

Interprofessional Standardized Patient Experience (ISPE): Sharing Practical Skills to Enhance Teamwork and Collaboration

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SueAnne Mattson, Dalerie Lieberz, and Christine McConnell

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All workshop participants:

- Scan your badge barcode or sign in to each workshop
- Complete workshop evaluations (paper) and end-of-Summit evaluation (electronic)

Those who purchase CE credit:

- **MUST** sign in to receive credit
- Will be sent a certificate after the Summit

****If you would like CE credit but have not purchased it, see Registration

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Administrative support team

Disclosure

No financial relationships exist related to the ISPE presentation.

CSS and UMD collaborate to offer the ISPE and support this activity jointly. Data is currently being collected collaboratively via Qualtrics with use of data open to all collaborators.

Objectives

During this workshop, learners will:

1. Participate in a live Interprofessional Standardized patient Experience by conducting an interview representing a variety of health care disciplines
2. Engage in a structured debriefing process using evidence-based practices to develop an inter-professional plan of care
3. Understand the roles, responsibilities and expertise of various health care disciplines to enhance daily patient care practices

ISPE: Historical to current perspective

- Opportunity for student representation from various disciplines to come together and discuss a common client.
- Started in 2002-2003 with nursing, pharmacy and medicine as 5-year grant funded collaborative experience based on research that patient outcomes are improved with understanding other professionals' roles, educational background and values.
- 2005 Social work; 2014 PT; and 2015 OT joined team
- 2018: Collaboration with 6 disciplines, two separate higher education institutions from 3 campuses with both undergraduate and graduate students

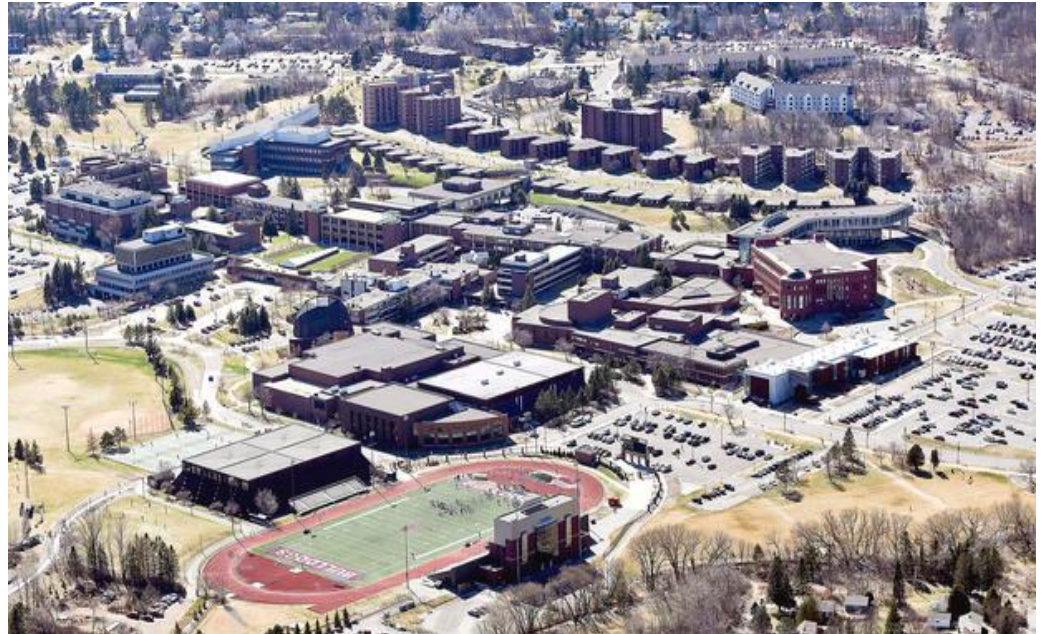
College of St. Scholastica

- **Private College with strong Catholic heritage**
- **Focus on healthcare programs**
- **Disciplines represented from both main and BlueStone campuses in Duluth:**
 - Nursing
 - Social Work (BS/ MSW)
 - Physical Therapy
 - Occupational Therapy





- **State University**
- **Disciplines Represented:**
 - Medicine (2nd year, remote branch from Minneapolis campus)
 - Pharmacy



Results of Collaboration:

6 core cases developed collaboratively with influence/ clinical expertise representing each discipline:

- Diabetes
- Alzheimers
- Stroke
- Heart Failure
- Low Back pain
- “Sore Shoulder” (domestic violence)

Standardized, trained, dedicated actors for case consistency

Each case has primary and secondary diagnoses and psychosocial concerns

Student Preparation

- The purpose is to use interviewing skills to gather subjective data; there is no physical assessment involved (except for general survey).
- Students do not need to prepare in advance for this experience; they already have the necessary knowledge and ability to excel. This experience is not graded but required.

Faculty / Actor Preparation

- Client is a paid actor given prepared script
- Facilitator is faculty member from one of the represented disciplines
- Faculty have entire case including snippets from each profession perspective
- Structured debrief for faculty

Setting the stage: Creating a clinical environment



Sequence of Events

- Introduction / overview of session.
- Pre-session Survey
- Case introduction: Chief complaint/ brief summary of reason for visit
- Individual student interviews (observed by peers)
 - *Nursing #1: 5 minutes
 - *Medicine: 7 minutes
 - *Nursing #2: 4 minutes
 - *Pharmacy: 6 minutes
 - *Physical Therapy: 6 minutes
 - *Occupational Therapy: 6 minutes
 - *Social Work: 6 minutes
- Debrief at the end; faculty lead discussion of case and roles
- Post-session Survey

Live Debrief:

What are your primary concerns for this patient?

What were your challenges?

What did each discipline contribute that was unique?

Comments from the patient

Detailed Dbrief: Facilitator Guided Reflection

1. How did you feel throughout the simulation experience?
 2. What is your primary concern for this patient at this time? Provide rationale.
 3. What did the group do well? What were the challenges, if any?
 4. If you could go back in and ask additional questions, what would you want to know more about? Or, what did you forget to ask?
 5. What is the “claim to fame” of each discipline? What unique perspective or area of expertise to you contribute to the overall plan of care?
 - a. What is the education level of each discipline (where are you currently at in your academic progression towards professional practice?)
 - b. How are the disciplines the same? How are they different?
 6. Consider: How much (or little) would we know about this patient if only one person had interviewed this person for 5-10 minutes (typical office visit)?
 7. What experiences to date do you have working with other disciplines?
- (Jeffries 2007; INACSL 2013)

Challenges

- Actor reliability (early years)
- Ineffective cases
- Weidman-Evans, et al 2017
- Administrative and financial sustainability
- Faculty credit / roles
- Capacity for participation
- Shared responsibility / no ownership

Successes

- Faculty commitment
- Student satisfaction
- Transition to practice
- Google Docs
- Collaboration
- Annual faculty meetings
- Individual programs determine where the ISPE fits in the curriculum

Questions:



References

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