Clinical Care Plan: Interdisciplinary Course (CCPIC)

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BACKGROUND/RATIONALE

Evidence suggests:

- **Interprofessional collaborative practice** significantly improves patient outcomes, reduces mortality and enhances quality-of-life.

- **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 supported by Clinical Care Plan, Interprofessional Course (CCPIC):
  - increasing knowledge of the roles, responsibilities, and competencies of multiple health professions
  - collaborating in teams
  - recognizing the patient as the expert
  - communicating effectively.

- **Course statistics:**
  - 176 students from various disciplines completed course (2008-11).

- **Disciplines include:**
  - Medicine, Nursing, Occupational Therapy, Physical Therapy, Pharmacy

Perceptions of Professional Roles
questionnaire, 23 true/false questions (non-psychometrically tested)

Samples of some provocative questions:

- Nurses provide more education to patients than doctors, PT's work on walking, OT's work on what they do when they get there, Doctors are the primary decision-makers in discharge planning. ; Pharmacists work in drug stores and count pills.

Results:

- Changed perceptions: doctors care about patients as well as illness, pre 40%, post 90%, pharmacists work in drug stores/pills, pre 70%, post 20%.

- Approximately 75 of the questions resulted in changed perceptions, 20-50%

Analysis of Role Perception Survey

Total percent change in perceptions

Percent Change by discipline
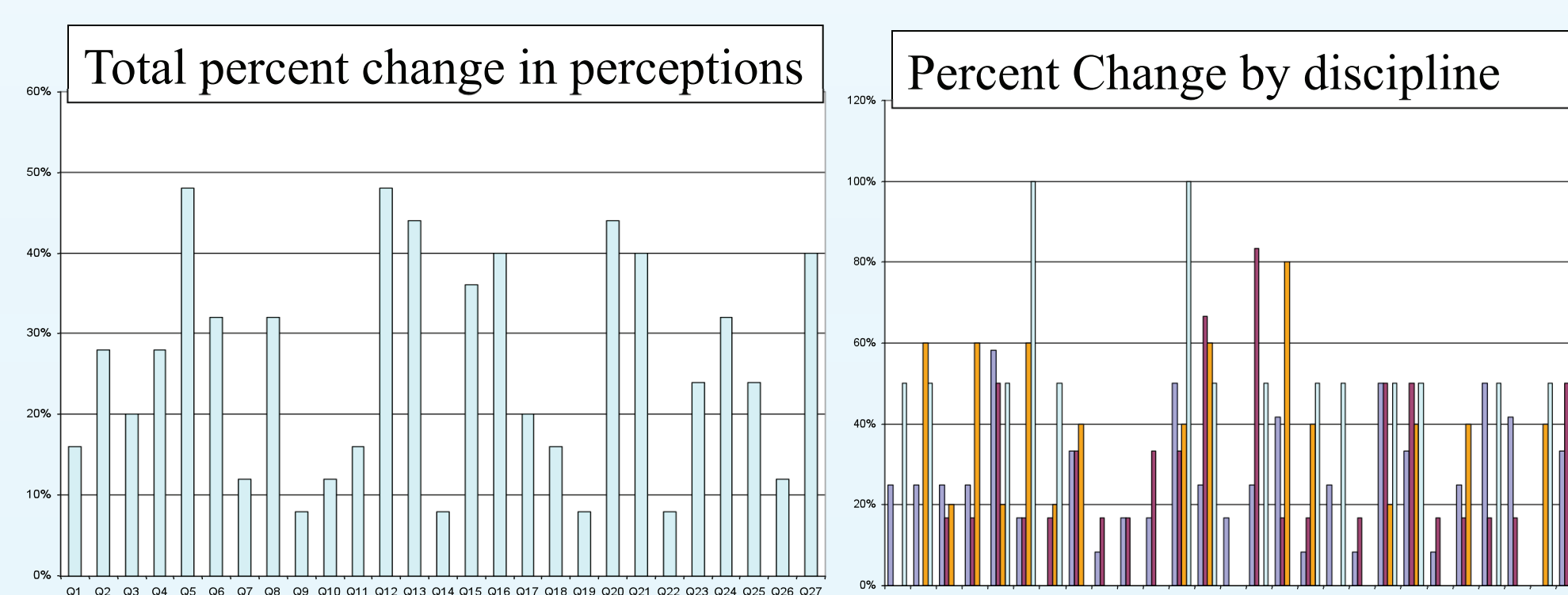
PURPOSE OF CCPIC- Patient-centered, interprofessional team intervention

1. Identify roles and contributions of the health care team members.

2. Review and apply core knowledge of group process, health team models of delivery of service, WHO model of classification and terminology in the process of creating the clinical plan of care.

3. Define and divide the roles and responsibilities of each discipline/ practitioner for the sample cases across the continuum of care.

4. Apply interprofessional planning skills to develop a comprehensive healthcare plan for standardized patients.

5. Practice incorporating health behavior issues into practice care plans with the goal of addressing and modifying unhealthy behaviors.

6. Reflect on interactions of various health-care professions and develop a personal philosophy of the team approach to patient-centered care.

Constructing a Plan of Care

Based on two or three patient-centered goals

Team will each contribute uniquely to achieve these goals

You may approach the information initially by filling out this chart:
For the first 24 hours (until surgery), post surgery, post cast removal
After the Acute care phase, what are the considerations?

Activity	Why?	By Whom (include all team)

Identify according to WHO/ICF: function in systems, activities (capabilities or limitations) , participation (capacities or restrictions)

You may want to use the diagram below to develop the analysis (SWOT) to use in consideration of treatment planning

STRENGTHS	WEAKNESSES
OPPORTUNITIES (for new care)	THREATS (barriers)

Mini-Modules (on-line)

1. Building a Team: the Process of Becoming an Effective Group
2. Models of Service Delivery and Team Models
3. World Health Organization (WHO): International Classification of Functioning, Disability and Health (ICF)

Reflection-Paper

Reflection paper will include a personal view/philosophy of:

A. Team approach to care management

B. Impact of behavior on health

C. Personal experience presenting to the panel of clinicians

Process of Developing Care Plan/Course Structure

CLIENT-CENTERED CARE

- Collaborative relationship between provider and client
- Provider draws on the knowledge and experience of the client
- Client is an active participant in the intervention process
- Assumption – Each client is in the best position to know which occupations are meaningful to him or her

- **CONSTRUCTION OF CARE PLAN: FORMS** Facts/Knowledge/ Questions Form, Intervention Plan Form: activity limitations, goals, functional outcomes, Treatment Plan Form: specific approaches, methods

Session /date	Meeting	Day	Time
1	Session 1	Monday	12-2:00 lunch
	Session 2	Friday	1: 00-4:00

Outcome Measures of CCPIC and Results

- Survey perception of roles – pre-test and post-test
  - All students had some change in various perceptions
- Interdisciplinary Education Perception Scale (EIPS), pre and post-test
  - Increased positive regard "thinking highly of other related professions"
- Readiness for Interprofessional Learning Scale (RIPLS)
  - 94% agreed that "learning with other students will help them to become more effective members of health care team".
- Informational mini modules, on-line quizzes
  - 100% completed modules, attaining at least 80% pass rate on   quizzes
- Comprehensive plan of care, written form and oral presentation, rated as
  - "unique experience", "personalized feedback", "broadened my view"
- Panel of clinicians
  - "students were very well prepared", wished they had IPE experience in their training
- Standardized university course evaluation
  - 80% neutral to very satisfied
- Reflection paper
  - "broadened my view", "can use in real practice", "worthwhile"

Future Plans

- Increase the number of participating students, including more medical students,
- Translation of IPE to a clinical patient care program

REFERENCES

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- Luecht R. M, Madsen, M., Taugher, M. P., & Petterson, B. J. (1990) Assessing professional perceptions: Design and Validation of an Interdisciplinary Education Perception Scale. Journal of Allied Health, 19 (1), 181 – 191.