

## Appendix B Proposal Cover Page

1. **Date Submitted:** May 1, 2009

**Project Title:** Realizing Enhanced Student Inter Professional Education through Clinical Teamwork (RESPECT)

2. **Project Theme:** Foster and facilitate active learning in classroom and /or clinical learning environments

4. **Applicant/Project Director Name:**

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7. **Requested dollar amount (up to \$5,000 is available):** \$3,550

## Appendix C - Proposal Narrative Outline

1. **Project Title (5 points)**  
*Realizing Enhanced Student Inter Professional Education through Clinical Teamwork (RESPECT)*

Future health professionals who will be working together in clinical settings would benefit from clinical education and training opportunities that promote the appreciation of the skills of other team members providing health care to patients. The idea of this project is to create an interdisciplinary clinical training opportunity for dental, dental hygiene, medical and nursing students to work together in teams to evaluate the level of health and wellness of an underserved population.

2. **Briefly describe the problem that you plan to address in your proposal. (15 Points)**

Increasingly, health care providers work in multi-disciplinary teams to optimize individual patient and community health. Collaboration and teamwork among health care providers who will be working in clinical settings may be enhanced by clinical education and training which emphasizes mutual understanding and appreciation of the background, education, training, professional standards and skills of the team members. Physicians and nurses work together on a daily basis, however, their education is separate and their opportunities to interact during medical and nursing school are minimal. Only about 15 percent of medical and nursing schools have interdisciplinary programs.<sup>1 2</sup> Similarly, dentists and dental hygienists work together in clinical practice upon graduation, but only 5% of US dental hygiene programs are even located in the same institution as dental programs. Moreover, dental hygiene programs housed in the same institution have minimal collaborative educational opportunities for the dental and dental hygiene student. Finally, the majority of US medical and dental programs are located in the same institution, yet medical and dental students rarely take classes or participate in clinical rotations together. As a result, health care professionals have minimal educational opportunities to learn or gain appreciation of each others' roles in health care teams, which may have a negative impact on patient care and ultimately on career satisfaction.

Interprofessional education is a mechanism to facilitate teamwork and relationships between health care professionals by encouraging favorable attitudes and behaviors. The Center for Advancement of Interprofessional Education (CAIPE) states that "Interprofessional education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care".<sup>3</sup> The World Health Organization (WHO) identified the significance of interprofessional education in 1978<sup>4</sup>, and further released a report in 1988 describing the growing body of evidence that shows how interprofessional education has a positive impact on the provision of health care. According to the WHO, teamwork has a greater impact on health care outcomes compared to individual team members working separately.<sup>5</sup> In

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<sup>1</sup> Baldwin DC, Jr. Some historical notes on interdisciplinary and interprofessional education and practice in health care in the United State. *J Interprof Care* 1996;10:173-87.

<sup>2</sup> Larson EL. New rules for the game: interdisciplinary education for health professionals. *Nurs Outlook* 1995; 43:180-5.

<sup>3</sup> [www.CAIPE.org.uk](http://www.CAIPE.org.uk). Accessed April 26, 2009.

<sup>4</sup> World Health Organization, 1978 Primary Care: Report of the International Conference on Primary Health Care, Almaata, USSR, 6-12 September 1978. World Health Organization, Geneva.

<sup>5</sup> World Health Organization, 1988. Learning together to work together for health. Report of the WHO study group on multiprofessional education of health personnel: the team approach. World Health Organization Technical Report Series No. 769, Geneva.

1998 the Pew Health Commission report advocated the inclusion of interdisciplinary competency requirements for all health professions.<sup>6</sup> In 2001 the Institute of Medicine recommended the inclusion of core interdisciplinary competencies for health care professionals, stating that “all health care professionals should be educated to deliver patient-centered care as members of an interdisciplinary team”.<sup>7</sup> A Cochrane review on interprofessional education in 2002<sup>8</sup> did not find any studies that conclusively reported on an improvement of students’ perception of other health care disciplines. However, by 2009<sup>9</sup> the Cochrane group reexamined the literature and found 6 studies that reported on a variety of positive outcomes.

An interesting project called the Downstate Team-Building Initiative (DTBI) instituted at the State University of New York, Downstate Medical Center (SUNY Downstate), brings together students from medicine, nursing, physician assistance, physical therapy, occupational therapy, midwifery, and diagnostic medical imaging to learn about the challenges and benefits of working in collaborative teams<sup>10</sup>. Begun in 2000, the goal of the project is to improve the ability of future health professionals to deliver quality care by providing training in a variety of areas such as group decision making, conflict mediation, alliance building, and cultural identity. Upon completion of the training sessions, the students identified and implemented a health-related community project and worked as a team to fulfill the goals and objectives of the project. Students who participated in the DTBI project reported that they learned the importance of fostering meaningful working relationships with other health professionals in their efforts to deliver quality patient care. In addition, students developed a heightened sense of **respect, compassion, honesty and integrity** for the health professions that they worked with.<sup>11</sup> Bringing together students from multiple health professions has its challenges, yet, SUNY Downstate appears to have organized a successful project that appeals to health professions students as this project is strictly voluntary. Students do not receive additional academic credit or points, yet every year there is a list of students ready to participate. This indicates that students are ready for a meaningful interprofessional learning experience.

We intend to organize a similar experience for students at the UT Health Science Center, initially on a smaller scale, by utilizing the student run free medical and dental/dental hygiene clinics at the SAMM Transitional Living and Learning Center (TLLC). This residence provides free housing for up to two years for homeless families with children, as long as the adults are drug free, seeking employment or enrolled in an educational program. The student run medical clinic was organized through the efforts of faculty from the Department of Family and Community Medicine and the student run dental/dental hygiene clinic was organized through the efforts of faculty from the Department of Dental Hygiene.

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<sup>6</sup> O’Neil, EH (chair). The Pew Health Profession Commission. Re-creating health professional practice for a new century. San Francisco, CA: Pew Health Professions Committee, 1998.

<sup>7</sup> Institute of Medicine. Crossing the quality chasm: a new health system for the 21<sup>st</sup> century. Washington, DC: National Academies Press, 2001.

<sup>8</sup> Zwarenstein, M, Reeves S, Barr H, Hammick M, Koppel I, Atkins J. Interprofessional education: effects on professional practice and health care outcomes. Cochrane Database of Systemic Reviews 20000, Issue 3.

<sup>9</sup> Reeves, S, Zwarenstein Ms, Goldman J, Barr H, Freeth D, Hammick M, Koppel I. Interprofessional education: effects on professional practice and health care outcomes (review). Cochrane Database of Systemic Review 2009 Issue I.

<sup>10</sup> Hope Jm, Lugasy D, Meyer R, Jeanty F, Myers S, Jones S, et al. Bringing interdisciplinary and multicultural team building to health care education: the downstate team-building initiative. Academic Medicine 2005; 80(1): 74-83.

### 3. Design of the project (20 points)

The SAMM Transitional Learning and Living Center medical and dental clinics provide an informal, non-threatening, collegial environment for introducing medical, nursing, dental, and dental hygiene students to each other for the purpose of appreciating the makeup of multidisciplinary health care teams. Currently, medical students provide free health care to residents who live at the center on Wednesday evenings. The dental/dental hygiene clinic is located down the hall from the medical clinic and provides preventive services such as prophylaxis, scaling/root planing, pit and fissure sealant treatments rendered by the dental hygiene students and simple restorative procedures provided by the dental students, also on Wednesday evenings. In addition to the benefits of providing free medical and dental care to the residents living at the center, another objective of both facilities located in close proximity is the prospect for students to collaborate. Thus our intent is to create a collaborative opportunity for the students to work and operate in teams when treating SAMM residents. Like the DTBI project, we intend to provide a similar experience for dental, dental hygiene, medical and nursing students. Students will be provided training sessions in the areas of *group decision making, conflict mediation, alliance building, and cultural identity* as well as didactic sessions explaining the differences in background, education, training, and standards of the medical, nursing, dental, and dental hygiene professions. Further, interdisciplinary teams made up of a dental, dental hygiene, medical and nursing student will evaluate and produce a health wellness status plan on a selected number of family units at the SAMM center. The evaluation will be conducted in a setting of a health wellness fair. The administration of the SAMM center has already expressed interest and consented to participating in this project and is willing to assist with the coordination of the health/wellness fair.

A team of core faculty representatives from each of the disciplines (N. Partida DDS, T.D Infante RDH, A. Infante MD PhD, R. Usatine MD, and L. Arevalo PhD RN) will work together in developing and overseeing the project, developing the training curriculum, and identifying other key content experts that will contribute to the training. Faculty will oversee and facilitate the interactions of the student trainees in the clinical setting. Faculty will select four student volunteers from each discipline to participate in the project (total of 16 students) and organize them into 4 multidisciplinary teams. Selected students, with the help of faculty, will determine the oral and medical screening procedures that will be conducted and develop an oral/medical screening form to collect information at the fair through a focus group interview. Four families from the SAMM TLLC will be assigned to each focus student team (16 families) and screened for oral and medical conditions of interest. After the health screening fair, focus group interviews will be used to assess changes in attitudes, behaviors and perceptions that students gained from the teamwork clinical opportunity. Project coordinators will consult with members of the Academy Center for Excellence in Teaching (ACET) for assistance with organizing the focus group interviews and facilitation of sessions. An educational consultant (W. Hendricson) will be consulted to assist with development of pre-post intervention survey tools. The pre- and post-intervention survey will measure the achievement of enhanced knowledge and changes in attitudes toward each other's professions, concentrating on the medical-nursing, dental-dental hygiene and dental-medical axes. In addition, the clinical sessions will be videotaped for purposes of providing feedback and producing future educational "trigger" tapes. A timeline which identifies the stages of the project is presented below.

TIME LINE FOR THE PROJECT

When	What	Who
August- Sept 09	Identify & organize training topics, presenters and dates. Obtain ACET, statistical, TV production and educational consultations.	Faculty Team
Sept – October 09	Promote clinical training opportunity and select multi-disciplinary students.	Faculty Team
Oct – Nov. 09	Provide training sessions, pre- and post-evaluation. Hold focus group discussion to develop evaluation screening & report forms	Faculty/Students/Training Presenters/Students/Faculty
Jan – Feb 2010	Health and wellness fair at SAMM TLLC	Students/ Faculty/ SAMM Residents
Feb – March 2010	Debriefing focus group, qualitative & quantitative post evaluation of experience.	Students/ Faculty/ Focus Group Facilitator
April – May – 2010	Analysis of qualitative and quantitative evaluation tools	TD Infante, Statistician

4. Potential impact (15 points)

At the completion of this project we hope to achieve the following objectives:

1. Medical and nursing students will understand the relationships between oral and overall health, and learn to recognize prevalent oral diseases and conditions.
2. Dental and dental hygiene students will gain an appreciation and understanding of their role as part of a comprehensive care team with regard to screening and referral for undiagnosed systemic illness.
3. Students in the health professions will develop heightened mutual respect and compassion for themselves, each other, and their respective professions.

5. Evaluation Plan (10 points) – See attached logic model

1. Pre- and post-intervention surveys will measure the achievement of enhanced knowledge related to the training topics and understanding of each other's professions. We will use Survey Monkey® to collect the data (budgeted item).
2. A focus group interview will be used to assess changes in attitudes, behaviors and perceptions that students gain from the teamwork clinical opportunity (health and wellness screening). We will use qualitative software, QSR N-6® (budgeted item), to analyze the data collected from the interview.
3. A statistician will be consulted prior to data collection to determine the appropriateness of all the evaluation tools and for assistance in determining the appropriate statistical methodology, and at the end of the project to analyze the data (budgeted item).

6. Plan for Continuation/Budget Plan/Cost Sharing (15 points)

Depending on the level of success of the program, our goal is to continue and expand the project on a yearly basis, making necessary changes based on student feedback. We hope to be able to include greater numbers of students as well as including additional health professionals such as physical therapists, physician assistants, respiratory therapists, etc. We hope to find additional funding through education grants or foundations to support this goal. See Appendix D for Proposed Budget Worksheet.

**Logic Model**  
**Realizing Enhanced Student Inter Professional Education through Clinical Teamwork**  
**(RESPECT)**

Target Population	Underlying Assumptions	Resources/ Challenges	Activities	Outputs	Outcomes
<ol style="list-style-type: none"> <li>1. Dental students</li> <li>2. Dental Hygiene Students</li> <li>3. Medical Students</li> <li>4. Nursing Students</li> <li>5. Residents at the SAMM Transitional Living and Learning Center</li> </ol>	<ol style="list-style-type: none"> <li>1. Students are interested in learning about each others' discipline.</li> <li>2. Students are interested in preparing and overseeing a care plan for SAMM residents.</li> <li>3. SAMM residents are in need of multi-disciplinary wellness plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. Underserved population in need of medical attention.</li> <li>2. Support from the SAMM TLLC to provide the venue for wellness screening fair.</li> <li>3. Interdisciplinary faculty (nursing, medical, dental, dental hygiene) committed to oversee the project.</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct a literature review on interprofessional education.</li> <li>2. Develop training curriculum and sessions.</li> <li>3. Determine who can best can provide the training.</li> <li>4. Develop pre/post evaluation tool to determine effectiveness of training sessions.</li> <li>5. Develop guided questions for focus group to assess change in knowledge, skills attitude before and after.</li> <li>6. Determine what aspects of health and wellness will be provided by students to SAMM residents.</li> <li>7. Determine &amp; organize # of wellness health screening fair.</li> <li>8. Each team of 4 interdisciplinary students will 4 family units and produce a wellness status plan.</li> </ol>	<ol style="list-style-type: none"> <li>4. Students will gain an appreciation of working together.</li> <li>5. Students will appreciate the value of the knowledge, skills and roles of other health professions.</li> <li>6. Students will learn about developing a wellness plan for indigent client population.</li> <li>7. SAMM residents will learn about the role of the health professions working with them.</li> <li>8. SAMM residents will have a wellness health plan.</li> </ol>	<ol style="list-style-type: none"> <li>1. Through the use of focus group interview we will assess how well student developed a positive impression of other health care professions</li> <li>2. Students will learn about the role of other health professions.</li> <li>3. Students will develop an appreciation for serving the underserved.</li> </ol>

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## Appendix D Proposal Budget Worksheet

Name of Project: Realizing Enhanced Student Inter Professional Education through Clinical Teamwork (RESPECT)

Name of Applicant/Project Director: Taline Dadian Infante, MS, RDH

Date Submitted: May 1, 2009

Budget Category: Non-Personnel	Budget Justification	STG	Cost Sharing	Amount
Project Supplies	1. QSR N-6 Qualitative <sup>®</sup> software used to analyze the information gained from focus group interview	\$595		\$595
	2. Use of Survey Monkey <sup>®</sup> – on-line software survey tool	\$100		100
Purchased Services (i.e. Academic Technology Services)	1. Consult with ACET to assist with focus group interview design and facilitation (D. Stark)		In-kind	
	2. Consult with W. Hendricson to assist with survey tool development		In-Kind	
	3. 8 hours of statistician consultation (\$45/hr)	\$360		360
	4. TV production to video tape clinical sessions for teaching/ feedback (trigger tapes)	\$945		945
Transportation/Travel				
Printing and Duplication				
Publications and Periodicals				
Equipment				
Other:	Lunches, snacks and beverages for students participating in activities (16 students at \$50 each)	\$800		800
Other:	Health screening supplies such as glucometer for diabetes testing, blood pressure kit, dental assessment tools etc.	\$750		750
Miscellaneous/Contingency				
<b>TOTAL BUDGET --- Project Request</b>		<b>\$3,550</b>		<b>\$3,550</b>

Cost Sharing \* ---- identify other cash or in-kind funding resources available to implement to the proposed project