

Interprofessional education during internships

NORTHWEST INTERMOUNTAIN CONFERENCE

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SCHOOL OF
PHYSICAL
THERAPY

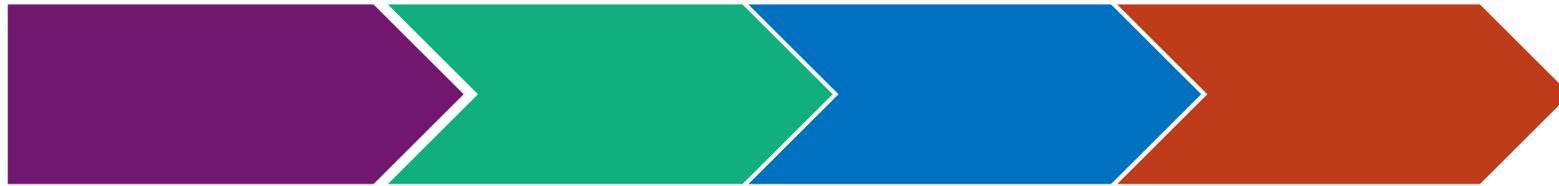
Disclosure

- ▶ The presenter does not have any financial compensation or connection to any other affiliation.

Objectives

- ▶ **Review** definitions important to interprofessional education and practice
- ▶ **Introduce** theories that link interprofessional education and practice
- ▶ **Identify** the four IPEC competencies
- ▶ **Analyze** different interprofessional assessments.
- ▶ **Appraise** research on catalysts for and detractors to interprofessional education on students in terminal clinical internship.
- ▶ **Discuss** your catalysts and detractors
- ▶ **Explain** the CAPTE requirements that revolve around interprofessional education
- ▶ **Create** a way to include interprofessional practice in clinical education
- ▶ **Formulate** a way to include interprofessional practice in clinical education

Road map to the discussion



- ▶ Interprofessional definitions
- ▶ Study – Purpose, Methods, Quantitative Results
- ▶ Qualitative Results
- ▶ Open discussion on your catalysts and detractors

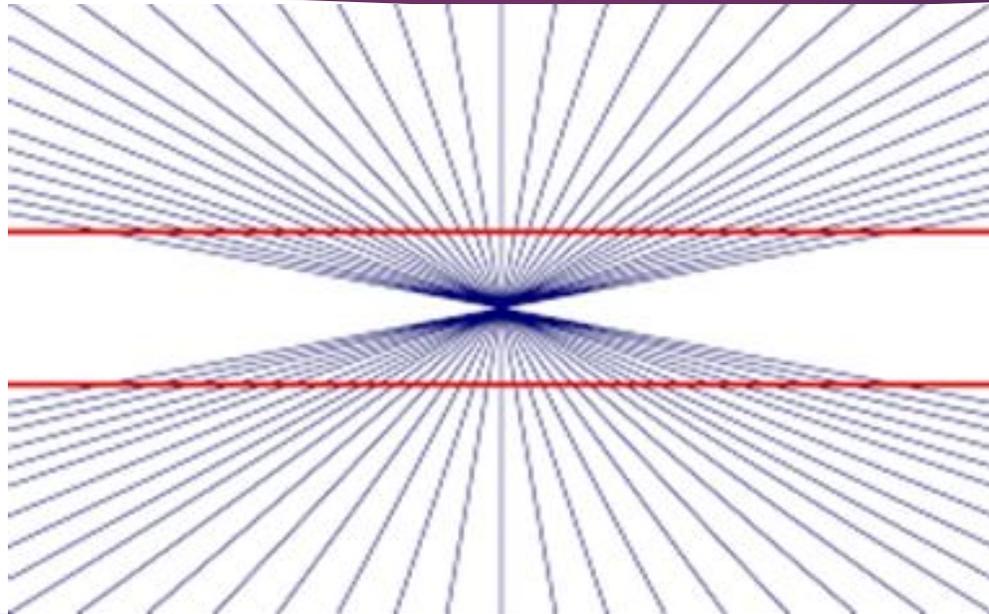
Definitions

Interprofessional Education (IPE) - As defined by the World Health Organization, "occurs when two or more professions (students, residents and health workers) learn with, about, and from each other to enable effective collaboration and improve health outcomes."^{1,2}

Interprofessional practice (care) - As defined by the World Health Organization, "occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings."¹

Within a Nexus, interprofessional education (IPE) and collaborative practice (CP) are truly integrated.

NEXUS



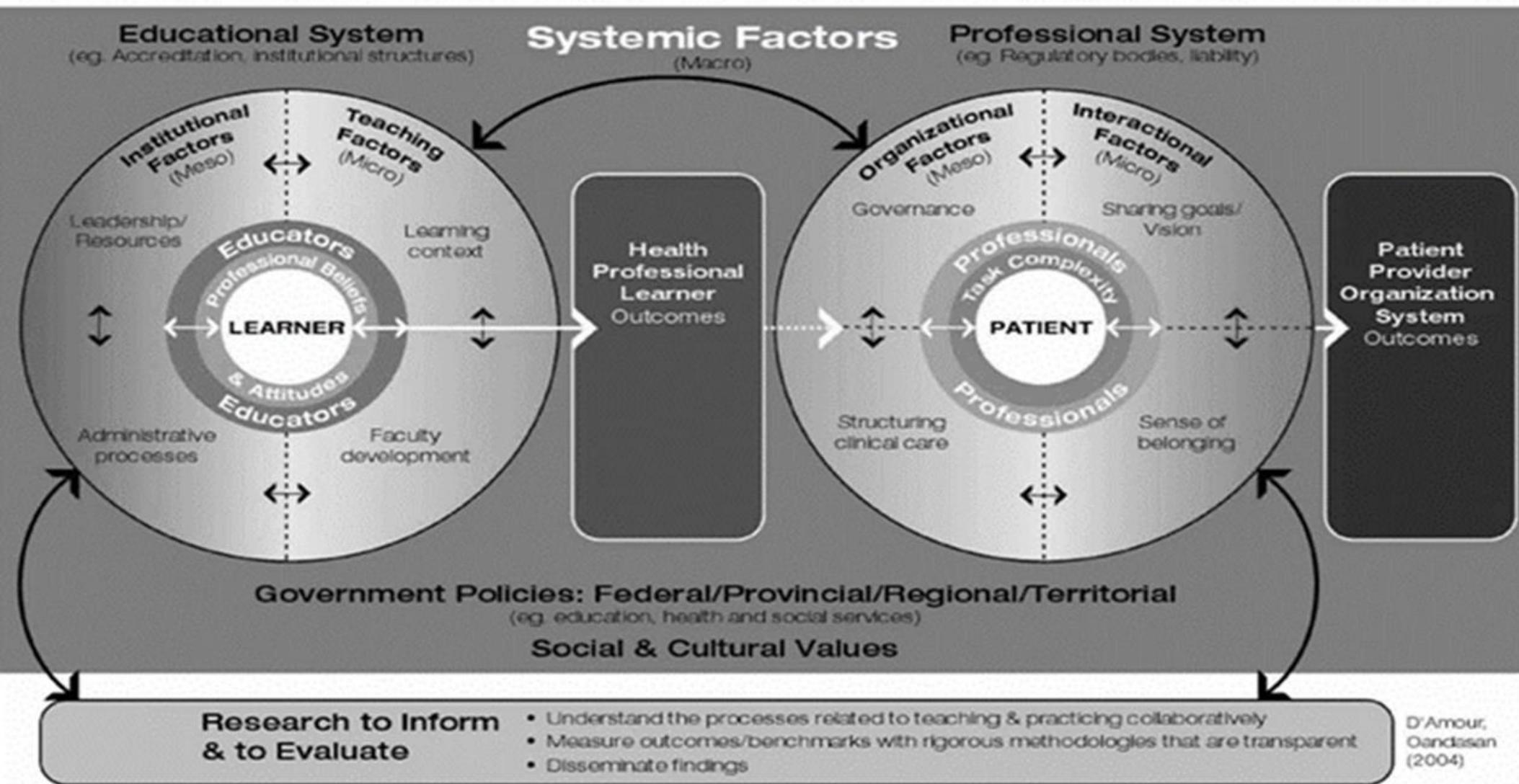
NATIONAL CENTER for
INTERPROFESSIONAL
PRACTICE and **EDUCATION**

Interprofessional Education for Collaborative Patient-centred Practice: An Evolving Framework

Interprofessional Education
to Enhance **Learner** Outcomes

◀ Interdependent ▶

Collaborative Practice
to Enhance **Patient Care** Outcomes



Health Professional Education

Student Learners

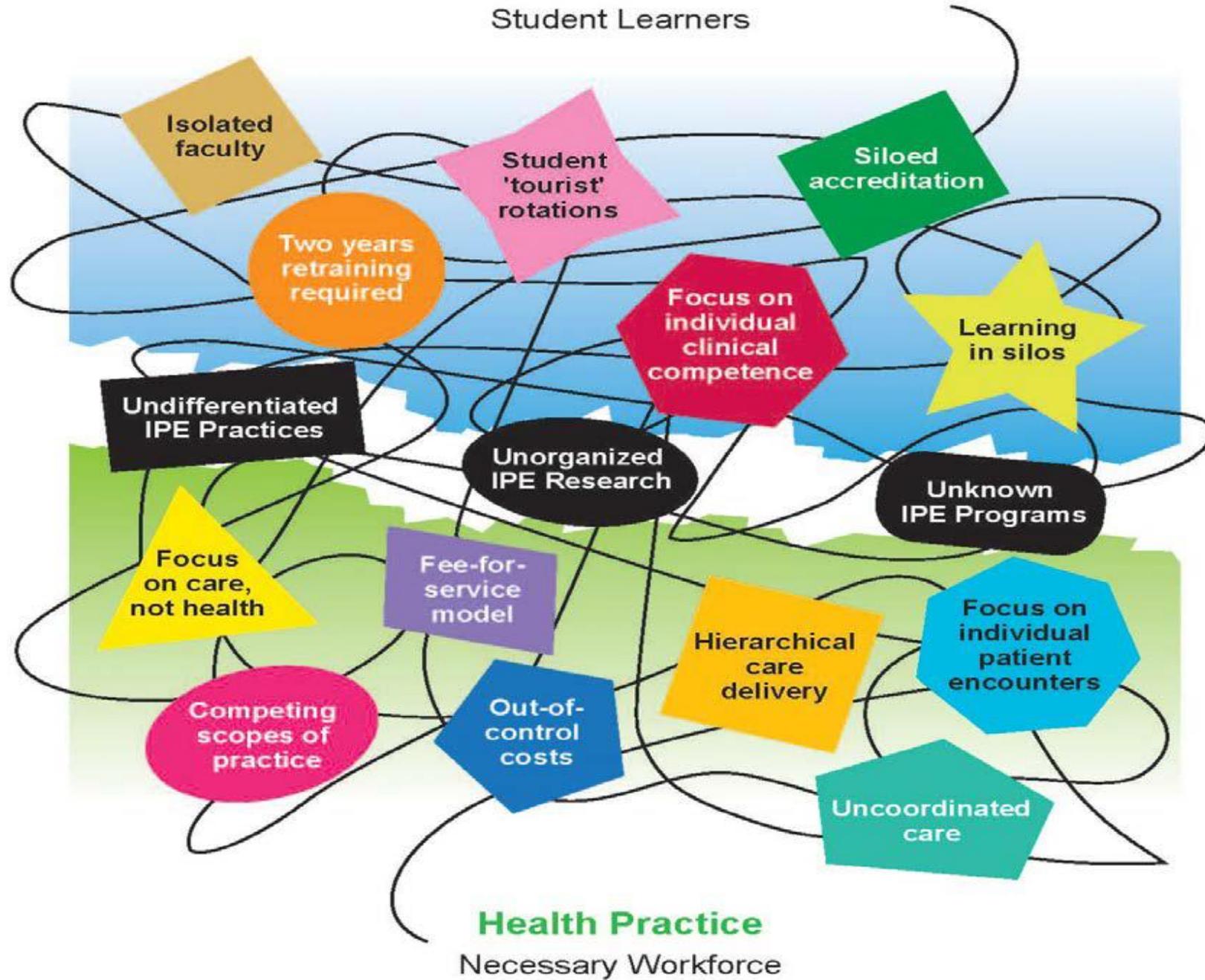


Figure from Barbara Brandt

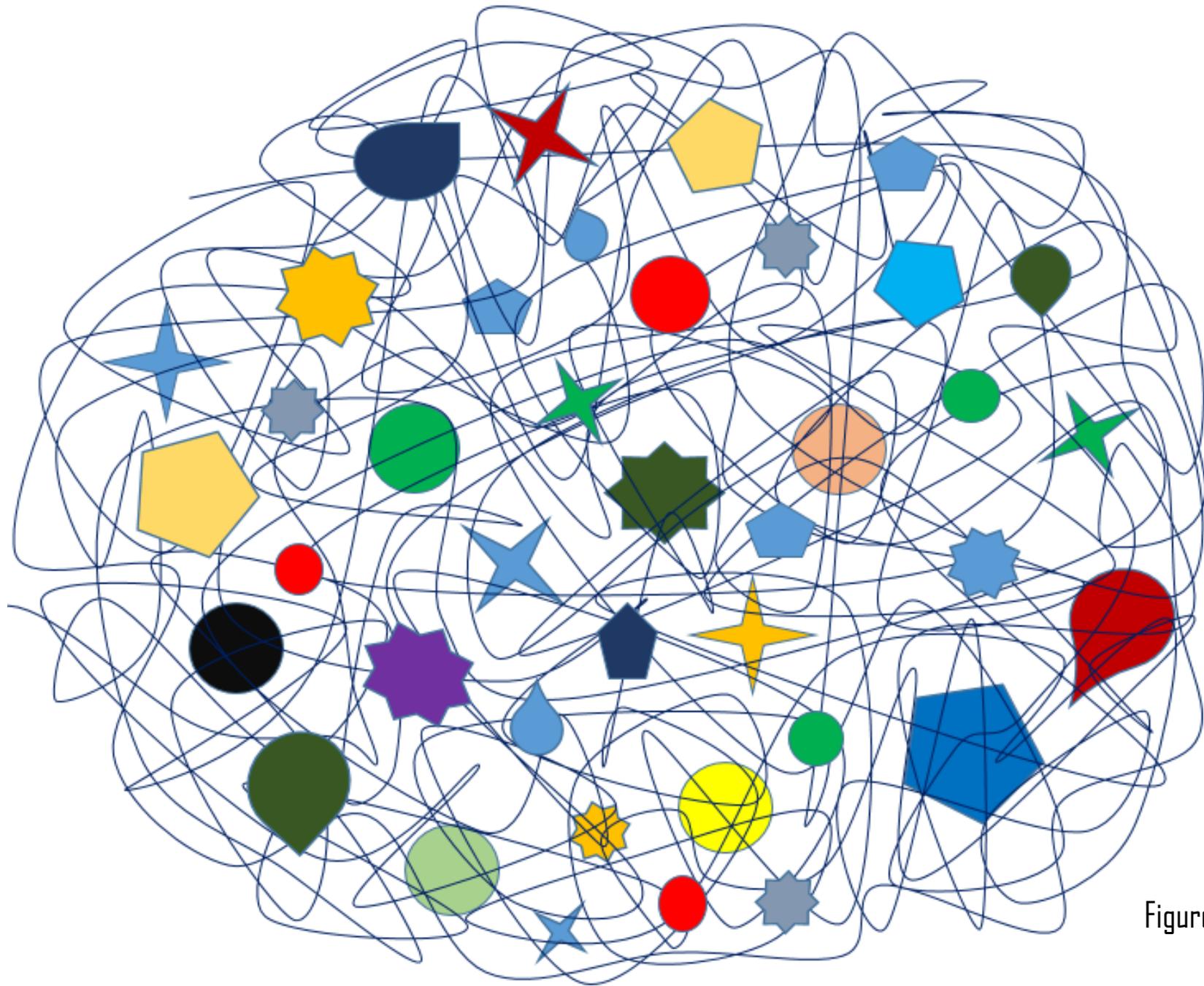


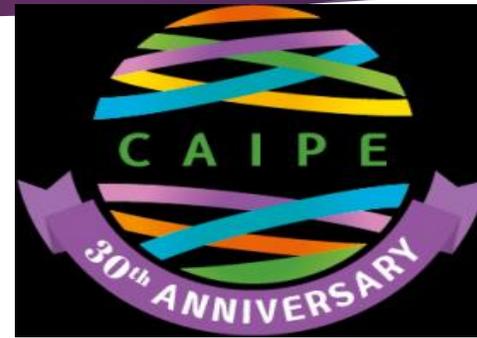
Figure from Barbara Brandt

What are the interprofessional skills?^{6,7}



Interprofessional Education Collaborative
Connecting health professions for better care

- ▶ Communication
- ▶ Roles and Responsibilities
- ▶ Values and Ethics
- ▶ Teamwork



*Centre for the Advancement of
Interprofessional Education*

- Communication
- Roles and Responsibilities
- Collaboration
- Collaborative patient/client-family centered approach
- Team functioning
- Conflict mgmt/resolution

IPEC competencies⁴

Competency 1

Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)

Competency 2

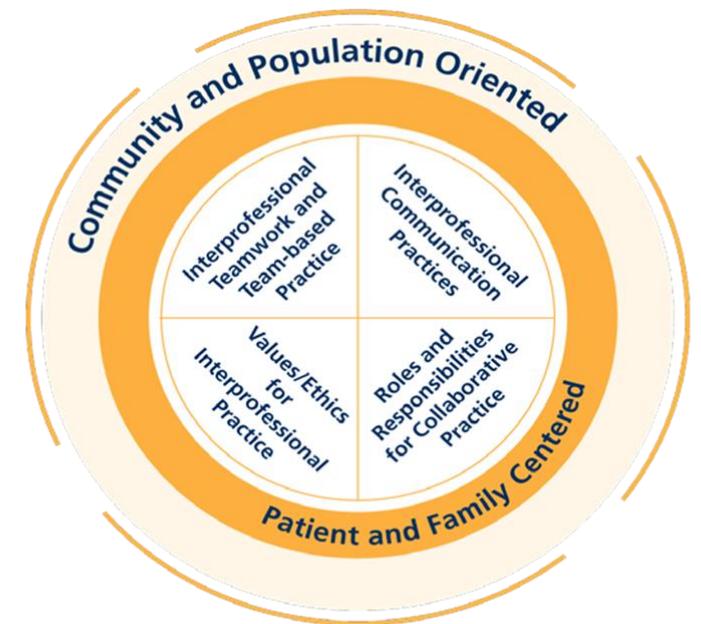
Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs **of patients** and **to promote and advance the health of populations**. (Roles/Responsibilities)

Competency 3

Communicate with patients, families, communities, **and professionals in health and other fields** in a responsive and responsible manner that supports a team approach to the **promotion and** maintenance of health and the **prevention and** treatment of disease. (Interprofessional Communication)

Competency 4

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to **plan, deliver, and evaluate** patient/populationcentered care **and population health programs and policies** that **are** safe, timely, efficient, effective, and equitable. (Teams and Teamwork)



The Learning Continuum pre-licensure through practice trajectory

Interprofessional Collaborative Assessment Rubric (ICAR)



- ▶ 18 question assessment tool with 9 point Likert scale to assess healthcare students on IP skill.
- ▶ The questions are divided into six categories that follow the CAIPE – Center for the Advancement of Interprofessional Education requirements
- ▶ The six categories are:
 - ▶ Communication,
 - ▶ Collaboration,
 - ▶ Roles and responsibilities,
 - ▶ Collaborative patient/client-family centered approach,
 - ▶ Team functioning
 - ▶ Conflict mgmt/resolution
- ▶ These descriptive points were converted to a 9 point numerical rating scale (0-not observed to 9-well above average)
- ▶ (Curran et al, 2011; Hayward, Curran Curtis, Schulz and Murphy, 2014).

ICAR - Interprofessional Collaboration Assessment Rubric

This scale displays a valid set of interprofessional (IP) competencies. While the intent is for you to be rated by your clinical instructor, we also would like your self-assessment of these IP competencies. For each of the statements below, click the bubble which corresponds to your assessment of your performance.

Communication: Ability to communicate effectively in a respectful and responsive manner with others ("others" includes team members, patient/client, and health providers outside the team).

2. Communicates with others in a confident, assertive, and respectful manner.

Well below average	Below Expected	Expected	Above Expected	Well Above Expected	Not Observed
<input type="radio"/>					

3. Communicates opinion and pertinent views on patient care with others

Well below average	Below Expected	Expected	Above Expected	Well Above Expected	Not Observed
<input type="radio"/>					

4. Uses communication strategies (verbal & non-verbal) appropriately in a variety of situations

Well below average	Below Expected	Expected	Above Expected	Well Above Expected	Not Observed
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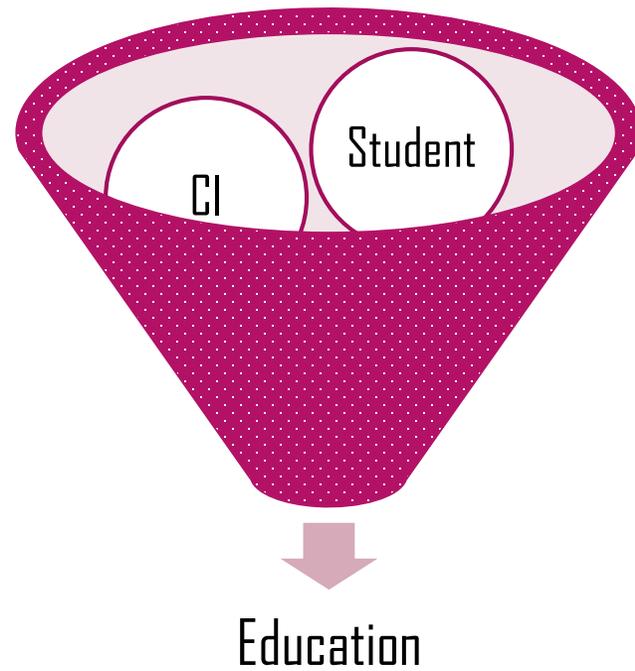
5. Communicates in a logical and structured manner

Well below average	Below Expected	Expected	Above Expected	Well Above Expected	Not Observed
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Prev

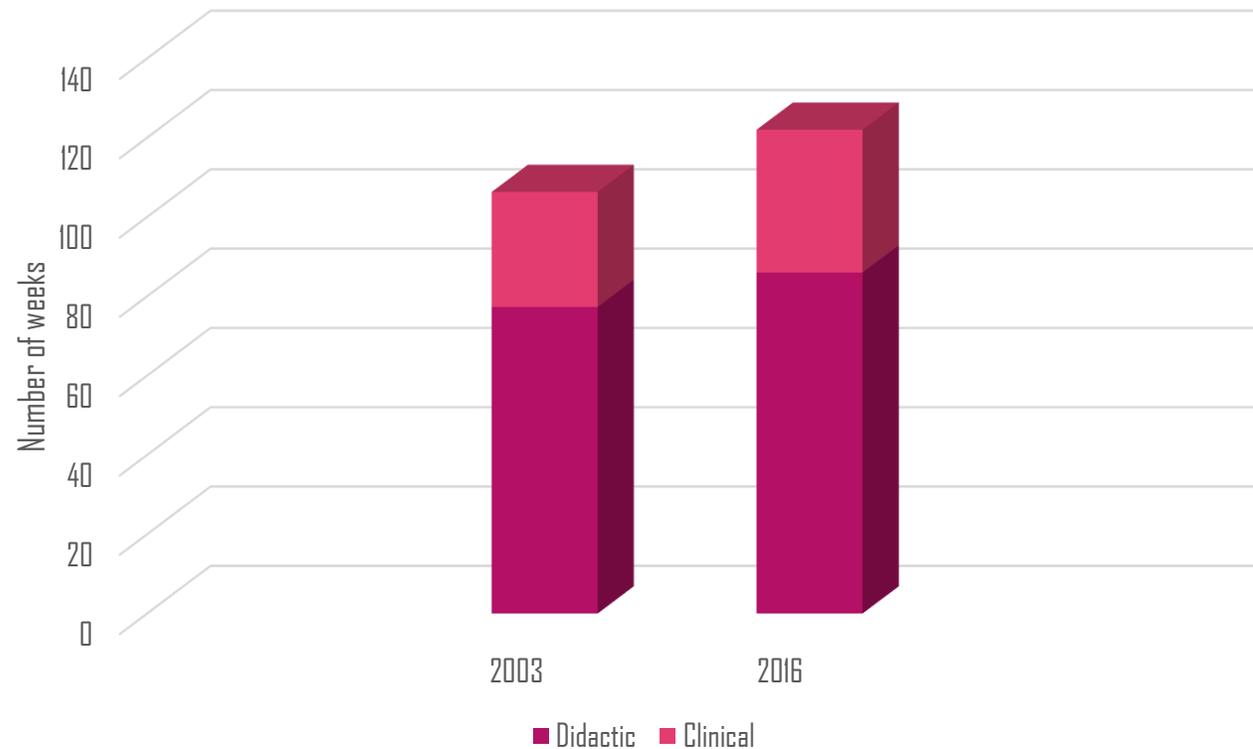
Next

Workplace Learning Theory



Workplace Learning in Physical Therapy Education⁵

Average PT program



Purpose

The purpose of this mixed method, sequential pre-experimental study was to measure students interprofessional skill during their terminal internships and then explore the strategies used to enhance interprofessional skills.

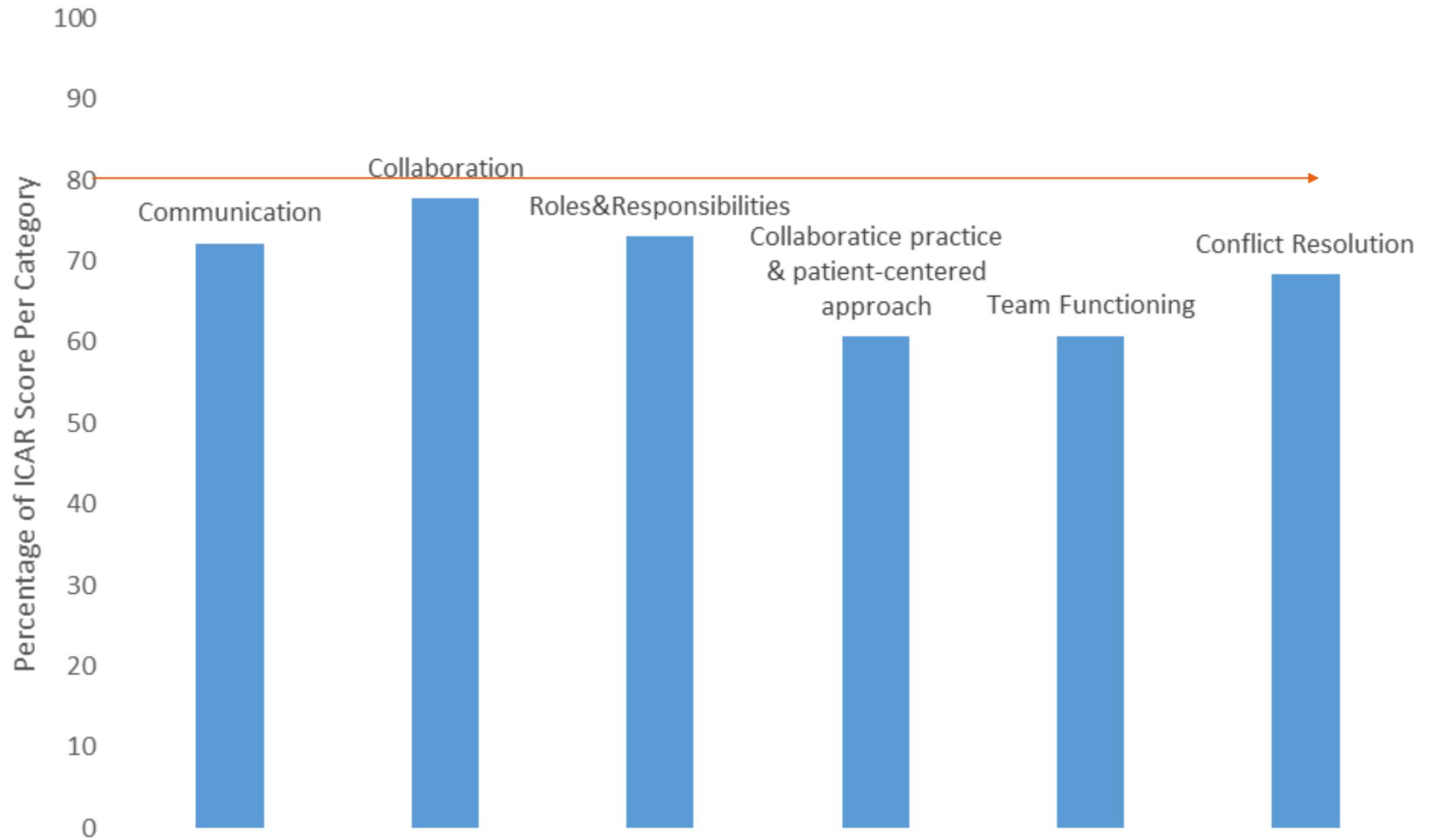
Methods

1. Quantitative assessment of physical therapy students' interprofessional competencies during terminal clinical internships occurred six weeks prior to completion of the internship via an online version of the Interprofessional Collaboration Assessment Rubric (ICAR).
2. Interviews with clinical instructors and students then augmented quantitative data through open-ended discussions of interprofessional learning in the clinic regarding factors that enhanced and detract from interprofessional learning.

Quantitative results

- ▶ Mean 85/162
- ▶ Range 50-114
- ▶ Category Mean
 - ▶ Communication 26/36 (72%) "Expected"
 - ▶ Collaboration 28/36 (77%) "Expected"
 - ▶ Roles & responsibilities 19/27 (70%) "Expected"
 - ▶ Collaborative practice & client/family centered approach 11/18 (61%) "Expected"
 - ▶ Team functioning 11/18 (61%) "Expected"
 - ▶ Conflict management 19/27 (70%) "Expected"

Percentage of ICAR Score Per Category



ICAR Question Mean

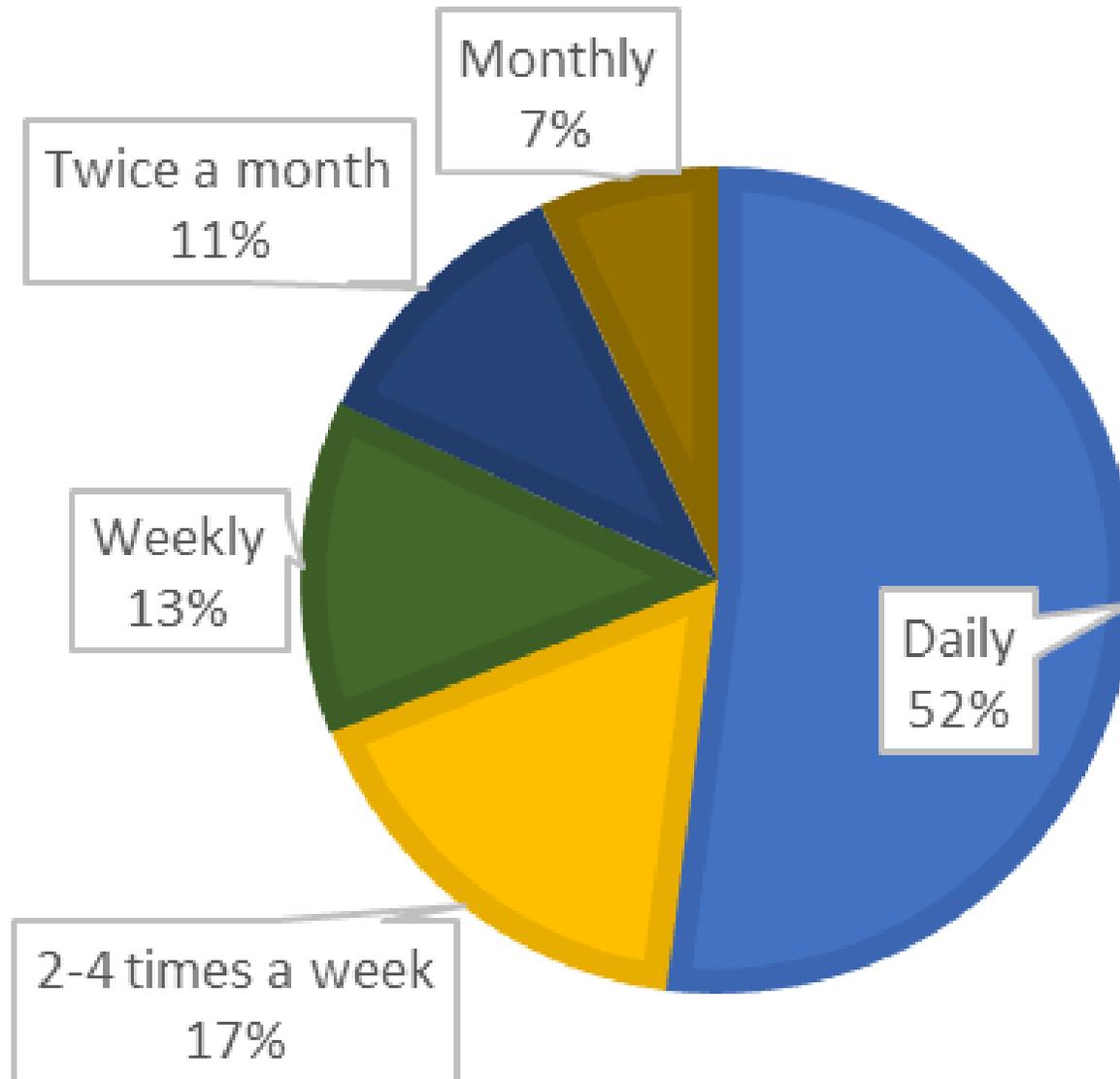
- ▶ Question mean 5.1-6.8/9
 - ▶ Expected or above expected
- ▶ Highest: Collaboration:
 - ▶ Students ability to establish collaborative relationships with others
 - ▶ Integrates information and perspectives from others in planning and providing patient/client care
- ▶ Lowest: Team functioning
 - ▶ Contributes to interprofessional team discussions
- ▶ Not applicable 5.1/9 in conflict management
 - ▶ Uses appropriate conflict resolution strategies to manage and/or resolve conflict

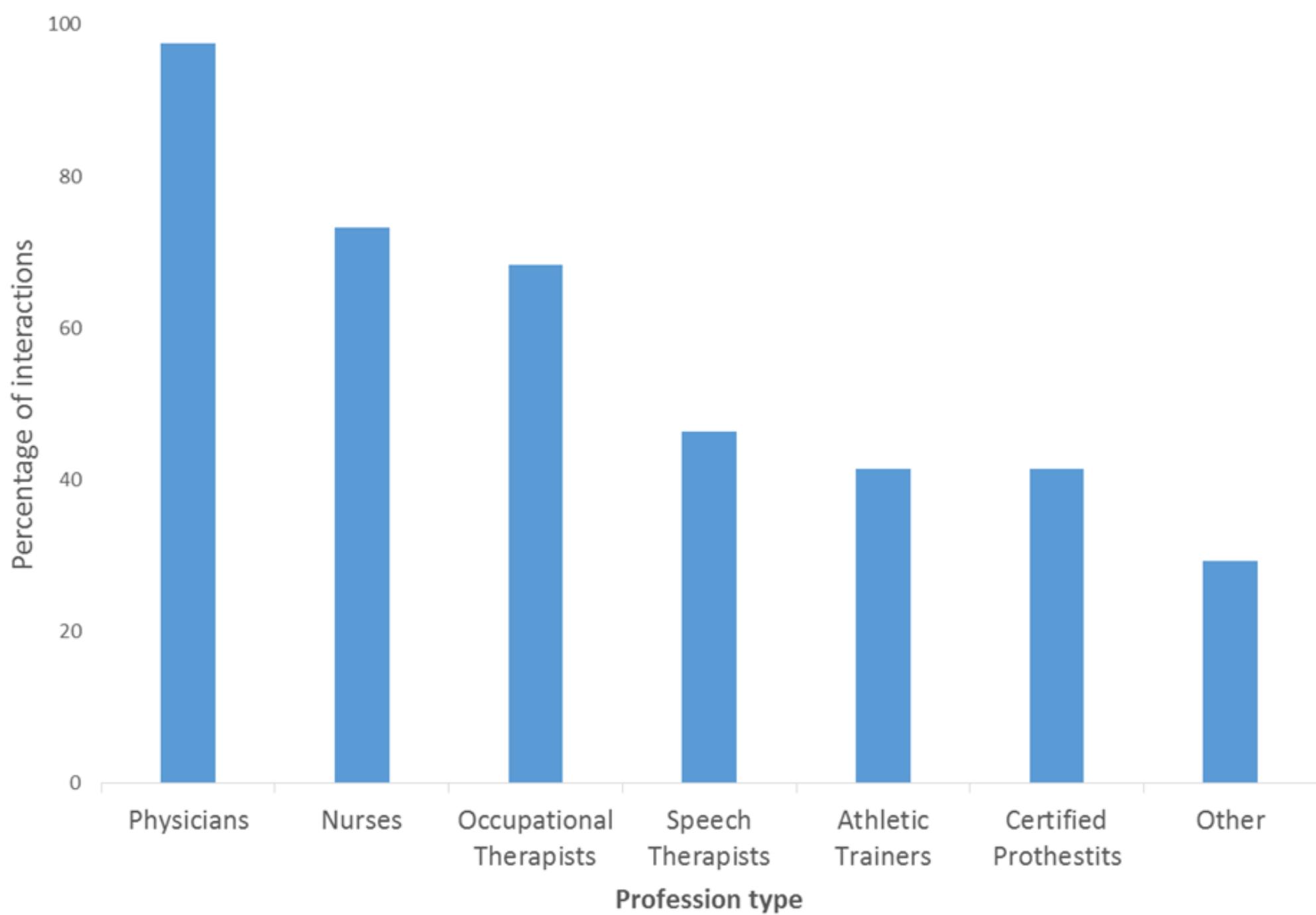
Setting

- ▶ 65% in outpatient orthopedic settings
- ▶ 35% acute/SNF, pediatrics, rehab or outpatient neuro setting
- ▶ Frequency of interprofesional activity: 52% "daily"

FREQUENCY OF INTERPROFESSIONAL INTERACTION

- Daily
- 2-4 times a week
- Weekly
- Twice a month
- Monthly





Results - demographics

Student

- ▶ 40/56 participants (71%)
- ▶ 72% female
- ▶ 28 yr. old avg (24-41 range)
- ▶ 3.69 GPA
- ▶ 77% not participate in on campus IP coursework
- ▶ 74% traditional 2x12week
- ▶ 9% 24 week, or 8 week + GH

CI

- 76% female
- 67% 6-10 years experience
- 37% > 10 years (1-31)
- 58% CIECP
- 62% did not hold an APTA board specialty

	N	Mean	SD	t	p
Years of Practice					
<10 years	25	86.2	13.34	-	-
>10 years	15	91.67	16.13	-	-
Total	40	88.93	14.73	0.564	0.576
Freq of interaction					
Daily	19	83.68	15.53	-	-
<Daily	20	93.4	11.83	-	-
Total	39	88.54	13.68	0.407	0.686

Results: Catalysts – Quality of Communication Counts



"In my experience so far, I have had an opportunity to communicate in rounds led by a physician with PT, OT, speech, rec therapy, nursing, just everybody. The communication is sometimes just reporting and sometimes it's a little more back and forth."

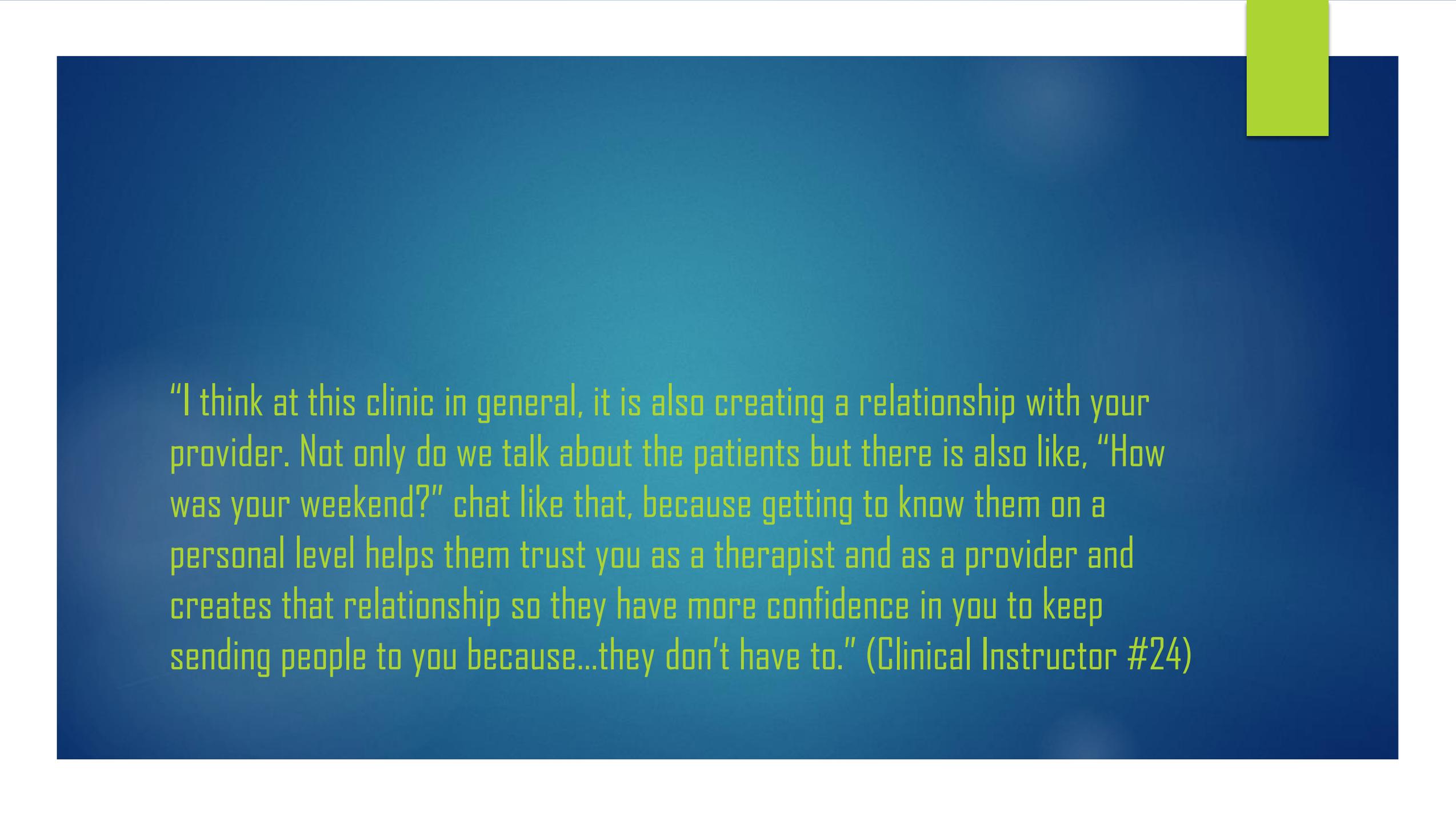


Modeling



Informal Relationships

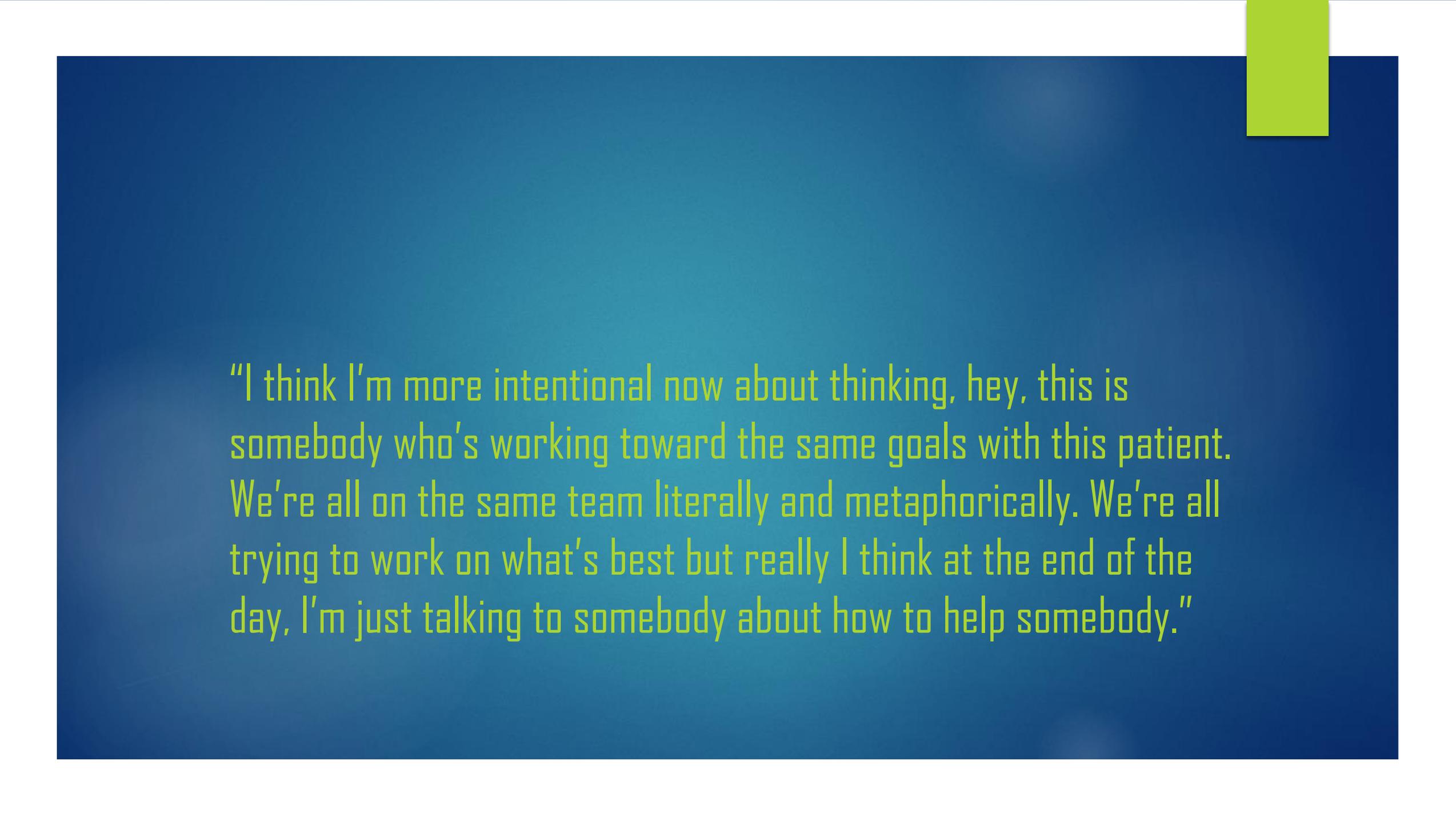




“I think at this clinic in general, it is also creating a relationship with your provider. Not only do we talk about the patients but there is also like, “How was your weekend?” chat like that, because getting to know them on a personal level helps them trust you as a therapist and as a provider and creates that relationship so they have more confidence in you to keep sending people to you because...they don't have to.” (Clinical Instructor #24)

Patient Centered Approach





"I think I'm more intentional now about thinking, hey, this is somebody who's working toward the same goals with this patient. We're all on the same team literally and metaphorically. We're all trying to work on what's best but really I think at the end of the day, I'm just talking to somebody about how to help somebody."

Detractors - Protecting the student

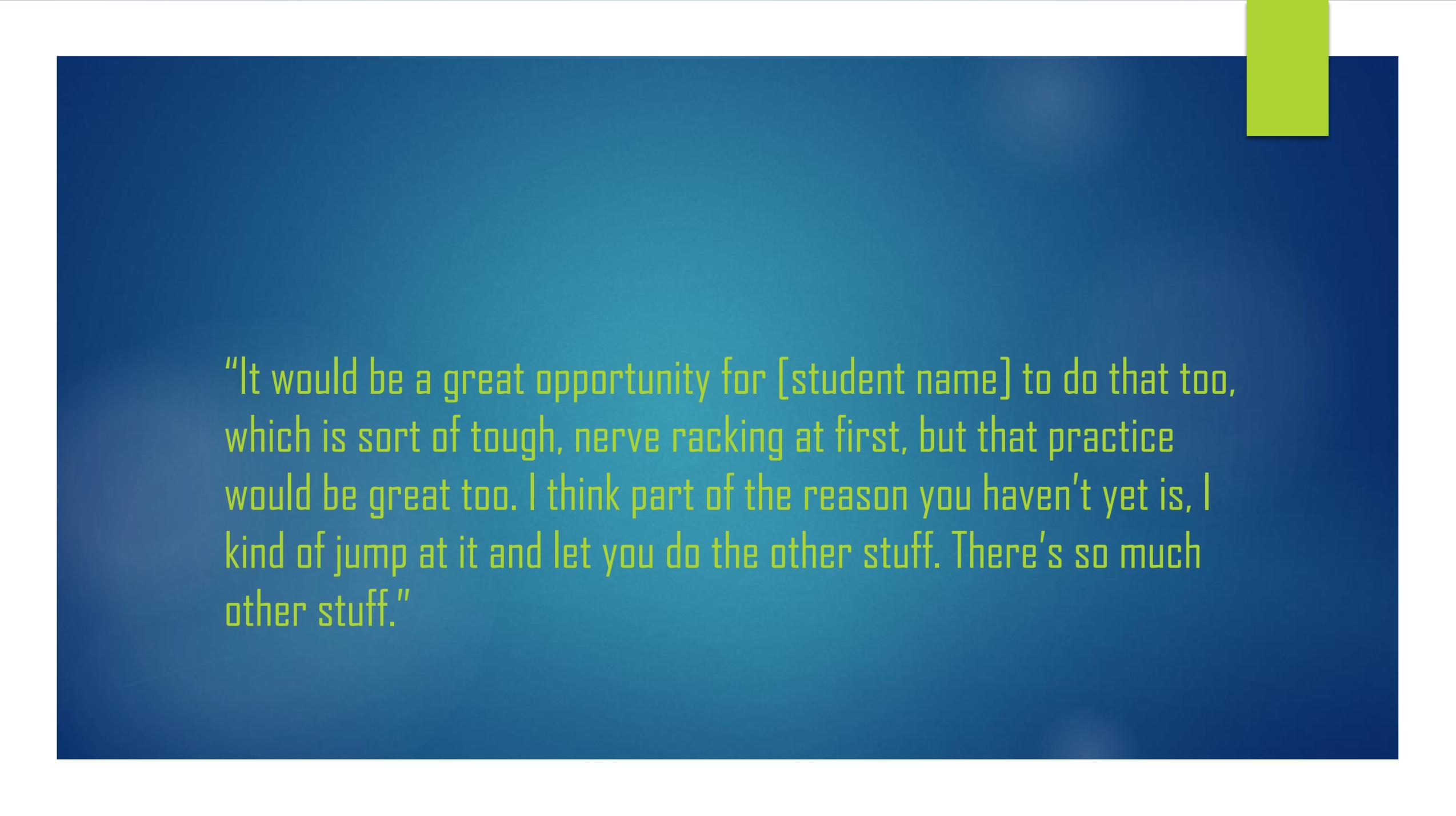


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“It would be a great opportunity for [student name] to do that too, which is sort of tough, nerve racking at first, but that practice would be great too. I think part of the reason you haven't yet is, I kind of jump at it and let you do the other stuff. There's so much other stuff.”

No collaborative practice partnerships

- ▶ Wise et al, 2015 measured 109 of the 31,380 students in 236 accredited PT programs
- ▶ 56 identified NO collaborative practice partnerships for students to get IPE experience

Preparing for the IPE teachable moment

- ▶ Have some general concepts/frameworks in mind
 - ▶ Team communication tools/patient-centered care
 - ▶ Roles and Responsibilities
 - ▶ Values/Ethics
 - ▶ Consider when opportunities may arise
 - ▶ Settings
 - ▶ With whom
 - ▶ Topics
 - ▶ Have some “go-to” phrases” readily available
 - ▶ How did it feel to experience...
 - ▶ Can you tell me more about that?
 - ▶ That was an excellent example of...

Discussion: Make more explicit that which is implicit



Commission on Accreditation of Physical Therapy Education - CAPTE

- ▶ The didactic and clinical curriculum includes interprofessional education; learning activities are directed toward the development of interprofessional competencies including, but not limited to:
 - ▶ Values/ethics
 - ▶ Communication
 - ▶ Professional roles and responsibilities
 - ▶ Teamwork
- ▶ Involvement in interprofessional practice.
 - ▶ Describe the program's expectation for opportunities for involvement in interprofessional practice during clinical experiences.
 - ▶ Provide evidence that students have opportunities for interprofessional practice.

CAPTE criteria³

▶ 6

- ▶ **6F** The didactic and clinical curriculum includes interprofessional education; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.
- ▶ **6L3** Involvement in interprofessional practice

NOTE: this element will become effective January 1, 2018.

▶ 7

- ▶ **7D7** Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- ▶ **7D28** Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.
- ▶ **7D37** Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team.
- ▶ **7D39** Participate in patient-centered interprofessional collaborative practice.

CAPTE

CPI

Number

CPI Category

6F	Didactic and Clinical	
6L3	"Involvement" in practice	
7D7	CPI 4	Communication
7D28	CPI 3, 7,12	Accountability, Plan of Care, Clinical Reasoning
7D37	CPI 1,15	Documentation, Safety
7D39	"Participate" in IPP	

COMMUNICATION – CPI 4

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- Communicates, verbally and nonverbally, in a professional and timely manner.
- Initiates communication* in difficult situations.
- Selects the most appropriate person(s) with whom to communicate.
- Communicates respect for the roles* and contributions of all participants in patient care.
- Engages in ongoing dialogue with professional peers or team members.
- Seeks and responds to feedback from multiple sources in providing patient care.
- Adjust style of communication based on target audience.

ACCOUNTABILITY, PLAN OF CARE, OR CLINICAL REASONING

ACCOUNTABILITY – CPI 3

- ▶ Practices in a manner consistent with established legal and professional standards and ethical guidelines.
 - ▶ Adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.*

PLAN OF CARE – CPI 12

- ▶ Establishes a physical therapy plan of care* that is safe, effective, patient-centered, and evidence-based.
 - ▶ Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.

CLINICAL REASONING – CPI 7

- ▶ Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
 - ▶ Utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers*, health care professionals, hooked on evidence, databases, medical records).

DOCUMENTATION OR SAFETY

DOCUMENTATION – CPI 15

- ▶ Produces quality documentation* in a timely manner to support the delivery of physical therapy services.
 - ▶ Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication* with others involved in the delivery of care.

SAFETY – CPI 1

- ▶ Practices in a safe manner that minimizes the risk to patient, self, and others.
 - ▶ Recognizes physiological and psychological changes in patients* and adjusts patient interventions* accordingly.

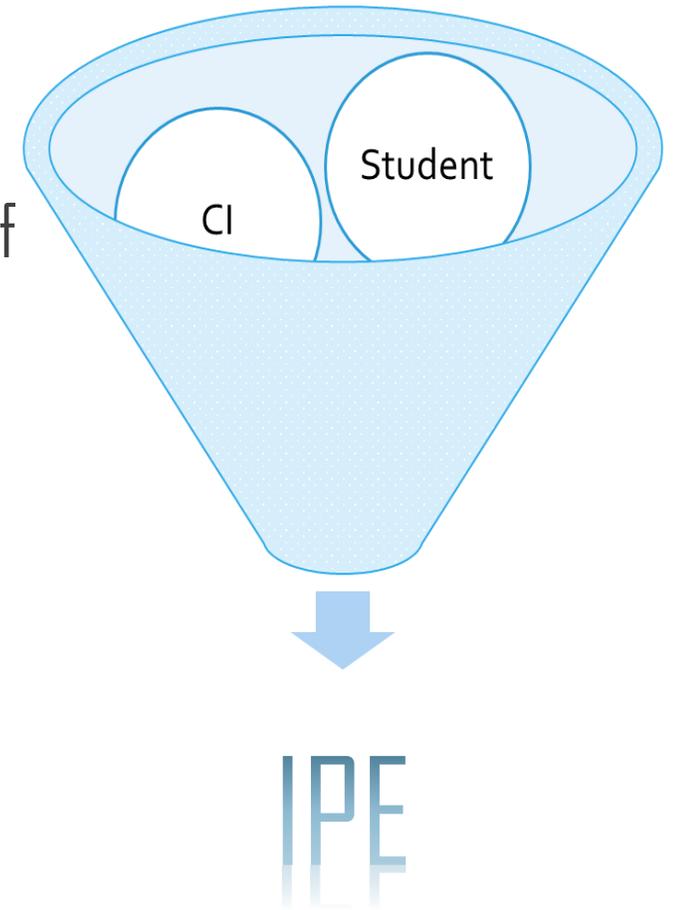
Open Discussion

Openly discuss activities that you are doing that can be more explicit in counting as interprofessional education. Verbalize how you would speak to your student. How and where would you document it?

If you didn't document it, you didn't do it 😊

Conclusion

- ▶ Be an ambassador about interprofessional education
- ▶ Demonstrate you are up to date on accreditation standards and the wave of the future.
- ▶ Share with Instructors in the clinic the catalysts and detractors to interprofessional education
- ▶ Empower students to verbalize through reflection on how to make implicit more explicit with your students
- ▶ Document these skills to show so many what you are already doing





Contact: Shelene Thomas, PT, DPT, EdD, GCS
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