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Clinical Care Plan, Interprofessional Course

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Evidence suggests interprofessional collaborative practice significantly improves patient outcomes, reduces mortality and enhances quality-of-life.¹ Person-focused care demands collaboration among professions in a team approach to address multiple issues including illness, prevention, and health promotion activities. Key elements of successful implementation of interprofessional education are supported in Thomas Jefferson University's Clinical Care Plan, Interprofessional Course (CCPIC) that includes increasing knowledge of the roles, responsibilities, and competencies of other health professions, collaborating in teams, recognizing the patient as the expert, and communicating effectively.

The primary goal of CCPIC is to prepare students for active roles in interprofessional healthcare by having them formulate a comprehensive plan of care as part of an interprofessional team. Teams of medical, nursing, pharmacy, physical, and occupational therapy students attend three intensive sessions.

Learning activities include:

- Discussion of professional roles and relationship to health care
- Online mini-modules (principles of group dynamics, delivery of service models, WHO-ICF classification,² terminology, and guide to treatment)
- Formulation of intervention plan for a sample case, executed as a whole class
- Collaboration in interprofessional small groups to formulate intervention for a unique patient (standardized and actual patients on DVD)
- Presentation to a panel of community clinicians
- Reflection paper (philosophy on team approach, life style related to health and prevention, and presenting to clinical team)

The care plan that student teams present to the panel of clinicians starts with patient concerns and builds through analysis of Strengths, Weaknesses, Opportunities, and Threats (SWOT)³ using their patient's life story. Additional suggested assessment tools and procedures lead to patient-centered global and functional long term goals. Targeted, discipline-specific objectives round out the treatment. Feedback from the clinical panel and discussion follow the presentation.

This course began in 2008, with 69 physical therapy (PT), 40 nursing, 29 medical, 28 occupational therapy (OT), 10 pharmacy students with 176 total students completing the course. In addition to the comprehensive written plan of care, outcome measures include analysis of pre and post tests of Interdisciplinary Education Perception Scale (IEPS),⁴ Readiness for Interprofessional Learning Scale (RIPLS),⁵ Perceptions of Health Roles Questionnaire (PRHQ), a group interaction process form, university standard on-line evaluation form, and a reflection paper. The PRHQ was developed by M. Levinson (2007) to assess student's perceptions of roles. This questionnaire has not been psychometrically tested for validity or reliability, nor has it been published. Students are graded pass/fail for this course, based on completion and acceptability of assignments, achieving a minimum of 80/100 points. The intervention paper/presentation is 40% of the grade.

Students changed many of their perceptions and attitudes based on the pre/post course surveys. The examples of perceptions that changed (PRQ) were that a physician cares about his patient as well as the illness (90% felt this by the end, 50% changed their perception), and PT's and OT's each work with patients in their personal and community life functions (59% changed perception). Several individuals changed their perceptions to being more positive regarding "thinking highly of other related professions" and having good relations with people in other professions (IEPS). Ninety-four percent agreed that learning with other students will help them become more effective members of a health care team (RIPLS).

Based on the reflection paper, most of the students enjoyed working together and said they valued the importance of interprofessional collaboration in treating patients. Some medical students, particularly those in the fourth year and beyond, felt that even though functioning on an interprofessional team was important, this course was an exercise that was not necessary to their preparation to enter the work force. Regarding the panel presentation, students rated it as a "unique experience," "worthwhile," "personalized feedback," "broadened my view." The panel of clinicians felt that the students were very well prepared and believed this interdisciplinary experience "will be very valuable to their education/career."

Many of the course goals and objectives were achieved. The students were given the opportunity to work on an interprofessional team to practice formulating an intervention plan through collaborative effort. Though they worked towards shared patient goals, some students continued to be challenged in diverting their thinking from single-profession goals and objectives. The students became more familiar with other professionals' roles, encountered direct collaboration, used communication skills, and reflected on their own competencies.

Some challenges still exist to provide a course to students in different professions, with different experiences, that is meaningful and instructive to each group. The CCPIC team is planning revisions to address content, interest and the challenge to all students. Timing must be addressed as to which level students might best benefit, in particular, second or third year medical students. The content will be refocused on interprofessional treatment to enhance safety and reduce medical error. More problems and conflict will be included in the case scenarios. We will attempt to put more content on-line, using videos and podcasts, and reduce sessions from three to two. Additional faculty from each profession will be included. Our challenge is to improve the course to better prepare students to function on an interprofessional team with the ultimate goal of optimum patient care

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