As a graduate assistant for the Department of Occupational Therapy, I have had the opportunity to work on a variety of projects over the past three years. When I reflect on my experiences in this position, I have a deep appreciation for the skills I have gained and the relationships I have formed. As part of my position, I have worked with the Jefferson Center for Interprofessional Practice and Education (JCIPE) to enrich and run the Team Care Planning (TCP) program. The TCP program brings together students from different healthcare disciplines to participate in a simulated discharge planning meeting with a patient and caregiver played by standardized patients. Prior to attending the interprofessional simulation, students are instructed to watch a series of short videos in which a nurse, physician, physical therapist, occupational therapist, pharmacist, physician assistant and social worker each meet with a patient who recently had a stroke and is preparing for discharge from acute care to the next appropriate setting. On the day of the simulation, students arrive and have a set amount of time to discuss the case, their profession’s viewpoint and role, and to create a plan for their meeting with the patient. Following the meeting, the students debrief about the experience with a trained leader. As a whole, the TCP program aligns with Jefferson’s mission to educate future professionals in a manner that will prepare them to provide integrated healthcare delivery.

Prior to dissemination this year, it was determined that the existing video clips were outdated and plans were made to create new ones. I was able to participate in the entire TCP process from creating the videos to sitting in on the discharge planning meeting, and debriefing with a group of students. While helping to recreate the videos and plan for the discharge meetings, I began to understand the value of the program for students who participate. As I watched each professional record their video segment with the standardized patient, I gained a new perspective about the role of each discipline and the ways in which they differ and overlap. By the end of filming, I could see that the patient’s care would have been far less comprehensive if even one of those disciplines hadn’t been part of the process.

These realizations were further reinforced on the day of the simulation when I observed a group of students plan and discuss their thoughts with the patient. Although students had some awareness of what their peers do, they gained more clarity about the specific skill sets of other professionals during the meeting. When debriefing, the students shared their newfound perspectives about the strengths and limitations of their own disciplines and how students from other programs were valuable in helping fill in the gaps. Specifically, many students commented on how the meeting would have been more effective if an occupational therapy student was present. As a future occupational therapist, these comments were extremely meaningful. This indicated that the students had an understanding of what an occupational therapist does and how they could have been of value in the meeting. This is not to be overlooked, as the role of an occupational therapist is notoriously misunderstood by the general public. Experiences such as TCP are vital because students can learn about interacting with other professionals in the classroom, but they gain so much more from real time interactions that challenge them to navigate the complexities of team relationships. Jefferson is ahead of the curve with its initiatives to incorporate real time, interprofessional interactions into educational curricula, and I feel extremely lucky to be able to participate in these experiences. I can confidently say that I will be a better occupational therapist because of it.