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Interprofessional Education and Care Newsletter

From the Editors

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Winter 2011

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Welcome to the latest edition of the Jefferson Interprofessional Education and Care Newsletter. We are thrilled to report that participation in interprofessional education (IPE) and collaboration by faculty and staff at Jefferson is escalating. In this issue, Drs. Manning and Swan provide an overview of the recent Institute of Medicine's Future of Nursing report that reaffirms the importance of interprofessional collaboration in the classroom and clinical education for health care outcomes. Dr. Herge and colleagues describe a Jefferson example of how IPE can successfully be implemented in an existing discipline specific course. A clinical skills scenario (a woman hospitalized with an acute stroke) was presented in an occupational therapy course to teams of students from medicine, nursing, occupational therapy, physical therapy and pharmacy. The student teams worked with standardized patients/family to develop an interprofessional discharge plan.

This issue also incorporates the first of two ongoing columns presenting discussions pertaining to: 1) the evaluation of interprofessional education programs and 2) improving health care quality and safety through interprofessional education. In the evaluation column, Dr. Lyons provides a practical discussion of general guidelines for developing an evaluation plan for IPE programs with an emphasis on having the evaluation plan in place prior to actual implementation of the program. In the quality and safety column, Dr. Manning provides background and awareness of the relationship between interprofessional education competencies and health care quality and patient safety. We welcome submissions to our newsletter related to these columns or any interprofessional education and care projects/programs.

Christine Arenson, MD
Molly Rose, RN, PhD
Co-Editors

Interprofessional Education and Practice Implications of the Institute of Medicine Future of Nursing Report

Mary Lou Manning and Beth Ann Swan
Jefferson School of Nursing

The Future of Nursing: Leading Change, Advancing Health,¹ released by the Institute of Medicine (IOM) on October 5, 2010, is the latest in a series of reports that have had a significant impact on creating positive change to improve health care in the United States. The report provides a vision of a future health care system that would make high-quality care accessible to all, promote wellness and disease prevention, reliably improve health outcomes, and provide compassionate care throughout a person's lifespan.² This report, in concert with the provisions of the Affordable Care Act, must act as a catalyst for all health professions to find significant opportunities for collaboration and the impetus to play to each of our strengths to advance quality health care for all citizens.

While there are many aspects of this action-oriented report that will be of interest to all health professionals, the recommendations most relevant to interprofessional education and practice are linked to the third of the report's four key messages: Nurses should be full partners with physicians and other health professionals in redesigning health care in the United States.

The recommendations include:

- Schools of nursing, in collaboration with other health professional schools, should design and implement early and continuous interprofessional collaboration through joint classroom and clinical training opportunities.

- All health care organizations and schools of nursing should foster a culture of lifelong learning and provide resources for interprofessional continuing competency programs.

On November 30 and December 1, 2010, the IOM and the Robert Wood Johnson Foundation convened the National Summit on Advancing Health Through Nursing in Washington, DC, to launch the initiative's implementation phase. Policy makers, national, state, and local government leaders, payers, health care researchers, executives and professionals – including nurses and others – as well as licensing bodies, educational institutions, and consumer advocacy organizations were in attendance.² Working together, these many diverse parties will help ensure that the health care system provides seamless, affordable, quality care that is accessible to all and leads to improved health. Meaningful interprofessional education and practice is essential for success. We all must participate!

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Using an Interprofessional Clinical Skills Scenario in an Occupational Therapy Course

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Interprofessional education (IPE) is being adopted increasingly more in the health care education field.¹ The literature cites benefits of interprofessional teamwork such as appreciation for the expertise of other health care practitioners, enhanced communication skills related to teamwork,² higher quality patient care^{3,4} and improved patient outcomes.^{5,6} One of the goals of the Eastern Pennsylvania-Delaware (EPaD) Geriatric Education Center is to create geriatric interprofessional education for medical, nursing and health professions students. The Center developed an Interprofessional Clinical Skills Scenario to facilitate development of communication and collaboration skills. The Interprofessional Clinical Skills Scenario focuses on an older adult who is hospitalized for an acute stroke and is ready to be discharged from the

hospital. The learning objectives for the students are to identify roles of professionals on the health care team, and to practice communication and collaboration skills through the development of a care plan and family discharge planning meeting. The Clinical Skills Scenario includes the development of care plan and conducting a family discharge planning meeting followed by feedback from standardized patient and family member, peers and faculty. The Clinical Skills Scenario was pilot tested in October 2009 with five students from medicine, nursing, occupational therapy (OT), physical therapy (PT) and pharmacy.

In Spring 2010, faculty in the Department of Occupational Therapy incorporated this interprofessional educational activity into the Interdisciplinary Care Planning Course. The goals of

the exercise addressed several of the course's interprofessional learning objectives.

The OT course in Interdisciplinary Care Planning is offered to entry level occupational therapy students in the Spring semester of their second year. This course provides students with a comprehensive look at interprofessional practice, focusing on the role of the occupational therapist on the interprofessional care team. Students examine the roles and responsibilities of other team members and develop skills necessary to work collaboratively with team members, patients/clients and caregivers. The Clinical Skills Scenario is an ideal learning activity as it provides students with a chance to practice skills in a life-like situation.

The Clinical Skills Scenario consists of several learning activities. Prior to the scheduled session students viewed a 20 minute video which demonstrated the roles of various disciplines (physician, nurse, physical therapist, occupational therapist, pharmacist and social worker) responsible for a 76 year old female patient who was admitted to the hospital for an acute stroke. Students were grouped into interprofessional teams, reviewed the patient's chart together and discussed discharge care options for the patient. Teams then met with the patient and caregiver, who were portrayed by standardized patient actors, in a discharge planning meeting to discuss the care plan. Following the family meeting students had a short debriefing session with faculty and standardized patients regarding their performance as a team.

A total of 38 students in six teams from medicine, nursing, OT, PT and pharmacy participated in this learning exercise. Students completed pre and post surveys on their perceived efficacy towards hospital discharge planning, attitudes towards health care teams, learning experience and satisfaction with the educational activity. Student teams were also observed and evaluated by faculty, peers and standardized patients utilizing a checklist on team dynamics, communication and information sharing. The checklists and debriefing following the standardized family meetings revealed that the teams worked well together and acknowledged the patient and caregiver's personal and health care goals. On a scale of 1 to 5 [Poor(1), Fair(2), Good (3), Very Good (4), Excellent (5)] faculty and student observers rated the students with a mean overall team performance of 4.8. In the area of empathy and support regarding the patient and caregiver's feelings, concerns and goals the observers' mean was 3.8.

Students reported high satisfaction (mean = 4.8 on a 5 point Likert scale with 5 = highest satisfaction) with the team interaction among disciplines and reported a greater understanding of the vital role each discipline plays in caring for the patient. Students' anecdotal comments on the post test evaluation of the experience included the following: "I learned the valuable roles that each team member has to offer the group as a whole." "This was a valuable experience to

help us work (with) other disciplines and speak with a patient to better prepare us for the real world." Students also recognized the value of preparing and organizing before the meeting with the patient/family. "Meeting to talk about the format of the meeting, leaders, discharge status (and) options available to the patient and family (are) critical to the productivity of the (family) meeting." Standardized patients portraying the patient and caregiver reported feeling supported by the team in their evaluations. One standardized patient wrote "We feel that the (team) cared about Mom." Standardized patients gave feedback to students on their professional communication skills including questioning, listening, use of body language and information sharing. Mean ratings for these areas were as follows: providing clear questions (3), listening (3.6), use of body language (3.5) and information sharing (3.2).

In summary, after observing the session and evaluation, the authors determined that the Clinical Skills Scenario met the course objectives. Based on the evaluation data, the activity facilitated the students' recognition of the important roles each profession plays in caring for the patient and in addressing patient/family needs through the development of a discharge plan. Additionally, the experience of working in a team was reported by the students as rewarding and beneficial in increasing their knowledge of teamwork in a health care scenario. Students reported enjoying the simulated discharge planning meeting learning activity and regarded this as a valuable part of their education. Details of the Clinical Skills Scenario can be found at EPaD Geriatric Education Center website at <http://epadgce.jefferson.edu/education5.cfm>.

This work was supported by DHHS grant #D31HP08834, Eastern Pennsylvania-Delaware Geriatric Education Center.

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Evaluation of Interprofessional Education Programs

This column is the first in a series of discussions about evaluating interprofessional education programs.

Evaluating Interprofessional Education Programs

Kevin Lyons

Office of Institutional Research, Thomas Jefferson University

In this brief space, I would like to provide some general guidelines for those of you who are planning to implement an interprofessional education program, or any program for that matter. I say planning to implement a program, because it is at this stage that you must be thinking about how you are going to evaluate it, not after the program has begun. One of the worst nightmares for any program evaluator is to have someone stop by his or her office with a stack of data and say “Can you tell me what I have here?” When this happens it is often extremely difficult to extract meaningful conclusions about the project. Therefore, it is critical to build your evaluation plan into your project plan.

There is no “one best way” to build an evaluation plan, but keep in mind that program evaluation is a systematic process. There is no mystery behind it. You want to know if your program has been successful in doing what it was supposed to do. What follows are some considerations to keep in mind as you plan your program. Before you begin, however, it is helpful to conduct a literature search. This literature search might uncover projects that are similar to yours. Finding such a project could provide valuable insights into how you would organize your project as well as providing you with ideas for its evaluation.

Once you have completed the literature search, the next step is to clearly identify your program goals. The operative term here is “clearly.” The goals of your program should be clear enough so that an outside individual, unfamiliar with your program, will be able to read them and know exactly what you are trying to do. These goals also must be measurable. This is critical. Goals that are clear, but not measurable, will not allow you to draw any meaningful conclusions about the success of your project, which defeats the whole purpose of an evaluation plan.

Once you have identified your measurable goals you need to determine appropriate outcome measures. These are the measures by which you will determine the success or failure of your program. What is it that your program intends to do? Are you interested in increasing satisfaction? Changing behavior? Increasing achievement? Changing attitudes? Improving understanding? Each of these will require a different approach to evaluation. Based on this decision, you can then identify an acceptable outcome. For example, if your goal is to change attitudes, what increment of change would be your minimal expectation for success? This level should be your benchmark, since just any change in attitudes can’t legitimately be regarded as success.

Finally, you should develop your evaluation plan based on the time and resources at your disposal. In doing so you need to be pragmatic. Data collection and analysis can be expensive. If you have developed an ideal evaluation plan, you need to consider whether you have the time or expertise to carry out this ideal plan. If not, do you have the money to hire someone to do it? If the answer is “no” to both of these questions then you would need to move from an “ideal” evaluation to a “satisfactory” evaluation and do the best you can with the resources that you have.

Another consideration that is important, and often overlooked, is to make sure that your program is being carried out the way it was intended. This is also referred to as assessing program “fidelity.” For example, if you are planning to evaluate the success of a team based approach to problem solving, the important variable would be team behavior. In this case it would be important to assess whether participants are actually functioning as a team, based on a set of criteria, as opposed to a work group of individuals. Since the important comparison will be based on team behavior as opposed to work group behavior, if you don’t assess whether they are actually behaving as a team, then you could be measuring what is called “a non-event,” where you are really only assessing two work groups.

Finally, especially with longer term projects, you should consider conducting both formative and summative evaluations. A formative evaluation is an evaluation conducted in the middle of the project which assesses how your project is progressing and allows you to make any mid-course corrections that might be necessary. A summative evaluation is conducted at the end of the program to measure success. However, sometimes a summative evaluation can also serve as a formative evaluation. If your project has many smaller components, each of these summative evaluations can serve as formative evaluations of the larger project.

These are just a few of the suggestions to help make the evaluation of your program an effective one. As interprofessional approaches to health care become more and more common, it is even more important to provide educators and practitioners with solid evidence for their success. This can’t be done without a rigorous and well defined evaluation plan.

Developing Health Care Quality and Patient Safety Linchpins through Interprofessional Education

Mary Lou Manning
Jefferson School of Nursing

Every organization needs linchpins...artists, with a genius for finding a new answer, a new connection, or a new way of getting things done.

- Seth Godin, *Linchpin, Are You Indispensable?*

Seth Godin pens provocative books with witty titles such as *Unleashing the Ideavirus*¹ and *Tribes*.² His most recent book, *Linchpin, Are You Indispensable?*³ is about the art of connection, the art of being human and the art of making a huge difference. Health care clinicians, faculty and students are well advised to read his work as they strive to master the art of meaningful interprofessional connections, so that together, they can make huge strides to improve health care quality and patient safety.

In December 1999, the modern day patient safety movement was born with the Institute of Medicine (IOM) report on medical errors, *To Err Is Human: Building a Safer Health Care System*.⁴ Two years later the IOM released *Crossing the Quality Chasm: A New Health System for the 21st Century*⁵ calling for improvements in six dimensions of health care performance and providing a framework for the redesign of the U.S. health care system. Both reports emphasized the importance of patient-centered care provided by effective interdisciplinary teams in creating an organizational safety culture.

Over the past decade, mounting political and social pressures, coupled with regulatory and accreditation standards, measures and mandates created compelling incentives for health care organizations to invest significant resources in health care quality and patient safety education. Initiatives focused on development of interprofessional competencies related to teamwork and collaboration, systems thinking, continuous process improvement, implementation science, and practice based on evidence and outcomes. As a result, health care quality and patient safety linchpins have emerged throughout health care organizations across the country.

In contrast, health professions education is mostly protected from the turbulence that our clinical partners are experiencing, and remains relatively insular and isolated.⁶ While the 2003 IOM report, *Health Professions Education, A Bridge to Quality*⁷ proposed a set of five core competencies that should serve as overarching educational goals for all health professions education, curricular integration and dedicated patient safety education continues to be a rare component within health care education.⁸ Additionally, most faculty have modest experience in improvement work and

most often those who excel in the science and scholarship of quality improvement have largely been motivated by individual professional interests.⁹ Consequently, preparation of new health professionals expert in quality and safety has lagged behind the development of those in clinical practice, creating a gap for entry into practice.

The days are fading when health professions education can focus solely on the development of individual practitioners able to deliver quality care within their designated discipline. The emerging paradigm is for students to gain the knowledge, skills and attitudes to understand and value the perspectives and responsibilities of others, as related to improving systems that affect their ability to provide that care, together. To promote learning, academic institutions and their associated clinical facilities must encourage and invite interdisciplinary groups of students to participate in workplace-based experiences to learn about quality, patient safety and systems improvement. Concurrently, health professions teachers must harness the curiosity, energy and passion of those embarking on their health care careers, and help them become linchpins - indispensable health care professionals, working together, who can invent, connect, create and make things happen, to realize the vision of a health care system free of patient harm.

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Announcements

Congratulations to JCIPE's Fall 2010 Interprofessional Education and Care Practicum Pilot Award Recipients:

1. Julianne Cody, MSN, RN, BA, Havah Hackman, Monica McCurdy, PA-C, Rohit Moghe, PharmD, Harry Shallcross, PhD, Lara Weinstein, MD and Joe Williams
Project: Clearing the Medication Documentation Hurdle in Residential Housing
Jefferson School of Nursing, Jefferson Medical College: Department of Family and Community Medicine and Project H.O.M.E.
2. Amy Sullivan, BS, EMT-P
Project: Mock Code Simulation
Thomas Jefferson University Hospital: JEFFSTAT Training Center
3. Sharon R. Rainer, MSN, CRNP, Glenn Oettinger, PharmD and Lewis DeEugenio, MD
Project: Best Practices in Geriatric Acute Pain Management in the ED
Jefferson School of Nursing and Thomas Jefferson University Hospital: Department of Emergency Medicine
4. Rita Battaglini RN, BSN, OCN and Celeste Vaughan Briggs
Project: Breast Surgery Education Group
Thomas Jefferson University Hospital: Breast Care Center

To view project summaries, visit <http://jeffline.jefferson.edu/jcipe/development/>.



Health Mentors Program

Faculty Recruitment

Join other Jefferson faculty and help prepare our students for interprofessional collaborative team practice! Please volunteer to lead Interprofessional (IPE) Small Group Sessions at Jefferson.

1. Monday, March 14th Year Two IPE Small Group Session "Medical Error and Root Cause Analysis"
(Session A: 12 pm-12:50 pm and/or Session B: 1 pm-1:50 pm)
2. Monday, April 11th Year One Module 2 IPE Session "Preparing a Wellness Plan"
(Session A: 12 pm-12:50 pm and/or Session B: 1 pm-1:50 pm)

New to Health Mentors Program? Please let us know if you would like to be paired with an experienced Health Mentors Program Small Group facilitator for your first session.

For more information and/or interested in co-facilitating a small group session, please contact Sokha Koeuth by email (sokha.koeuth@jefferson.edu) or phone (215-955-3757). Thank you so much for your teaching and leadership.



Health Mentors Recruitment for Fall 2011!

The Jefferson InterProfessional Education Center is now recruiting Health Mentors for Fall 2011!

The Health Mentors Program is an opportunity for students from the Jefferson Medical College, Jefferson Schools of Nursing, Pharmacy, and Health Professions (Physical Therapy, Occupational Therapy and Couple and Family Therapy) to learn FIRST HAND from a patient about things that really matter to patients living with chronic health conditions or impairments.

The Health Mentors are adults of any age from the community who live with one or more chronic health conditions (i.e. diabetes, high blood pressure, asthma, arthritis, cancer or others) or impairments (i.e. spinal cord injury and cerebral palsy or others) and would like to volunteer their time to teach students the importance of patient-centered care. Students will talk to their Health Mentors about things that are important to being a good health care professional. Topics include: medication usage; patient safety; activities of daily living; and wellness care.

If you would like to apply to become a Jefferson Health Mentor, or just get more information, you can contact Sokha Koeuth by email (sokha.koeuth@jefferson.edu), phone (215-955-3757) or visit us at <http://jeffline.jefferson.edu/jcipe/hmp/>.



2011 International Essay Contest on Interprofessionalism Call for Submissions

The National Health Sciences Students' Association (NaHSSA) and the Journal of Interprofessional Care (JIC) are pleased to announce the call for the 2011 International Essay Contest on Interprofessionalism.

Winner: \$500 cash prize and essay publication in the Journal of Interprofessional Care and essay featured on the NaHSSA website.

Eligibility Requirements:

1. Full time or Part time students
2. Enrolled in Undergraduate or Graduate studies at a College or University
3. Pursuing a degree in health sciences or affiliated programs.

Deadline for Submission:

March 25th, 2011 (22:00:00 EDT). Please note that this is the final deadline and no late applications will be considered. For more information, visit http://nahssa.ca/getinvolved/essay_contest.



Upcoming Faculty and Staff Development Programs

Save the Date! Ehpic 2011: Advancing the Future of Healthcare Through Interprofessional Learning

A certificate course for Health Professionals, Educators and Leaders. Abstracts are due by April 1, 2011.

Dates: June 20-24, 2011

Location: Toronto, ON

Sponsor: Centre for Interprofessional Education, University of Toronto, Ontario

For more information, visit <http://events.cepdtoronto.ca/website/index/IPE1102-C>.

Save the Date! Collaborating Across Borders III

An American-Canadian Dialogue on Interprofessional Health Education and Practice

Dates: November 19-21, 2011

Location: Tucson, Arizona

Sponsors: American Interprofessional Health Collaborative, Canadian Interprofessional Health Collaborative, University of Arizona Health Sciences Center, University of Minnesota Academic Health Center and Arizona Telemedicine Program



Jefferson InterProfessional Education Center

<http://jeffline.jefferson.edu/jcipe/>



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