

Participants: To be included, participants had to be graduates from a health professional program in the United States in the last 5 years, be currently engaged in clinical practice or clinical research, have spent at least 3 months as a research assistant for an interprofessional research project involving at least one student from another discipline, and speak English. Eight people participated in the study. Five participants were speech-language pathologists, and the other three were occupational therapists. Current practice areas included hospital-based practice, outpatient services, and school-based services.

Interventions: N/A.

Main Outcome Measures: A semi-structured interview guide created by the research team, informed by the literature around interprofessional education experiences, was used for data collection. Photo elicitation was also used during the interview by asking participants to bring in images that described their research experience. Participants completed the Interprofessional Attitudes Scale (IPAS) and eight demographic questions before the interview.

Results: Initial analysis from the qualitative interviews demonstrates that participants utilize skills gained during their interprofessional research experience in ways that directly impact their current professional practice. These skills currently utilized include: 1) learning about professional roles, 2) teaching others outside their discipline, and 3) developing personal confidence. Participants also emphasized the importance of interprofessional experiences as mind-opening experiences and integral to healthcare professions.

Conclusions: Students having a prolonged experience working with another discipline as part of clinical training in the form of a research project promoted personal and professional growth. These initial findings illustrate the possibility for mentored interprofessional research to act as a valuable interprofessional education opportunity.

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Keywords: Interprofessional Education, Collaborative Practice, Qualitative Research

Late Breaking Research Poster 1832001

Impact of the COVID-19 Pandemic on Employment of People with Disabilities and Employers

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Research Objectives: This research aimed to describe how the COVID-19 pandemic affected the work status of people with disabilities (PWD) and employers involved in hiring and managing of PWD.

Design: Two cross-sectional surveys.

Setting: PWD and employers involved in hiring and managing PWD, primarily in the Midwestern United States.

Participants: Convenience sample of 733 PWD and 67 employers recruited through multiple sources.

Interventions: None.

Main Outcome Measures: Employment consequences of the COVID-19 pandemic as experienced by PWD and employers.

Results: Among survey respondents with disabilities, 25% reported employment changes during the pandemic. Among participants reporting changes, 48% were not working, and 16% lost their jobs due to business reductions. For PWD who maintained employment, 67% reported that their work was moderately or greatly affected by the COVID-19 pandemic. PWD reported decreased pay or financial problems (42%) resulting from furloughs, leaves, or reduced work hours (40%), working remotely more than usual (41%), and experiencing a harder time getting their work done (23%).

In contrast, nearly all employers (97%) reported being affected by the COVID-19 pandemic. Changes included switching to virtual operations (69%), temporarily closing a business (26%), furloughing employees (25%), and laying off employees (23%). Primary reasons for business changes included concerns about the spread of COVID-19, adherence to government policies, and difficulty providing services during the pandemic.

Conclusions: The COVID-19 pandemic adversely affected employment of PWD as reported by workers and employers. Findings parallel the experience of the nondisabled workforce, but reveal vulnerabilities that reflect disability consequences and the need for job accommodations. Flexible work hours and opportunities to work remotely benefit PWD in particular. Policy implications reflect the benefits of flexible working hours and locations.

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Keywords: COVID-19, Disabled Persons, Employment, Return to Work

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Diabetes Education for Hospitalized Patients in Limb Preservation Service

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Research Objectives: To investigate if attending the Diabetes Education Transition Class (DETC) related to fewer readmissions compared to those who declined the DETC during the patients' hospitalization to a limb preservation service.

Design: A retrospective quality improvement study was conducted to review the electronic medical records of a cohort of patients with diabetes when hospitalized for pending non-traumatic lower extremity amputations, 1/1/2018 – 6/30/2019. Tracking patients' readmissions at least 3-month post-discharge was included. Patients frequently declined to attend the DETC; it created a "pseudo" case-control study.

Design: "DETC" and "None" two groups, not randomized.

Setting: A public hospital specialized in medical rehabilitation.

Participants: The study included 127 in the DETC and 106 in the None groups. The mean ages were comparable, 54.3 and 55.4 for the DETC and None, respectively. The A1c of the DETC was found to be significantly higher than that of the None group (10.0 vs. 9.3; $p < .034$).

Interventions: The DETC was about one hour, focusing on target blood glucose goals, blood glucose monitoring, insulin preparation and administration, signs/symptoms of hyperglycemia/hypoglycemia - treatment and prevention, skin and foot care, and access to resources.

Main Outcome Measures: The number of patients being readmitted to emergency or hospitalized during the 1-month, 2-month, and 3-month post-discharge durations.

Results: Using the Chi-square statistics testing for independence (df:1), the readmissions were compared between the two groups during the post-discharged three periods with one-tailed p-values. In the 1-month post-discharge, 2 from the DETC and 9 from the None were readmitted (Chi: 6.143; $p: 0.013$). Within the 2-month post-discharge, the readmission appeared to be increased with 5 in the DETC and 19 in the None groups (Chi: 12.234; $p: 0.00047$). The re-admissions that took place during the 3-month post-discharge were 10 in the DETC and 28 in the None groups (Chi: 14.552; $p: 0.00014$).

Conclusions: The DETC seems to be associated with fewer readmissions. The interpretation of the results should consider the reasons why patients refused to attend the DETC.

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Keywords: Diabetes, Limb Preservation, Diabetes Patient Education, Post-Discharge Readmission, Inpatient