PARALLEL PROCESSES IN INTERPROFESSIONAL EDUCATION (IPE)





This activity has been planned and implemented by the National Center for Interprofessional Practice and Education. In support of improving patient care, the National Center for Interprofessional Practice and Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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Pharmacists: This activity is approved for **1.5** contact hours (.15 CEU) UAN: **JA4008105-0000-18-056-L04-P**





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Jan Froehlich

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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

Our IP Team

Who we are...

- *Jan Froehlich, MS OTR/L
- Sally McCormack Tutt, PT, DPT, MPH
- Elizabeth Crampsey, MS OTR/L
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- ❖ Valerie Jones, LMSW
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- ❖Kira Rodriguez, MHS
- ❖Kris Hall, MFA





Campuses in Biddeford and Portland, Maine and Tangier, Morocco



THANK YOU IPEC!!



Session Objectives

- Participants will recognize the form and function of a unique model of IPE collaboration involving faculty, students and interprofessional team of community clinicians in a case based learning experience.
- Participants will identify the value of the parallel process of interprofessional, cross-discipline participation of faculty, students and community collaboration.
- Participants will have the opportunity to develop a plan outlining resources and infrastructure within their learning communities to create meaningful IPE opportunities.

Parallel Processes Evolution

2015-2017 Parallel Processes in IPE: Campus to Community

IP Faculty, IP Students and IP Community Team

2018 Parallel Processes in IPE: Collaboration Across Campus

IP Faculty, IP Students Across More Majors

***Same IP case based on complex team interactions

Parallel Processes in IPE: OVERVIEW

- 26 IP Teams of 7-8 students in numbered circles of chairs
- Numbered tables in perimeter of room for table top activities
- Pre-Session Activities Communication Survey, Review Case and IP Competencies
- Two Two hour IP sessions
- Post-Session Activities Communication and ICCAS Surveys

STUDENT OBJECTIVES

By the end of the two sessions students will:

- 1. Demonstrate effective team communication skills (active listening, take a non-judgmental stance, respectful communication, etc).
- 2. Demonstrate an understanding of their role and responsibility on an interprofessional team.
- 3. Practice the values and ethics of an interprofessional team.
- 4. Demonstrate the ability to learn about, with and from their interprofessional team colleagues to enhance patient care.

COLLABORATING ACROSS CAMPUS: PARALLEL PROCESSES IN IPE

Session 1

INTRODUCTIONS IN YOUR GROUP

Introduction

- Name?
- Where did you grow up?
- What is your program of study?
- Roses and Thorns (What is going well and what is challenging in your life?)
- Take turns asking the question:
 - What do you think the following professions do OT, PT, SW, NRS, Pharm, PA?

LARGE DISCUSSION

What surprised you about your group discussion?





Team Building Activity



Debrief



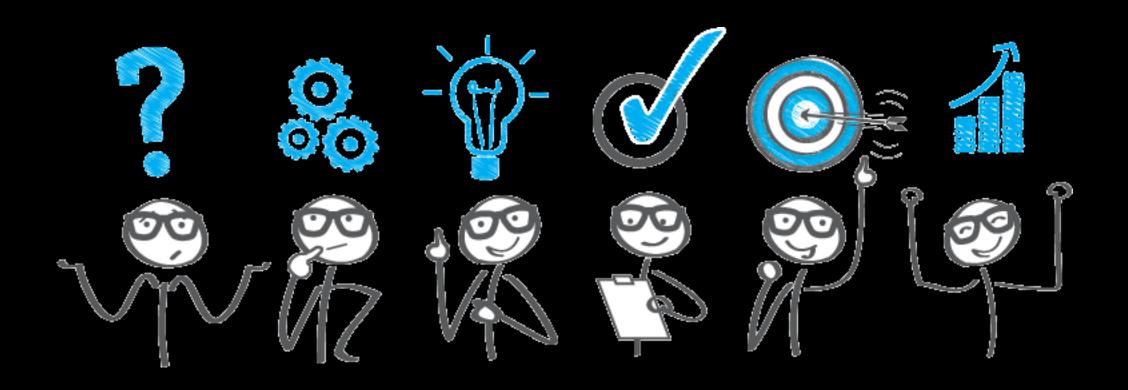
Small Group Discussion



Break - 10 Minutes



Summary



Case Information: Jim

- Caucasian Male
- 45- year old
- Height 6"4" Weight: 811.8 lbs

Past Medical History

- Hypothyroidism
- Morbid Obesity
- Suspected Undiagnosed Sleep Apnea

Chief Complaints

- Rash
- Shortness of breath
- Right leg cellulitis



Case Information

Skin Issues

- Right Lower Extremity Cellulitis (bacterial skin infection)
- Vasculitic Rash (blood vessels reacting to an inflammatory process): chest spreading to upper and lower extremities & back with ulcerated lesions
- Excoriated (abraded, "rubbed raw") asymmetric abdominal pannus (tissue hanging over other organs) weeping serous fluid
- Left pre-tibial ulcer

Case Information

Social Issues

- Lives with elderly mother and aunt
- Receives home health services

Per patient report:

- Several months ago he was able to shovel his porch, grocery shop, and climb several steps
- Enjoys chopping wood, fishing and shopping
- Disabled for 5 years

CASE: Jim

This was an actual patient case, and interprofessionalism was central

Here are the disciplines that were involved in Jim's care:

- Cardiology*
- Nutrition*
- Wound Care
- Social Work
- Dermatology*
- Physiatry
- Psychiatry
- Nephrology

- Care Coordination
- Urology*
- Rehabilitation Medicine
- Mental Health Nurse Specialist*
- Pain and Palliative Care*
- Bariatric Surgery*
- Respiratory Therapy
- Ergonomics Specialist

^{*} care provided by PA/NP providers in this specific case

SMALL GROUP DISCUSSION

Noticing

- -What did you notice when initially confronted by the situation?
- -What did you notice as time when on? **Interpreting**
- -What did you think about the situation?
- -How did you past experiences (personal or professional) provide a context for this situation?
- -Where there similarities? Differences?
- -What other information did you need, or determine you needed to address the situation? How would you get it?
- -What did your understanding (data and interpretation) of the situation lead you to believe?

Responding

-Describe your response to the situation, what were the steps and actions that were taken? What would your role be for this individual? As part of the team?

Reflecting

- -Were your horizons (personally or professionally) expanded by this IPE interaction?
- -What additional knowledge, support, information would you need if you found yourself in a similar situation in the future? Describe how this case challenged you, your skills, and/or your values and feelings?









COLLABORATING ACROSS CAMPUS: PARALLEL PROCESSES IN INTERPROFESSIONAL EDUCATION Session 2

SMALL GROUP DISCUSSION

Noticing

- 1. What additional information would you like/need?
 - a. How could you get this information?

How did your group decide/determine this information was needed?

Interpreting

1. What are the top 5 priorities that your group identified for Jim's care?

How did your group decide/determine what the top 5 priorities would be?

Responding

- 1. What disciplines would be the most critical to be involved early in the Jim's care?
 - a. Why does your group feel that way?

How did your group decide/determine what other disciplines would be most critical to intervene early?

Reflecting

- 1. Is there a discipline that was not in your group that you felt was critical or needed?
 - a. What discipline(s) were they?
 - b. How do you envision that they could contribute?
 - i. What do the students in this discipline feel about this?

How did your group decide/determine what other disciplines would be helpful?

Debrief

- Who are the most critical team members in the first week?
 Beyond?
- What did your team decide were the top 5 priorities as you developed your plan of care?
- What does your team think are Jim's goals? What are your goals as a practitioner of your discipline?
- What information do you need? How will you get it?
- What was it like to not have all the information?
- How did your team cope with that?
- Where does your noticing, interpreting, responding, reflecting? What did you know? What did you think you knew? What do you need? How would you get the information, and what would you next steps be? Are there any positives in not knowing the answers?

Jim's Vitals

Temperature: 95.7 F

Pulse: 132 bpm

Cardiac rhythm: atrial

fibrillation

RR: 27 bpm

BP: 132/98 mmHg

Sp02: 95% on 6L NC

Sp02: 84% on room air

Prior to admissions patient was taking Levothyroxine

At outside hospital was recently started on Keflex and minocycline H\CL

-> -> Any of these outside of the norm, which are you concerned about?

Reflections

- How do we go about getting baseline information?
- From your discipline perspective, how might Jim's habitus be a barrier to care?
- How did we interprofessionally collaborate?
- How important is bias and reflection?
- How do we care for ourselves and the patient?

Rehab and Progress

- What do you think happened as he was admitted on a Friday evening?
- How many people did it take to get Jim up? How do you think it was done? What did he wear? How did he sit? Stand? Walk?
- Physical Therapy Evaluation on Hospital Day 3
- Dependent for all mobility
- Unable to move patient from left sidelying position due to lack of proper equipment
- Occupational Therapy Evaluation on Hospital Day 4
- Dependent for all ADLs

Goals: His, Ours....

The patient:

Wanted to get home to his 84 year old mother



The therapists:

Pre admission function

Equipment requirements

Staff requirements

Discharge plan



Barriers and Progress

EVS, Schedule, Resources, Advocacy, Training, Rapport building

Sitting on hospital day 4

Standing on hospital day 6

Transfers on hospital day 12

Walking 25 feet on hospital day 21

Independent in bed mobility on hospital day 31

Walking 100 feet on hospital day 33

Along with the Village, we needed specialty equipment- how did your discipline contribute?

KCI BariMaxx II Bed

Sizewise Bari-Rehab Platform

Bed

Guldmann Ceiling Lift System

Guldmann Lift Slings

Bariatric Wheelchair

Bariatric Walker

Bariatric Commode

HoverJack/HoverMatt























The end of the story (as we know it)



Lost 100 lbs during hospitalization

Sister in CT provided some helpful (ish) information

Home services in his area refused to attend.....

Discharged to a skilled nursing facility (very short lived), refused out of state options

Re-hospitalization 2 months later due to rapid a-fib (guess who was re-consulted)

Hospitalization 6 months later for excision of infected pannus (another 100 lbs down)



Instructions

- 1. Each team has 12 minutes to build the tallest, free-standing structure using the materials supplied to each group.
- 2. The marshmallow must be attached to the top of the structure you build.
- 3. After 12 minutes, I will measure the height of each structure that remains standing with the marshmallow on top.
- 4. The winner is the team whose free-standing structure is the tallest.

Small Group Debrief

- Did a leader emerge? How did this happen?
- If one leader did not emerge, was there shared leadership?
- How did you approach this challenge as a team?
- How was the teams approach to this challenge different from your approach to the puzzle activity? How was it the same?
- Did everyone have a role in completing the challenge?
- What went well? What could have gone better?
- In retrospect, what would you have done differently?

Large Group Debrief



What went well?

 In retrospect, what would you have done differently?

Parallel Processes

Summer 2017 Evaluation Results

Methods

- Pre- and Post- surveys administered electronically (SurveyMonkey)
- Surveys included:
 - ISVS (9-item, A/B equivalent versions)¹
 - Communication Scale (10 item, internally designed)
 - Qualitative feedback questions
- Final N = 55 linked pre-post surveys
- Analysis included descriptive and paired t-tests, inductive thematic analysis

Survey Response Rate by Health Profession

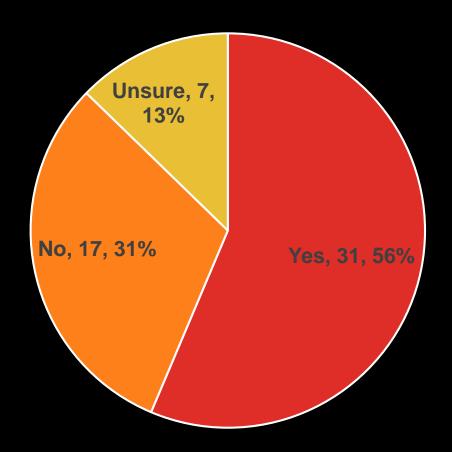
| Health Profession | Surveys (linked) | Attendees | Survey Response Rate |
|----------------------|------------------|-----------|-------------------------|
| | | | 70 70/ |
| Social Work | 8 | 11 | 72.7% |
| Occupational Therapy | 26 | 53 | 49.1% |
| Nursing | 5 | 14 | 35.7% |
| Physical Therapy | 16 | 58 | 3 27.6% |
| TOTAL | 55 | | |

Health Profession Representation Survey vs. Attendees

| | Surveys (linked) Count % of surveys | | Attendees Count % of attend | | |
|----------------------|--|------|-----------------------------|------|--|
| Social Work | 8 | 15% | 11 | 8% | |
| Occupational Therapy | 26 | 47% | 53 | 39% | |
| Nursing | 5 | 9% | 14 | 10% | |
| Physical Therapy | 16 | 29% | 58 | 43% | |
| TOTAL | 55 | 100% | 136 | 100% | |

Prior IPE Experience

Had you ever participated in any Interprofessional Education courses, activities, service learning or trainings prior to this?



Interprofessional Skills & Attitudes

ISVS & Communication Scale Results

ISVS Total Score Changes Pre to Post

| | Mean | N | Std. Deviation | Std. Error Mean |
|----------------------------|-------|----|----------------|-----------------|
| ISVS9A Total Score Pre | 47.75 | 53 | 6.13 | .84 |
| ISVS9B Total Score Post | 49.81 | 53 | 7.94 | 1.09 |

ISVS 9A (Pre-Test) Mean Ratings by Item

I believe that the best decisions are made when members openly share their views and ideas

I have gained an appreciation for the importance of having the client and family as members of a team

I feel comfortable in accepting responsibility delegated to me within a team

I am comfortable engaging in shared decision making with clients

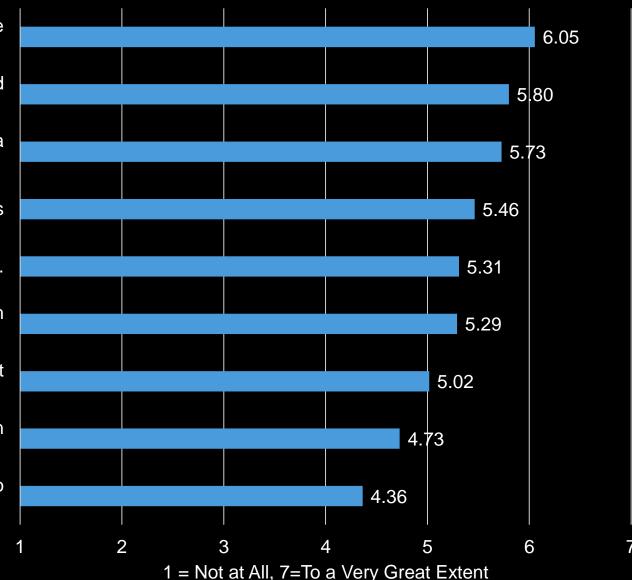
I am able to share and exchange ideas in a team discussion.

I feel comfortable in describing my professional role to another team member

I feel comfortable in speaking out within the team when others are not keeping the best interests of the client in mind.

I have gained an enhanced awareness of roles of other professionals on a team

I have gained an enhanced perception of myself as someone who engages in interprofessional practice.



ISVS 9B (Post-Test) Mean Ratings by Item

I believe that it is important to work as a team

I feel comfortable in being accountable for the responsibilities I have taken on

I feel comfortable in clarifying misconceptions with other members of the team about the role of someone in my...

I am able to negotiate more openly with others within a team

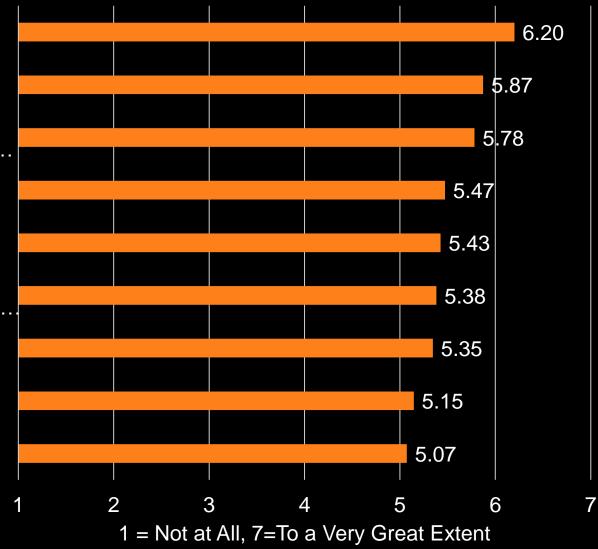
I have gained a better understanding of the client's involvement in decision making around their care.

I have a better appreciation for the value in sharing research evidence across different health professional..

I see myself as preferring to work on an interprofessional team

I feel comfortable being the leader in a team situation

I have gained an enhanced awareness of my own role on a team

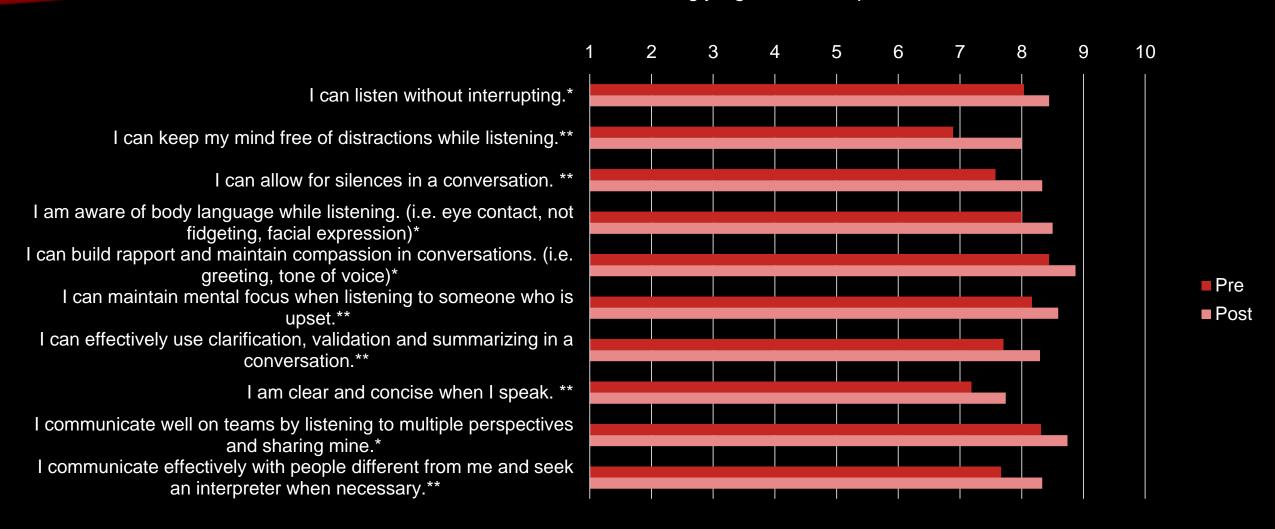


Communication Scale Total Score Changes Pre to Post

| | Mean | N | Std. Deviation | Std. Error Mean |
|---|-------|----|----------------|-----------------|
| Total Communication Score Pre (10 items) | 77.98 | 54 | 8.74 | 1.19 |
| Total Communication Score Post (10 items) | 83.85 | 54 | 9.10 | 1.24 |

Communication Scale Items - Pre vs Post

1 = Strongly Disagree/Much Improvement Needed, 10 = Strongly Agree/Little Improvement Needed



Summary

40% Survey Response Rate – differed by HP

- Quantitative Scales (IP Attitudes & Skills)
 - Slight increase in overall score but not statistically significant change for ISVS 9-item total score,
 - Communication scale all items increased significantly (paired, two-tailed t-test, p<.05) as did total score (p<.001)

Summary Parallel Processes 2017

Qualitative Feedback

- Favorite things = Meeting & Collaborating with other HP students, Real-Life case example, and Panel of health professionals
- Change or Improve = Condense into 1 session with no outside group meetings, More background details and clarity on expectations for case, and Less processing of group work at end
- Impact on practice = Increased understanding of other health professions' roles, Increased confidence in collaborating, Improved understanding of collaboration to serve client better, Improved communication and listening skills

Preliminary Data Parallel Processes 2018

Potential Collaborators

Administrative Support

Scheduling

Pre and Post-Tests

Huddles

Parallel Processes at Your Institution Building an IPE Team



Report Back





References

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