### Rationale

Individuals with severe mental illness require multidisciplinary teams to address their psychiatric disorders, co-morbidities and poor social & occupational functioning. Psychiatric NPs & MDs need to communicate with each other & work as a team to provide optimal care.

### Barriers to teamwork:
- Traditional hierarchy & fear of losing authority
- Strife nationally limiting NPs’ scopes of practice
- Not knowing each others’ roles in working with patients

### Need to learn about & from each other

Each group brings their own expertise to clinical care; addressing hierarchical issues in a safe learning environment can improve teamwork skills.

### Purpose

Develop an IPE clinical simulation experience for medical & nurse practitioner students to teach teamwork & communication skills.

### Framework

#### University of Toronto IPE Constructs

**Learning on a Continuum:**
- EXPOSURE (Introduction)
- IMMERSION (Development)
- COMPETENCE (Entry to Practice)

#### Collaboration (Teamwork)

- Roles, Responsibilities, accountabilities & scopes of practice
- Decision making/critical thinking

#### Communication

- Listening
- Giving/receiving feedback
- Common language
- Dealing with Conflict

#### Values and Ethics

- Relational-centered
- Diversity centered
- Interdependence
- Creativity/Innovation

### Evidence Based Resources

**TeamSTEPPS developed by AHRQ & Department of Defense**—evidence based for teaching teamwork for health professionals

**University of Toronto IPE Core Competencies Curriculum**

This curriculum served as the foundation for the development of this simulation

Based on Reflection, Learning and Formative Assessment throughout health professions education

### Clinical Simulation Experience Plan

Clinical simulation experience will occur over 4 week time period to allow development of skills

Each team consists of one medical & one psychiatric NP student

**EXPOSURE = KNOWLEDGE**

- **Online Session 1:** synchronized platform (Blackboard Collaborate) for each team to communicate their pre-conceptions about each other’s professional roles in working with severe mental illness. Moderated & introduction of Team STEPPS concepts

**IMMERSION = SKILLS/BEHAVIORS**

**Standardized Patient Experience**

- Assess, plan, & implement health education using teamwork & communication skills in their team for a patient with Bipolar I Disorder

1st Visit/Debriefing: Each team conducts history on a SP based on established case. Attend moderated debriefing session to assess emotions & thinking process on communication & teamwork

**Online Session 2:** Teams work together via Blackboard Collaborate to prioritize & develop health education plan based on their patient’s health risks

2nd Visit/Debriefing: Teams implement health education plan with same SP & debrief

### Lessons Learned

**Benefit:**
- Framework led to organization of objectives & the “big picture” for progressing IPE throughout the health professions curriculum

**Challenges:**
- Difficult to use TeamSTEPPS program for outpatient setting. Most vignettes & examples are in patient & no mental health examples
- TeamSTEPPS training time consuming

### Future Steps

**Pilot Clinical Simulation**

- Recruitment November 2014
- Implement January to May 2015
- Identify gains & problems in process of learning teamwork & communication skills using qualitative analysis
- If successful, implement on larger scale at UMB

**COMPETENCE (Entry to Practice)**

Develop clinical practice experience using NP & medical student teams caring for individuals with severe mental illness over time

### Literature Cited


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