

University of North Dakota Interprofessional Health Care Course: Lessons Learned

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Disclosures

(Dr. Johnson)

- Astra Zeneca, Bristol-Meyers Squibb
SAVOR-TIMI 53 multicenter trial, Grand
Forks PI
- Novo Nordisk, speaker's bureau

Objectives

- Demonstrate to the audience how this particular course was developed to enhance student education in an interprofessional group setting to improve communication
- Provide evidence that communication and the roles of the various team members are enhanced through this course
- Identify needed areas to increase interprofessional student interaction

Course Background

- 2003 Task Force under direction of then-UNDSMHS Dean H. David Wilson, M.D. and under the direction of Mary Wakefield, Ph.D., R.N.
- The course was launched in January 2006.
- Participants:
 - **Required:** OT, PT, Nursing, Medicine, Communication Sciences and Disorders, Nutrition and Dietetics
 - **Elective:** Music Therapy, Social Work

Course Objectives

- Apply knowledge and perspectives of health professions in team discussions about patient/client care situations.
- Apply group skills in case management approaches.
- Demonstrate patient/client-centered approach in decision-making as an interdisciplinary team.
- Demonstrate ability to reflect about team experiences and feedback.
- Identify sources of potential error and consequences to health care delivery.

Course Structure

- Modeled after a Patient-Centered Learning Curriculum at SMHS
- 2 six week sessions each semester
- Large group and small group sessions
- Typically 70 students per 6 week session
- Small group usually have at least 4 disciplines, 10 students
- Meet weekly for 3 hours
- Pass/fail grading system
- Most groups meet at SMHS, sometimes one distance learning OT group in Casper, WY
- 90 minute facilitator training prior to course
- Faculty facilitators represented across all participating disciplines
- 2152 students 2006-2012

Course Structure 2006-2012

- First week: “First Night”
 - Large group introduction to IPE, TeamSTEPPS, and impact of medical errors
 - Small group
- Weeks 2 through 6
 - Case studies incorporating understanding of roles, TeamSTEPPS concepts
- Minor transitional changes autumn 2012
(medical pictictionary for first night small group)

What do Students Say?

Fall 2008

- **Communication Sciences & Disorders (CSD):** This course allowed me to see do, as well as what my role in the health care setting is.



- **Medicine (MS):** I am better aware of what the others professions do, what they are capable of, and their role in health care.
- **Nursing (NSG):** This course prepared me to work in the health care setting by letting me see the whole picture of collaborative care and how everyone needs to work together as team members for quality patient care; I liked being able to listen to other health professions

What do Students Say?

Fall 2008

- **Occupational Therapy (OT):** The strength of the course was that it allowed all of the students from other programs to come and learn together and interact with one another.
- **Physical Therapy (PT):** This course has helped me to understand different health care professions. I have learned more about who they are and what they do. I now feel like am better able to communicate with different disciplines more effectively.
- **Social Work (SW):** Working as a team, I learned that everyone's input maybe be different. But the approaches can be the same with honest opinions and conflicting interests.

2011: TeamSTEPPS

(Team Strategies and Tools to Enhance Performance and Patient Safety)

Introduction

What do Students Say?

Spring 2011

(TeamSTEPPS Introduction)

- **CSD:**
 - The TeamSTEPPS is a comprehensive approach that will help me in delivering services in the healthcare setting. I have learned the values of the TeamSTEPPS approach and know that this will go a long way to help my professional development.
 - The cases presented had very dicey and challenging situations that made it necessary to know how other professionals see it. Thus I learned to listen to people of other professionals disciplines and thereby learned a lot from them.

What do Students Say? Spring 2011 (TeamSTEPPS Introduction)

- **PT:** I think it is a great way to have consistency within the health care profession. It also showed that communication problems do happen and preventing them from happening, like using the STEPPS, will make a big difference to the patient.

What do Students Say? Spring 2011 (TeamSTEPPS Introduction)

- **OT:**

- I really liked that we have the opportunity to brainstorm and interact with students from other professions. This assisted me with being more aware of the roles of other professionals as well as the appropriate way to interact with other professionals.
- I find this to be an excellent way to communicate with other professions concerns and comments regarding the patient. It was used well in the course materials.

What do Students Say? Spring 2011 (TeamSTEPPS Introduction)

- **NSG:**
 - Having an open discussion about the case so that everyone can state their input. It showed that everyone can bring something new to the situation and everyone involved should have a voice.
 - I feel that my learning experience with TeamSTEPPS has been very beneficial and it will continue to be something that I utilize in order to effectively communicate with team members within a health care setting during my professional practice.

What do Students Say?

Spring 2011

(TeamSTEPPS Introduction)

MS:

- TeamSTEPPS is a good program and while it may not be used explicitly in our future professions, the underlying theme will undoubtedly be utilized daily, so the exposure to the material this early in our schooling is quite useful.
- I understood what other disciplines think about medical issues and how they approach the treatment of the patient. I was then able to understand why they approach plan of care options differently than myself.

Lessons Learned – Students' Perspective

- The course should be modeled around the TeamSTEPPS program rather than just trying to incorporate aspects of TeamSTEPPS here and there.
- The course does not flow very nicely in terms of the use of TeamSTEPPS. The knowledge level is also a barrier to participation for some because they have not had experience with patients or healthcare.
- Find a way to incorporate all professions- nursing knew all of the answers and I felt like it needed to be geared towards the other areas

Lessons Learned – Students' Perspective

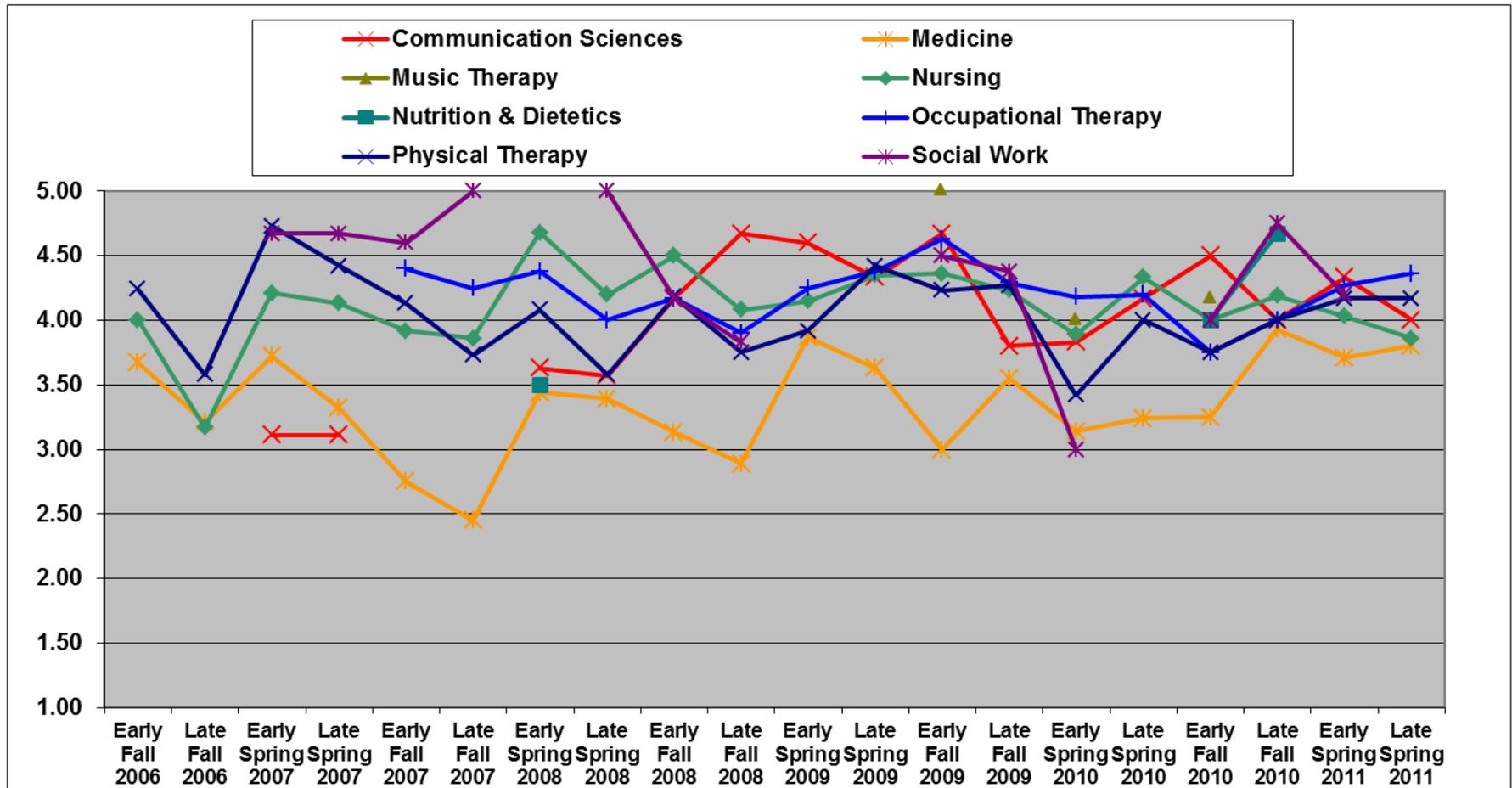
- The case studies had a lot of focus on the area of nursing. More focus in other disciplines would make the case studies more valuable to the whole group and to the discussion.
- I understand that it is difficult to find a time that works in everybody's schedule, but evening classes are very hard for me to be motivated and engaged with.

Lessons Learned – Students’ Perspective

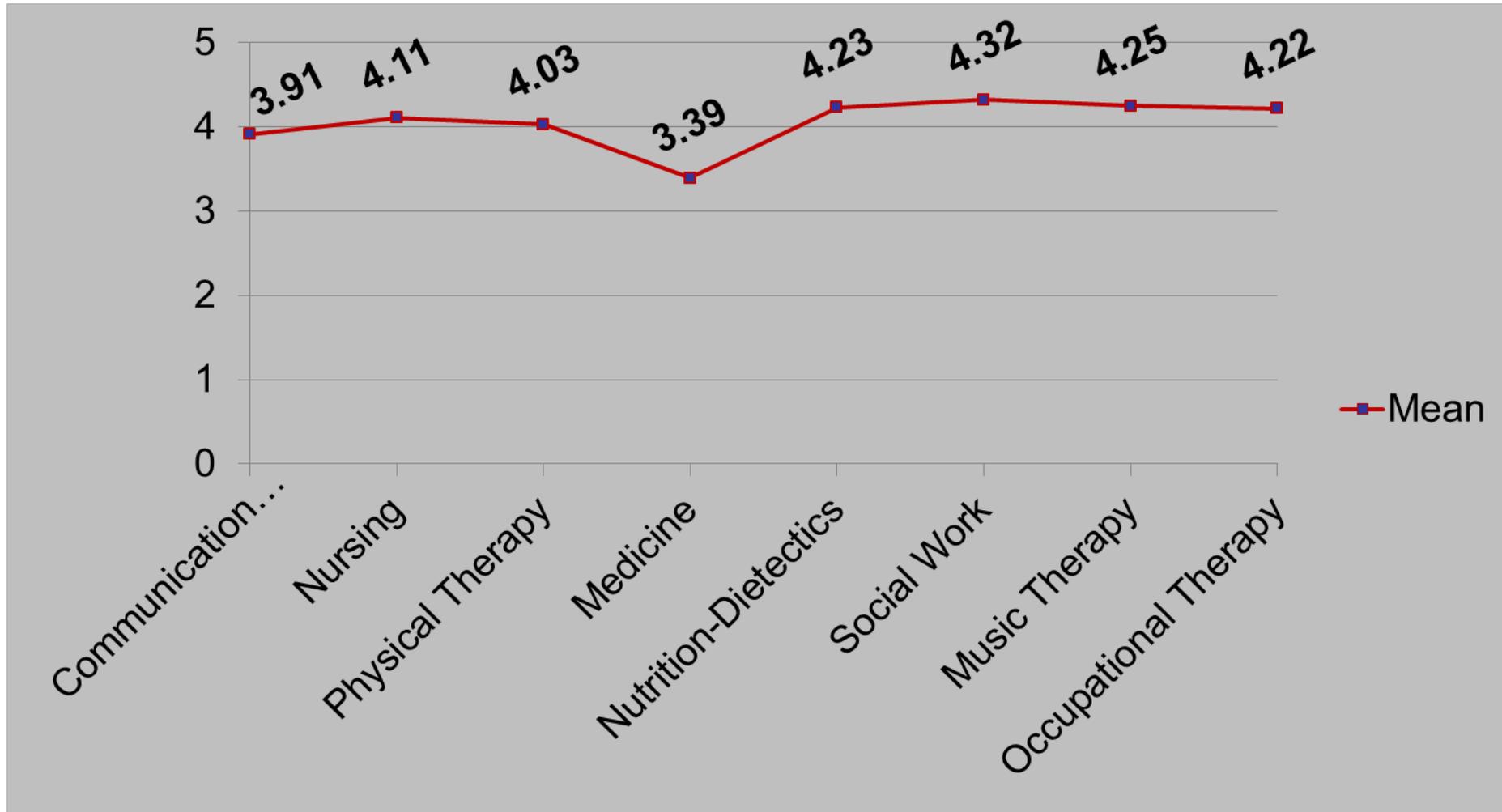
- The wide range of clinical experience amongst the group creates an unfair dynamic in terms of overall input towards the clinical issues raised with each patient. With all of the members being at distinctly different times in their training, it is quite apparent that some do not have or do have specific clinical experiences from which they can pull from.

IPHC Course “Overall Satisfaction” (by Program 2006-2011)

(1 = Strongly Dissatisfied; 5 = Strongly Satisfied)

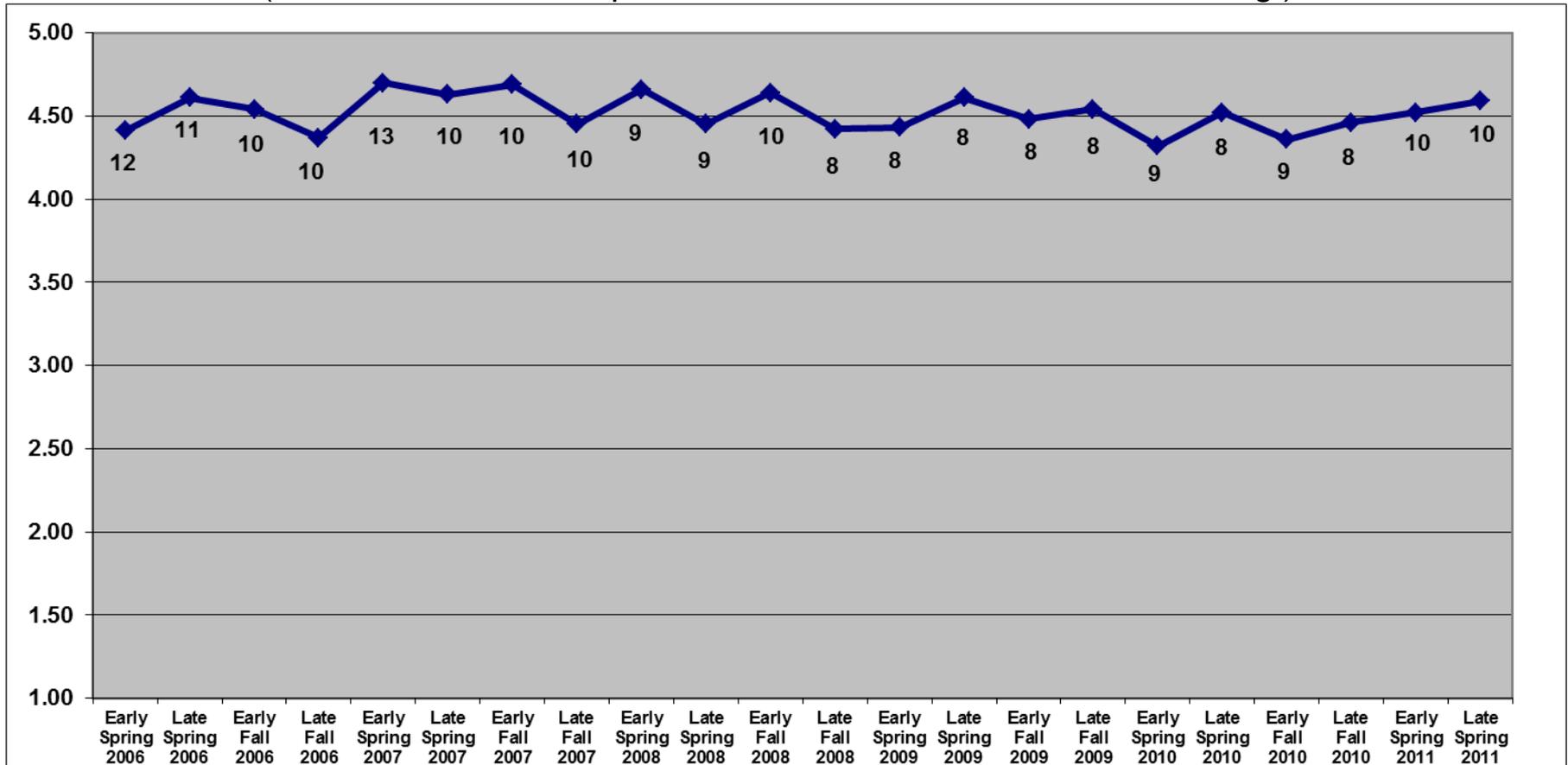


IPHC Course “Overall Satisfaction” (by Program 2006-2011)



Trend in Student Satisfaction with IPHC Facilitator (Overall Satisfaction)

1 = Strongly Dissatisfied; 5 = Strongly Satisfied
(Number of facilitators per term is shown beneath the mean rating.)



Course Changes - 2013

- Continued Large Group/Small Group format-TeamSTEPPS retained as introductory piece
- First night added a medical pictionary game for small group intro/orientation
- Week 2: Error Disclosure Module (University of Washington) added
 - Medical Team must disclose a preventable medical error to a “family member” role play activity
- Weeks 3 through 5: ALS case study/documentary (“So Much, So Fast”), blog
- Week 6: Create/present an education, communication, advocacy, ethics piece on ALS

- Overall orientation toward teamwork, less on “clinical knowledge”
- **30 minute** “just in time” facilitator training

Future Directions

- Expand/Add cases
- Integrate low tech/high tech simulation
- Add other disciplines
 - Psychology
 - Physician Assistant
 - Health sciences from other institutions (i.e., PharmD)
- Theatre students added for fall 2013 for “family member” role play

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Questions/Comments