[00;33;43;16 - 00;34;08;09] **Jacob Santos**

So have you encountered students or instructors who are initially resistant to the idea, interprofessional education? And if so, kind of perhaps more importantly, what approaches have been effective in engaging those individuals who are giving you that hard resistance?

[00;34;08;11 - 00;34;33;03] **Brooke Salzman**

Yeah, I you know, I would say, thankfully, for the most part, students and faculty are, you know, are often open to this opportunity. In fact, many students choose to come to Jefferson because they're excited about the opportunity to meet and interact with peers from other, professions. So thankfully, they they often early on realize the importance of collaborative practice.

[00;34;33;03 - 00;35;03;09] **Brooke Salzman**

But there are certainly skeptics and certainly when, you know, often the faculty who are volunteering their time to participate again are the folks who drink the Kool-Aid. But there are certainly skeptics. I would say, because we, you know, we all have so much, to teach and learn, and that there is limited time and curriculum and many competing priorities is that's probably the most common thing we see is how am I going to fit this extra activity?

[00;35;03;11 - 00;35;33;07] **Brooke Salzman**

I think we really try to work with programs to and colleges to show how this is not a, an add on or a separate thing, but really integral to whatever training and education they're providing so that to be the best, whatever health profession you can be is really requires, you know, working with the team and how how can we layer this in as opposed to feeling like it's an add on is one way we do that?

[00;35;33;07 - 00;36;03;13] **Brooke Salzman**

Again, that's partly how we embed our programs into a, a set curriculum. Say a- and, and hopefully to really tie a program to that curriculum and what they're already doing. I think the other common maybe perspective is that as the perception of interprofessional education or teamwork as a soft skill, and sometimes students particularly or early in their training are really after the hard core knowledge.

[00;36;03;19 - 00;36;30;15] **Brooke Salzman**

And look at this is like, this is, you know, this is kind of kumbaya us and in a circle, how, you know, can we all get along? And we really try to be explicit about the competencies that their, program requires, kind of the getting specific about, hopefully, the knowledge and the skills and behaviors that they can learn and really apply in future clinical practice.

[00;36;30;17 - 00;36;39;26] **Brooke Salzman**

Hopefully showing how it is really relevant, and how it can impact, patient care.

[00;36;39;28 - 00;37;05;16] **Jerry Fillman**

It's great. Again, you gave some of the many resources and just different things available for faculty that get involved with JCIPE. How do you, kind of like vocalize yourselves to new faculty or just like seasoned faculty that kind of can be a different, I guess would be the nice way to put it. But, do you lean on your team leads from that department, or do you more?

[00;37;05;16 - 00;37;09;10] **Jerry Fillman**

Do you like boots on the ground? Kind of face to face kind of things?

[00;37;09;12 - 00;37;34;02] **Shoshana Sicks**

Yeah, I it's a really good question. I mean, we do always try to get our new faculty when they're new and maybe not as busy with everything. But I think our, our faculty leads are the best salespeople, so to speak. The folks are champions who facilitate with us, who, do other work, you know, in partnership with us, really enjoy it.

[00;37;34;02 - 00;38;03;04] **Shoshana Sicks**

And, they help, you know, talk with their colleagues. They say, hey, there's these great opportunities. And that awesome faculty are way, often, and then, you know, it's a lot of, you know, I, I work in fundraising and, and it's a lot of, like, building relationships and figuring out what's important to people. And I think, you know, we try to do that piece, too.

[00;38;03;06 - 00;38;20;11] **Shoshana Sicks**

We, you know, again, some of those other benefits, we really pair facilitators. So we'll pair a new facilitator always with season one. We never throw anybody, just like, into the pool to swim in the deep end. So as the saying goes, you know, I don't think I said at the beginning that I'm not clinically trained myself.

[00;38;20;16 - 00;38;42;10] **Shoshana Sicks**

My background's in higher education. I have a doctorate. So I bring, you know, probably your perspective that a lot of folks, when I facilitate programs and I love co facilitating with clinical colleagues and I learn something new every time I facilitate with someone. And there's value definitely to building relationships and spending a whole afternoon facilitating something like team Safe with the same person.

[00;38;42;10 - 00;39;01;02] **Shoshana Sicks**

But also I love rotating and seeing how different people manage it and, and, the skills they bring and the different debriefing questions they insert. So I think, I think that's a feeling that's shared by a lot of our faculty. And we try to build those relationships, and it's really fun to do the facilitator pairings as an administrative.

[00;39;01;03 - 00;39;19;28] **Shoshana Sicks**

Oh yeah. Those don't hurt. They're really good. I enjoy working together. It's kind of exciting to see those relationships develop and, and think about, oh, that that person's expertise of this person's expertise, that's going to be great. So that's another way we kind of engage folks. You know, help, try to connect with them.

[00;39;20;00 - 00;39;44;21] **Jacob Santos**

Well, thank you very much, for sharing all those, opportunities and how, you know, those building of relationships and, really getting to the heart of the importance the people and getting everyone together to collaborate, is, really essential to help what helps make JCIPE, JCIPE work and makes everything come together so beautifully. So our last we're coming to our last question, of our interview for today.

[00;39;44;21 - 00;40;09;12] **Jacob Santos**

And this question can be answered by one or all of you. It's kind of flexible in that regard. So, in general, what are the top 1 or 2 pieces of advice for someone who wants to explore interprofessional education in their course or curriculum? And perhaps consider this question in a world where a faculty member doesn't have an IPE team at their institution.

[00;40;09;15 - 00;40;29;03] **Amber King**

I think it's really important to find like minded people who have the creativity and flexibility to develop new, exciting programs that meet the needs of all of the different stakeholders. Yeah, and.

[00;40;29;03 - 00;41;02;26] **Brooke Salzman**

Kind of to build upon that, you know, finding some people. But to start small to think about, you know, how to thinking authentically about your, your either team's care needs or your care environments. You

know, what really are the settings that you want to help improve team based care or impart those team based competencies. And again, finding those like minded people to form a team and think about a small program that you can develop and start, and then you can build from there.

[00;41;03;03 - 00;41;13;18] **Brooke Salzman**

And certainly our team is available to talk with people. We do consultations, frequently. And we're, you know, certainly happy to share our experience.

[00;41;13;21 - 00;41;18;27] **Shoshana Sicks**

Yeah, I'm the operational person. So I'll say, like, if you can get a commitment.

[00;41;19;00 - 00;41;19;29] **Shoshana Sicks**

For budget.

[00;41;19;29 - 00;41;49;10] **Shoshana Sicks**

Dollars or you can, find a common time that people will commit to practicing IPE and that can just be another aid. I think the things that Amber and Brooke mentioned are the critical first steps. And then, if you're trying to operationalize, you know, again, it's been so valuable to have that 12 to 2 p.m. on Monday slot, just kind of open, it just, you know, helps prevent some of the barriers that you, and we inevitably encounter when we're doing scheduling.

[00;41;49;12 - 00;42;06;09] **Brooke Salzman**

And they may again seem obvious, but, you don't want to do this work alone. By nature, it's team based. So find collaborators. So you can invite those different perspectives and partners to develop the work.

[00;42;06;11 - 00;42;35;29] **Jacob Santos**

Well, thank you so much for sharing those pieces of advice. I hope, those of you who are listening are able to take that to heart and find a pathway where you can, bring that together, at your institution, wherever you may be. So that kind of brings us to the end of our interview, for today, Dr. Brooke Salzman, Dr. Shoshanna Sicks, and Dr. Amber King, thank you so much for taking time out of your day to be here with us, to share your knowledge and your expertise.

[00;42;36;03 - 00;42;38;21] **Jacob Santos**

We are very grateful.

[00;42;38;23 - 00;42;39;20] **Shoshana Sicks**

Thanks.

[00;42;39;22 - 00;42;44;23] **Brooke Salzman**

Our pleasure. Thanks for having us.

[00;42;44;25 - 00;43;06;13] **Demi Harte**

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[00;43;06;21 - 00;43;07;17] **Demi Harte**

Thanks for tuning in.