Change that Sticks: Practical Insights for Health Professions Education and Improving Clinical Practice

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Presenters

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- Associate Professor of Health Professions Education (HPE) & Medicine
- Vice Chair for Student Affairs for HPE at the Uniformed Services University (USU)
- Certified executive coach
- Scholar in coaching, advising, & leadership (50+ articles, 50+ international & national presentations)

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- Emergency Medicine Program Director, FSU- Pensacola
- Associate Professor, Florida State University
- Prior Navy LCDR
- Former Director of Naval Postgraduate Simulation in Healthcare Certificate
- Changemaking & advocacy in healthcare expert

Navy Cmdr. James Hawkins, DDS, MS, MEd-HPE

- Chair, TriService Orofacial Pain Center; Navy Specialty Leader (2021–2025)
- Dual board-certified in Orofacial Pain & Dental Sleep Medicine
- National leader: AAOP & ABOP boards, Oral Board Examiner, Guidelines Chair
- Award-winning educator, author, and speaker (19 articles, 5 chapters)

Air Force Capt. Sidney Zven, MD

- USAF Pediatrician; completing NICU Fellowship at Walter Reed
- Graduate of Uniformed Services University
- Pediatric Residency at Walter Reed
- Former Civil Engineer & Project Manager before medical career
- Dedicated military family with 3 children; spouse is Space Force acquisitions officer

Disclosures

- Presenters have no relevant financial or non-financial relationship(s) with ineligible companies to disclose.
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Learning Objectives

Describe	Examine	Apply
Describe when clinical practice or outcomes signal a need for change.	Examine real world examples of successful change initiatives, including temporomandibular disorder curriculum and food insecurity education.	Apply key lessons to lead change in your own setting.

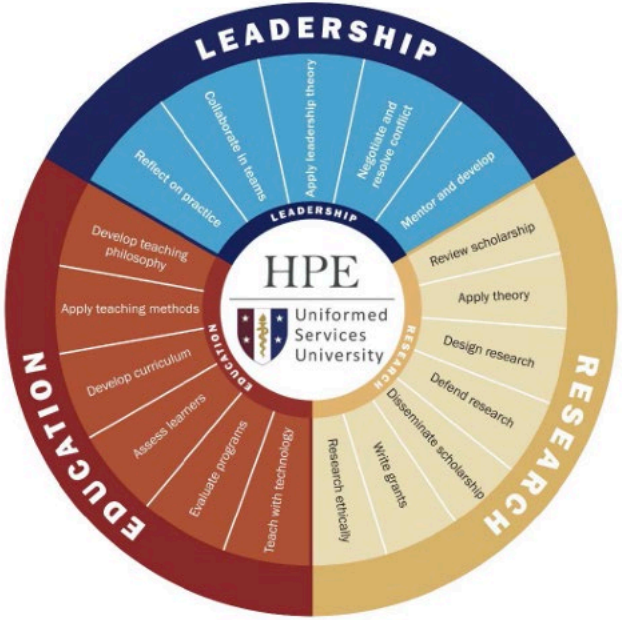
Agenda

1. Overview of Uniformed Services University's (USU) Health Professions Education (HPE) Graduate Program
2. Presentations of my esteemed colleagues

Developing the next generation of physician change makers **Dr. Andrea Austin**	Enhancing Operational Readiness Through Temporomandibular Disorders Education **Dr. James Hawkins**	Empowering Action: Using an Education Video to Combat Military Food Insecurity **Dr. Sidney Zven**

3. Share 3 take-aways

Throughline between panelists



1. Why graduate Health Professions Education (HPE matters?

2. How USU's graduate HPE program meets this need.

1. Why graduate Health Professions Education Matters?

- Growing demand for faculty trained beyond their clinical degrees
- Accreditation requires expertise in curriculum design, leadership, instruction & assessment
- Expands career opportunities for uniformed & federal health professionals

2. How USU's graduate HPE program meets this need.

1

Mission

Premier education for leaders in MHS, PHS, VA & beyond

2

Action

Leadership
Education
Scholarship

3

Result

Graduates are international change makers

2. How USU's graduate HPE program meets this need.

Learners: physicians, nurses, dentists, pharmacists, physical therapists, optometrists, and more

Faculty: internationally recognized clinician-educators & PhD researchers

Faculty achievements: 500+ peer-reviewed articles, $30M+ research funding, 90+ national/international honors

Alumni Voices

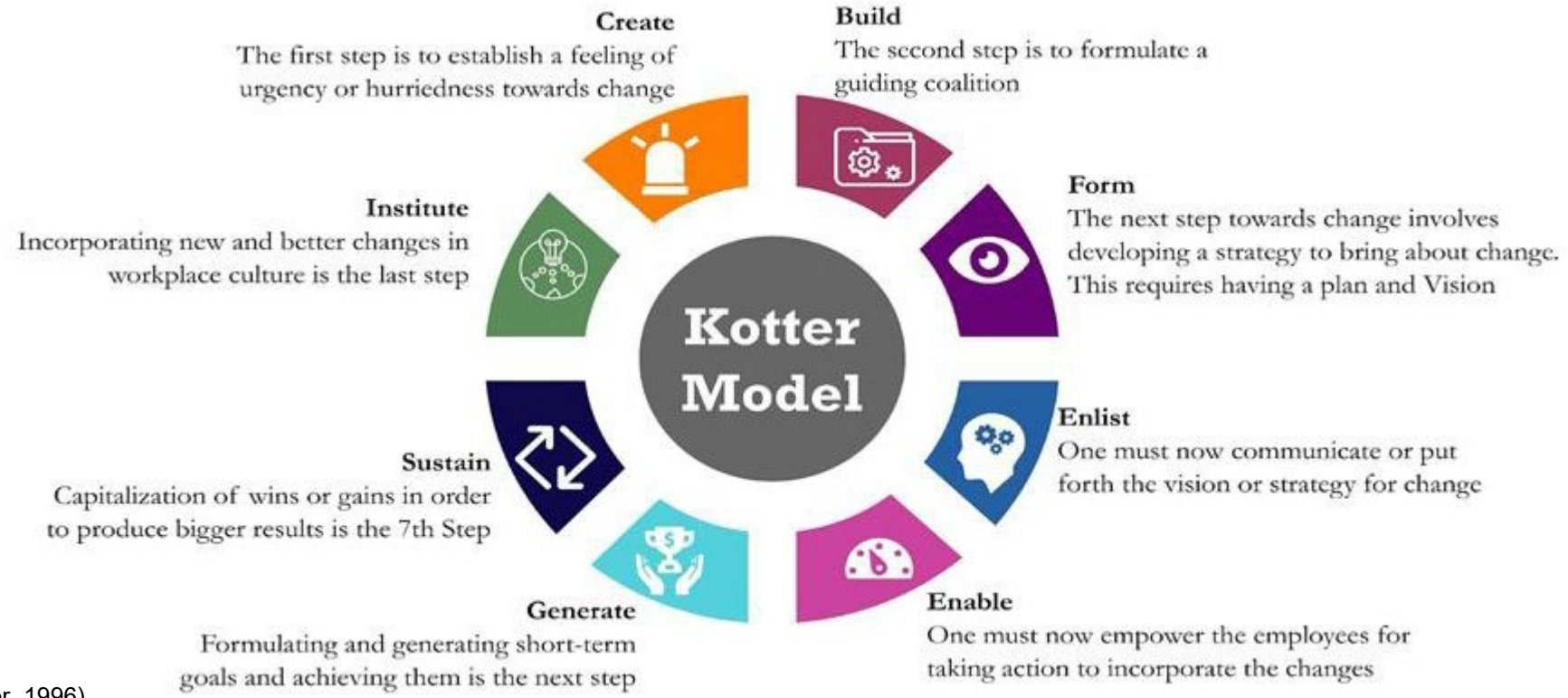
"Most impactful endeavor of my military career."

"Prepared me for educational research, collaborations, and leadership."

Developing the Next Generation of Physician Change Makers

Andrea Austin, MD, FACEP, MHPE, CHSE
Emergency Medicine Program Director
Ascension Sacred Heart Pensacola, Fla.
Clinical Associate Professor of Emergency Medicine
Florida State University, Tallahassee, Fla.

Kotter Model



(Kotter, 1996)

Challenges with Change

Organizational Change

Chris Argyris, PhD (1999) combines:

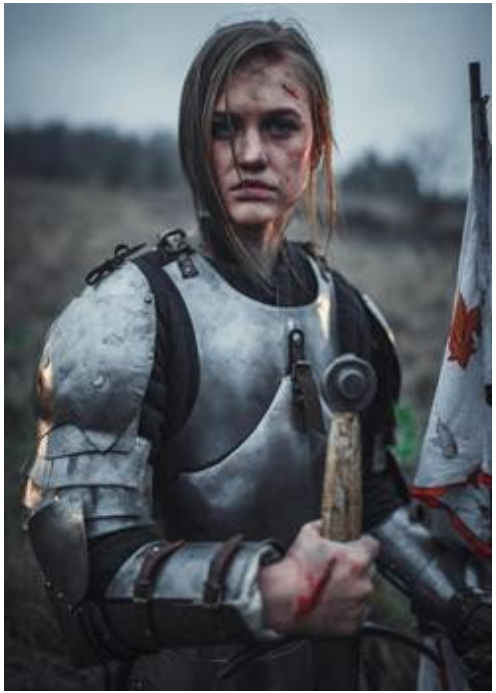
- ***Transformative learning***
  - Individual factors that change perspectives
- ***Transformational change***
  - Organizational factors

(Schön, 1999; Addison-Wesley, 1996)

Changemaker Definition

- Someone who is taking creative action to solve a social problem with a tenacity for the greater good
- Intentional
- Motivated to act

Courage and Resilience



Moral Injury

(Steerforth, 2023)

Emotional Regulation in Organizations

Individual-Team-Organization

(Cote & Van Kleef, 2013)

Reflection is Key

(Merkebu & Kitsantas, 2023)

Metacognition

__Heightened internal observation__, awareness, monitoring, and regulation of our own knowledge, experiences, and emotions by questioning and __examining cognition and emotional processes__ to continually __refine and enhance__ our perspectives and decisions while __thoughtfully accounting for context__.

(Merkebu et al., 2023)

The Power of Love

Changemaking in an Imperfect System

Organizational Actions

Theme	Suggested Organizational Actions to Support Changemaking
Inspiration and Sustainment in Changemaking: Courage and Resilience	• **Coaching** programs • **Peer** Support • **Just Culture** • Promoting the development of **diverse networks** • **Sponsorship** • **Appropriate staffing** and resources to encourage **reasonable workloads**, vacations, and **rest** between scheduled work

Next Generation

Developing the Next Generation of Physician Changemakers: "You Have to Love the People, and Love the Process"

Andrea L. Austin • Anne Wildermuth • Joshua Hartzell • Jerusalem Merkebu

Published: May 26, 2025 DOI: 10.7759/cureus.84861

Open Access Peer-Reviewed

Key Takeaways from Dr. Austin

- Individual change is a prerequisite for organizational change
- Changemaking is a skill that can be taught
- Organizations set the conditions that promote or prevent changemaking

References

(Developing the Next Generation of Physician Change Makers)

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Enhancing Operational Readiness Through Temporomandibular Disorders Education in the MHS

Navy Cmdr. James Hawkins, DDS, MS, MEd-HPE
Chair, Orofacial Pain Center
Naval Postgraduate Dental School Professor, Postgraduate Dental College
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Bethesda, Md.

Learning Objectives

(Enhancing Operational Readiness Through Temporomandibular Disorders Education in the MHS)

At the end of this presentation, participants will be able to:

1. Describe the need for a DoD-wide TMD curriculum
2. Implement and evaluate this TMD curriculum
3. Discuss lessons learned and impact pearls

Problem Statement (1 of 3)

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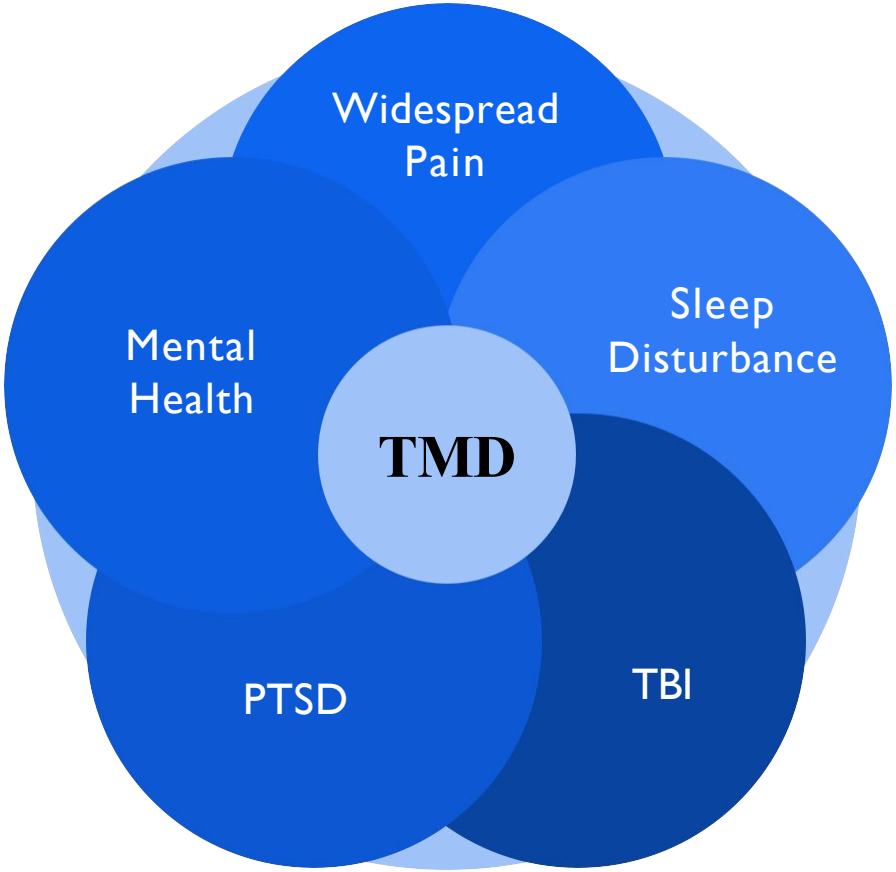
Problem Statement (2 of 3)

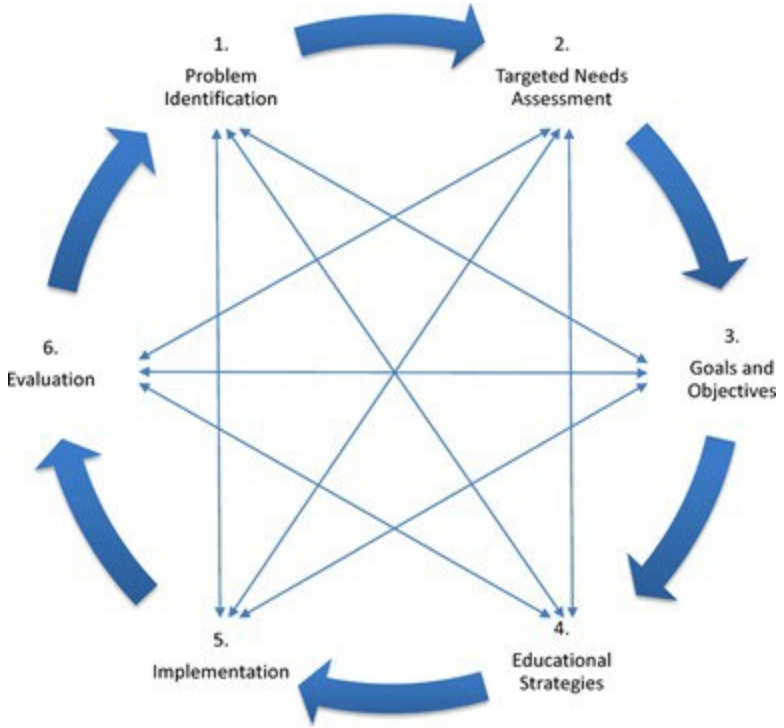
Problem Statement (3 of 3)



(Hawkins et al., 2024)

Innovation Design

Curriculum Development Approach



(Hawkins et al., 2024)

Project Goals

Provide initial care clinicians (ICC) with the knowledge skills and assessments to understand, assess, diagnose & manage common TMDs

Dentist

Physician

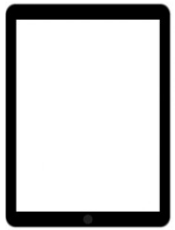
Nurse

Physician Assistant

Physical Therapist

(Hawkins et al., 2024)

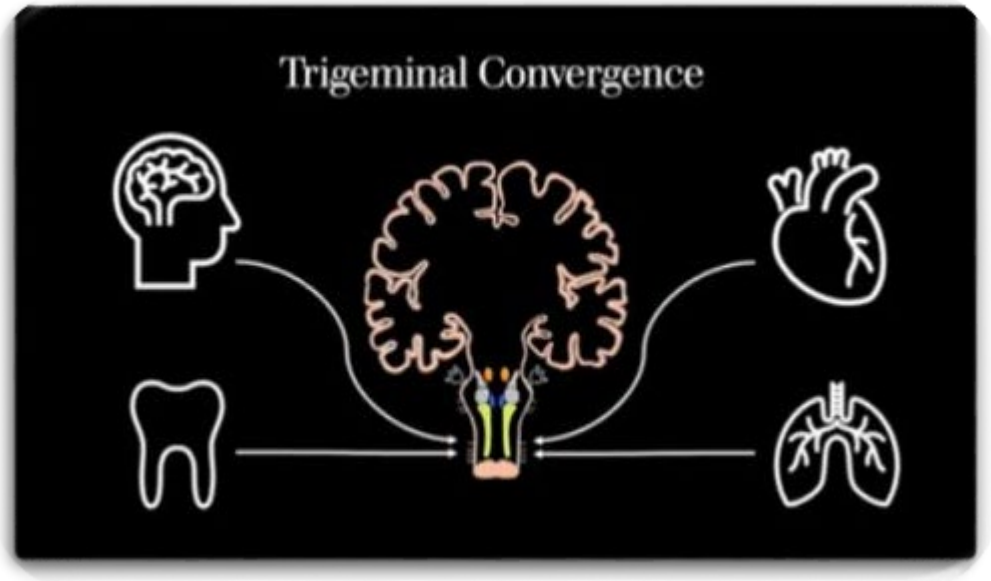
Project Goals (continued)



(Hawkins et al., 2024)

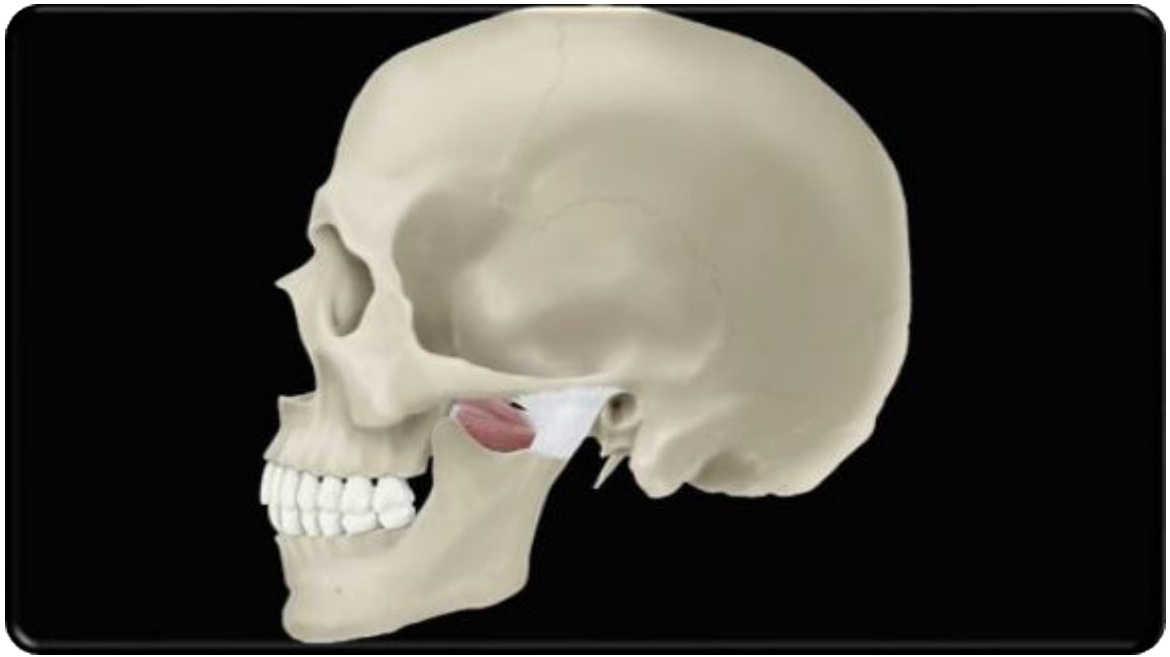
Innovation Technique (1 of 4)

TriService Orofacial Pain Collaboration



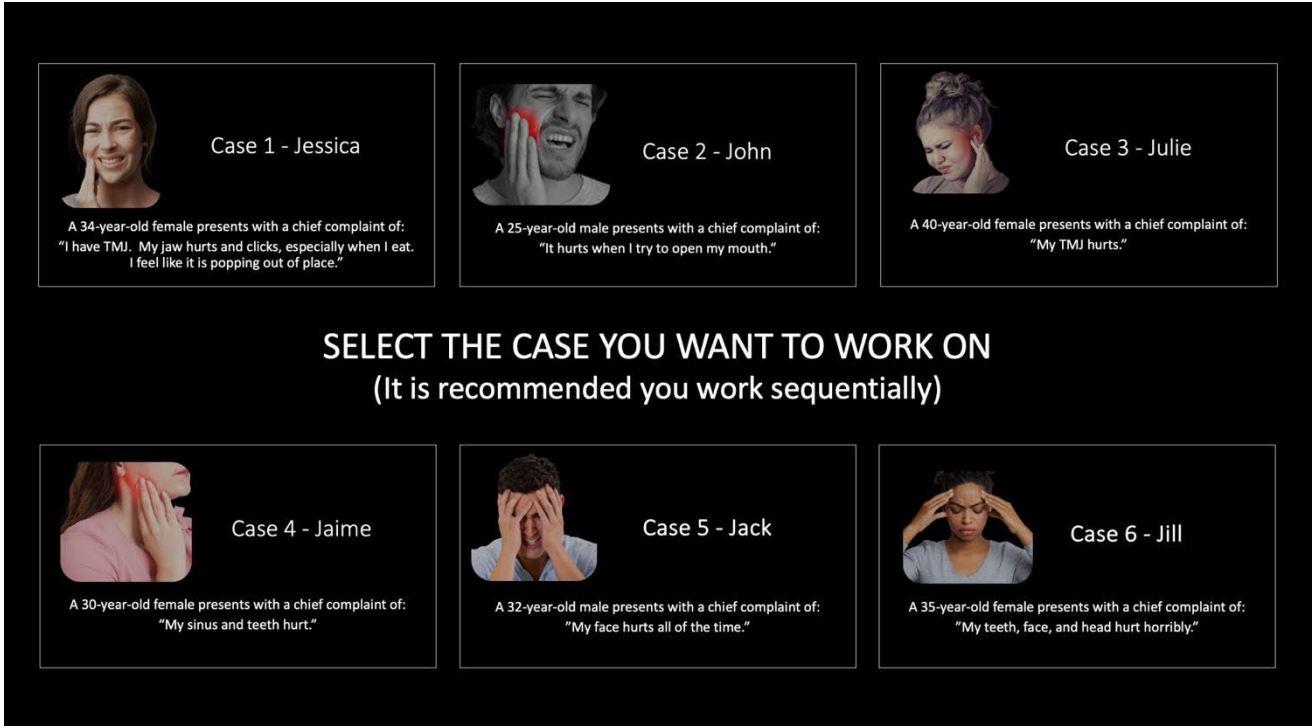
(Hawkins et al., 2024)

Innovation Technique (2 of 4)



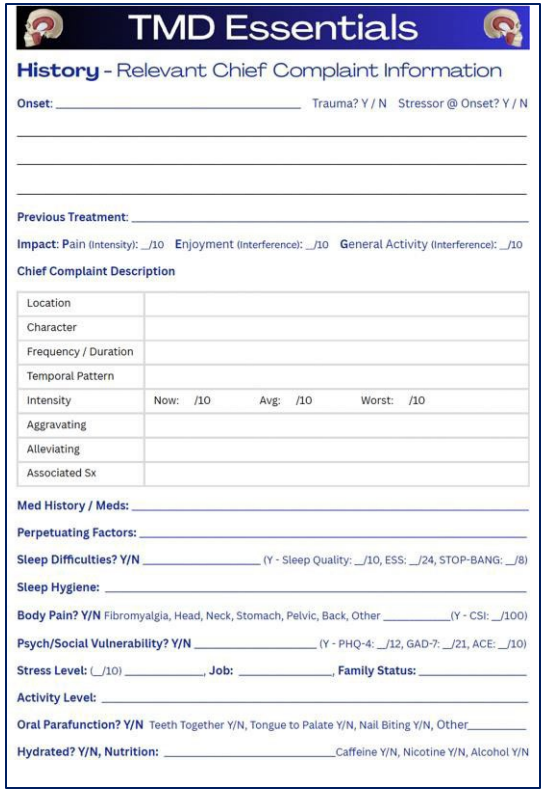
(Military Health System, n.d.)

Innovation Technique (3 of 4)



(Military Health System, n.d.)

Innovation Technique (4 of 4)



TMD Essentials

History - Relevant Chief Complaint Information

Onset: _____ Trauma? Y / N Stressor @ Onset? Y / N

_____

_____

_____

Previous Treatment: _____

Impact: Pain (Intensity): _/10 Enjoyment (Interference): _/10 General Activity (Interference): _/10

Chief Complaint Description

Location	
Character	
Frequency / Duration	
Temporal Pattern	
Intensity	Now: /10 Avg: /10 Worst: /10
Aggravating	
Alleviating	
Associated Sx	

Med History / Meds: _____

Perpetuating Factors: _____

Sleep Difficulties? Y/N _____ (Y - Sleep Quality: _/10, ESS: _/24, STOP-BANG: _/8)

Sleep Hygiene: _____

Body Pain? Y/N Fibromyalgia, Head, Neck, Stomach, Pelvic, Back, Other _____(Y - CSI: _/100)

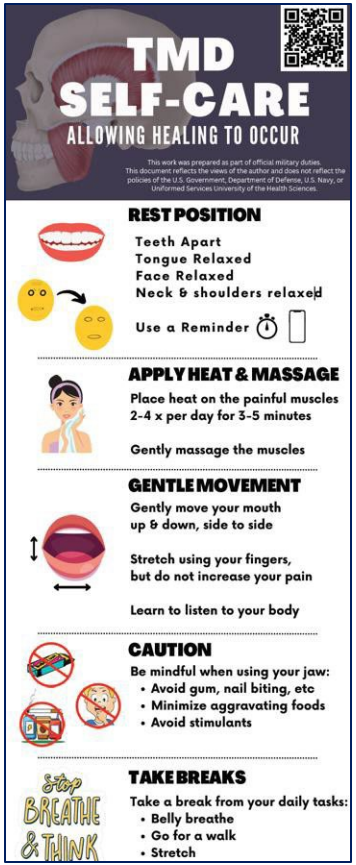
Psych/Social Vulnerability? Y/N _____ (Y - PHQ-4: _/12, GAD-7: _/21, ACE: _/10)

Stress Level: (_/10) _____, **Job:** _____, **Family Status:** _____

Activity Level: _____

Oral Parafunction? Y/N Teeth Together Y/N, Tongue to Palate Y/N, Nail Biting Y/N, Other_____

Hydrated? Y/N, Nutrition: _____Caffeine Y/N, Nicotine Y/N, Alcohol Y/N



TMD SELF-CARE

ALLOWING HEALING TO OCCUR

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REST POSITION

Teeth Apart
Tongue Relaxed
Face Relaxed
Neck & shoulders relaxed

Use a Reminder

APPLY HEAT & MASSAGE

Place heat on the painful muscles
2-4 x per day for 3-5 minutes

Gently massage the muscles

GENTLE MOVEMENT

Gently move your mouth up & down, side to side

Stretch using your fingers, but do not increase your pain

Learn to listen to your body

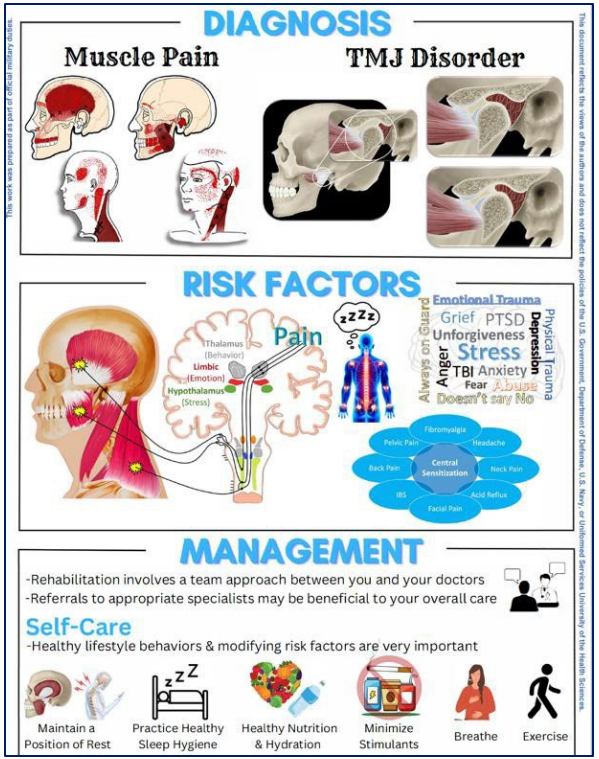
CAUTION

Be mindful when using your jaw:
- Avoid gum, nail biting, etc
- Minimize aggravating foods
- Avoid stimulants

TAKE BREAKS

Stop BREATHE & THINK

Take a break from your daily tasks:
- Belly breathe
- Go for a walk
- Stretch



DIAGNOSIS

Muscle Pain

TMJ Disorder

RISK FACTORS

Pain

Thalamus (Behavior)
Limbic (Emotion)
Hypothalamus (Stress)

Emotional Trauma
Grief PTSD
Unforgiveness
Depression
Physical Trauma
Always on Guard
Anger
Stress
TBI Anxiety
Fear
Abuse
Doesn't say No

Fibromyalgia
Pelvic Pain
Headache
Back Pain
Central Sensitization
Neck Pain
IBS
Acid Reflux
Facial Pain

MANAGEMENT

-Rehabilitation involves a team approach between you and your doctors
-Referrals to appropriate specialists may be beneficial to your overall care

Self-Care

-Healthy lifestyle behaviors & modifying risk factors are very important

Maintain a Position of Rest
Practice Healthy Sleep Hygiene
Healthy Nutrition & Hydration
Minimize Stimulants
Breathe
Exercise

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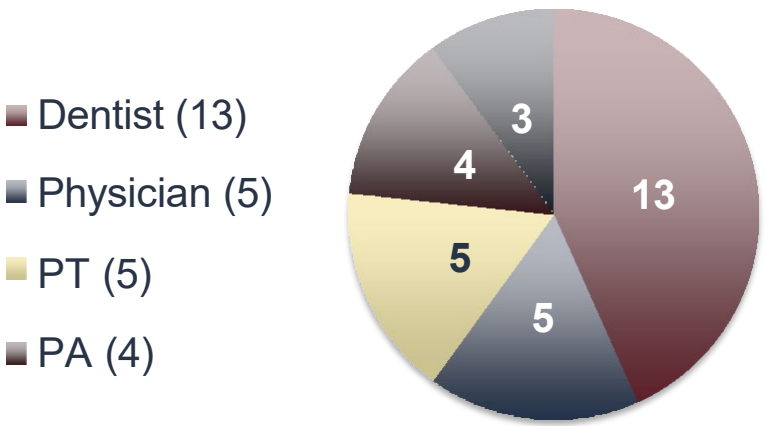
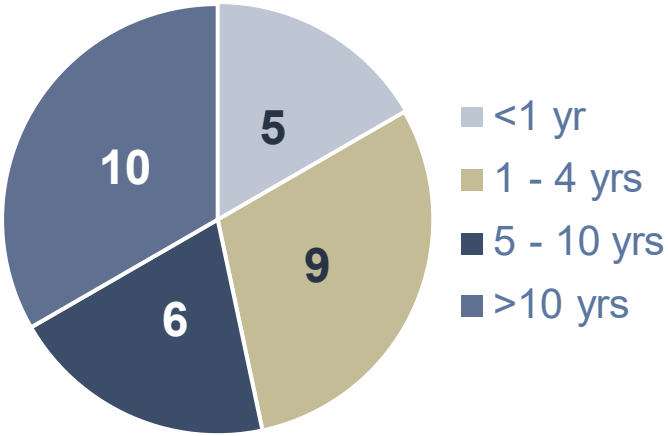
Methods

- Pilot asynchronous implementation with 30 ICCs (IRB approved)





- Pre & post module multiple choice question (MCQ) assessment
- Pre-post retrospective survey

Results Summary

Significant increase in TMD **knowledge** across disciplines

Significant increase in TMD **perceived competence** across disciplines

Military Relevance

MHS Strategy 2024-29

(Military Health System, n.d.)

Dissemination

Defense Health Agency, J-7, Continuing Education Program Office

Temporomandibular Disorders Course for Initial Care Clinicians

https://www.dhaj7-cepo.com/content/jko-dha-us1342-temporomandibular-disorders-course-initial-care-clinicians

U.S. Department of Veterans Affairs

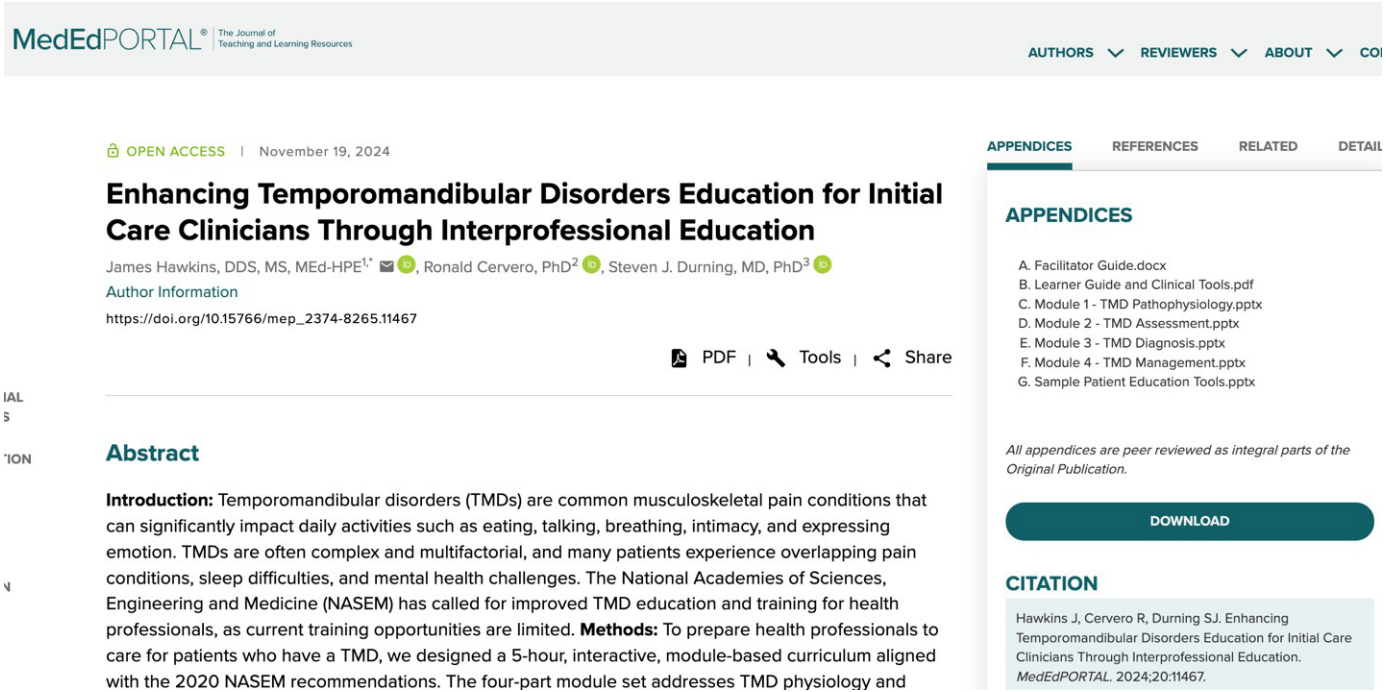
Veterans Benefits Administration

eBenefits

JKO: US-1342;1342-R

TMS: 131016871

Dissemination (continued)



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Enhancing Temporomandibular Disorders Education for Initial Care Clinicians Through Interprofessional Education

James Hawkins, DDS, MS, MEd-HPE[1,*], Ronald Cervero, PhD[2], Steven J. Durning, MD, PhD[3]

Author Information

https://doi.org/10.15766/mep_2374-8265.11467

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Abstract

Introduction: Temporomandibular disorders (TMDs) are common musculoskeletal pain conditions that can significantly impact daily activities such as eating, talking, breathing, intimacy, and expressing emotion. TMDs are often complex and multifactorial, and many patients experience overlapping pain conditions, sleep difficulties, and mental health challenges. The National Academies of Sciences, Engineering and Medicine (NASEM) has called for improved TMD education and training for health professionals, as current training opportunities are limited. **Methods:** To prepare health professionals to care for patients who have a TMD, we designed a 5-hour, interactive, module-based curriculum aligned with the 2020 NASEM recommendations. The four-part module set addresses TMD physiology and

APPENDICES REFERENCES RELATED DETAIL

APPENDICES

A. Facilitator Guide.docx
B. Learner Guide and Clinical Tools.pdf
C. Module 1 - TMD Pathophysiology.pptx
D. Module 2 - TMD Assessment.pptx
E. Module 3 - TMD Diagnosis.pptx
F. Module 4 - TMD Management.pptx
G. Sample Patient Education Tools.pptx

All appendices are peer reviewed as integral parts of the Original Publication.

DOWNLOAD

CITATION

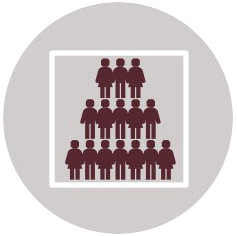
Hawkins J, Cervero R, Durning SJ. Enhancing Temporomandibular Disorders Education for Initial Care Clinicians Through Interprofessional Education. *MedEdPORTAL*. 2024;20:11467.

Next Steps

TriService PGY-1 implementation & study

- 102 PGY-1 residents took course in AY 24-25
  - 19 PGY-1 programs; 54 dental schools

Lessons Learned – Dr. Hawkins



Recruit a team of mentors & helpers

Ensure leadership support

Create a timeline with goals

Understand & overcome barriers

Acknowledgements

(Enhancing Operational Readiness Through Temporomandibular Disorders Education in the MHS)

- CHPE Mentors:
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- Dr. Anita Samuel

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- CDR Abby Schmidt
- Lt Col Tom Weber
- Lt Col Paul Goforth

- Graphics Support:
- USUHS ETI
- NMLPDC VI
- NMCSD VI

- Leadership:
- NPDS (CAPT Marc Stokes)
- PDC (Drs. Fallis and Graver)

- Awesome OFP Resident Team!

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(Enhancing Operational Readiness Through Temporomandibular Disorders Education in the MHS)

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Empowering Action: Using an Education Video to Combat Military Food Insecurity

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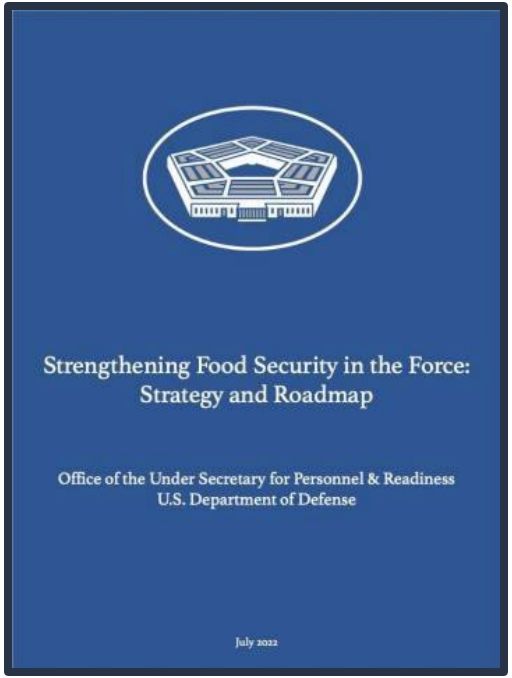
Neonatology Fellow
Walter Reed National Military Medical Center
Bethesda, Md.

Background

- National Average: 10.3%
- Anticipated Military: 0.08-0.1% (SNAP)
- Actual Military: 24%
- Solution: Existing programs vs. new interventions



Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- Education
- Nutritious supplemental foods
- Breastfeeding support
- Additional social services and healthcare resources

Review of Literature

- Since 1975 WIC demonstrates:
  - Lower rates of food insecurity
  - Improved nutrition
  - Improved birth outcomes
  - Lower medical costs
- USDA estimates ~50% of eligible families receive WIC benefits
- Military families thought to experience lower enrollment rates (<1%)

Review of Literature (continued)

OB/Gyn > Pregnancy

Mothers in WIC Program Have Better Birth Outcomes, Lower Infant Mortality

— Review highlights need for better evidence about WIC and health outcomes, researchers say

by Amanda D'Ambrosio, Enterprise & Investigative Writer, MedPage Today September 5, 2022

- WIC enrollment during pregnancy has been shown:
  - 23% – reduction in likelihood of NICU admissions
  - 29 – 48% – decreased rates of preterm birth
  - 23 – 36% – reduction in low birth weight
  - 22 – 31% – decrease in perinatal death

Work Thus Far

- Quantitative study at Walter Reed (2021)
- DOD-wide quantitative and qualitative study (2023)
- $500k+ of grants for implementation at Ft. Campbell (2023 – Present)

Problem

- Military food insecurity rates at record high
- WIC program not optimally utilized
- Military providers are not familiar with eligibility criteria or enrollment process
- Barriers to enrollment: stigma, misinformation, lack of program awareness, logistical challenges

Aim

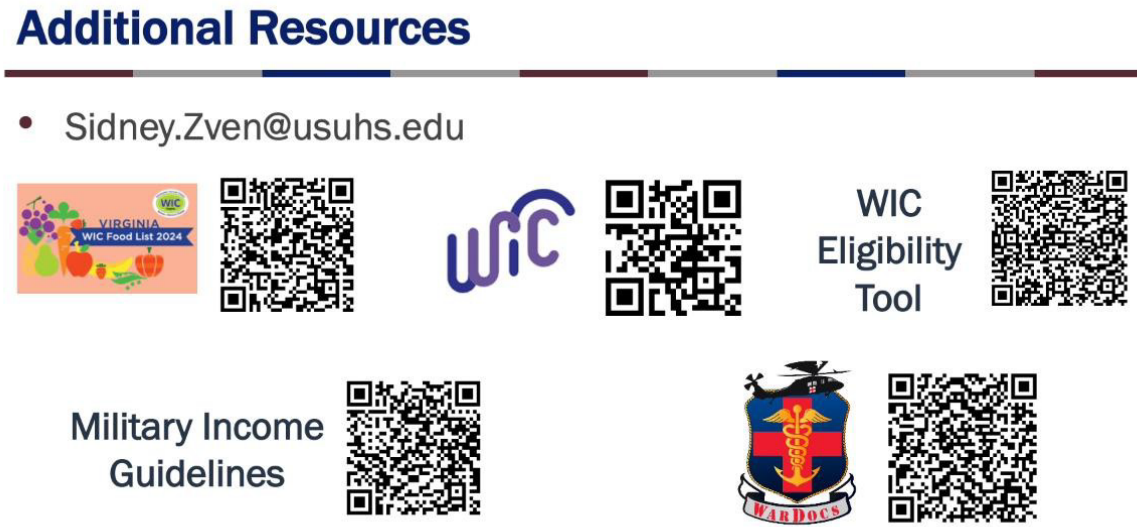
- To develop an educational tool that improves awareness and knowledge while reducing stigma amongst military medical providers.

Methods and Procedures

- 5-minute educational video developed
  - Explains WIC and available resources
  - Describes eligibility criteria – military specific
  - Provides centralized location for military specific tools
- Survey:
  - Baseline comfort and motivation for discussing food insecurity and WIC
  - Knowledge Assessment (Pre/Post)

Methods (continued)

- Educational Videos



Results

- 60 respondents completed the entire module
  - Female: 67%
  - 20 civilians, 13 CGO (O1-O3), 27 FGO (O4-O6)
  - Located across 12 states

Results (continued)

- Barriers:
  - 87%: Lack of time during patient encounters as the largest
  - barrier to discussing food insecurity
  - 62%: Stigma associated with food insecurity
  - 57%: Difficulty determining family eligibility for WIC
  - 55%: Lack of knowledge about the WIC program
  - 47%: Lack of knowledge about food insecurity

Results - Impact

Topic	Baseline Likert (1-5)	Post Intervention Likert (1-5)	Interventional Impact
Comfort Discussing Food Insecurity	3.65	4.19	+0.54
Comfort Discussing WIC	3.72	4.38	+0.66
Motivation to Discuss and Assess WIC Eligibility	3.97	4.41	+0.44
Applicability of WIC for Military Members	4.72	4.95	+0.23
Knowledge Assessment	1.47/5 (Range 0 – 3)	3.49/5 (Range 2 – 5)	+2.02

Significance

- WIC remains an underutilized resource amongst military members
- Most providers are somewhat comfortable with, and somewhat motivated to discuss food insecurity and WIC
- There is a significant knowledge deficit, likely hindering
- efficacy

Significance (continued)

- The 5-minute educational video addressed this deficit
  - Improved overall knowledge, comfort, and motivation in
  - discussing food insecurity and WIC
- Barriers to WIC conversations persist for medical providers

Lessons Learned

- Change is hard … and takes time!
- Not every problem can be addressed
- Feedback is great
  - Listen to all, implement some

Acknowledgements

(Empowering Action: Using an Education Video to Combat Military Food Insecurity)

- Lakesha Anderson, PhD
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- Brian Graziose, MD
- Rebecca Morgis, MD

Key Takeaways from Dr. Zven

Change is hard … and takes time!

Not every problem can be addressed

Feedback is great. Listen to all, implement some

References

(Empowering Action: Using an Education Video to Combat Military Food Insecurity)

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Cross-cutting Takeaways All Panelists (1 of 3)

Education as Empowerment

Education shifts perspectives and equips clinicians for better care.

1 of 3

Cross-cutting Takeaways All Panelists (2 of 3)

Systemic Barriers

Stigma, knowledge gaps, or structural resistance make change difficult.

2 of 3

Cross-cutting Takeaways All Panelists (3 of 3)

Requires Persistence

Takes time, reflection, collaboration & resilience

3 of 3

Take Action

What is one change you can start championing tomorrow?

Interested in learning more about USU's HPE program?

https://chpe.usuhs.edu/

Questions

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