

An Interdisciplinary Education Experience Including Clients & Caregivers

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Defining IPE

- **When students from 2 or more professions learn *about, from and with* each other to enable effective *collaboration* and improve health outcomes.**
- **Goal of IPE**
 - Prepare all health professions students to work together to build a safer and better patient-centered and community oriented health care system



Mercy College IPE

- When students from 2 or > professions, patients, families & communities learn **about, from & with** each other to enable effective collaboration, develop partnerships and work as a team to improve health outcomes.



Vision

- ***“We envision a future in which individuals, families, and communities are understood to be the very reason our healthcare system exists, and that those who are caring, teaching, learning, or otherwise working within the system must partner fully and effectively with them to foster optimal health and wellness for all.”***
 - *Macy Foundation*

Need for patient/families in IPE training & education

- **Need for interprofessional education has been recognized**
- **Inclusion of patients & families has lagged behind**
- **We may be introducing disciplines to each other**
 - **BUT...**
- **Are we truly teaching the ultimate goals of IPE-partnerships with various disciplines & patients?**
- **We still need to find ways to include patients and families in the IPE experiences**

What have we achieved?

Interprofessional education to improve professional practices			
Patient or population: professionals or patients involved in interprofessional education intervention Settings: primarily USA and the UK Intervention: use of interprofessional education to improve collaboration and patient care Comparison: separate, profession-specific education interventions; or no education intervention			
Outcomes	Impacts	No of studies	Quality of the evidence (GRADE)*
Patient outcomes	The care provided by use of 6 interprofessional education may lead to improved outcomes for patients	6	□□○○ Low
Adherence rates	The use of interprofessional education may lead to changes in the use of guidelines or standards (e.g. adherence to clinical guidelines) among different professions	3	□□e○ Low
Patient satisfaction	Patients may be more satisfied with care provided by professionals who have participated in an interprofessional education intervention	2	□□○○ Low
Clinical process outcomes	Changes in clinical processes (e.g. shared decisions on surgical incisions) may be linked to the use of interprofessional education	1	□□e○ Low
Collaborative behaviour	We are unable to assess adequately the extent to which different professions behave collaboratively in the delivery of care to patients	3	□e○○ Very low
Error rates	We are unable to assess adequately the reduction of error due to improved interprofessional education	1	□e○○ Very low

Recommendations

- **Partnerships at many levels**
 - involving patients and their families with
 - health care professionals, health care administrators, planners and policymakers, third-party payers, and government agencies is essential
- **Patients and families**
 - have experience, expertise, insights, and perspectives that can be invaluable to bringing about transformational change in health care and enhancing quality and safety.

Partnerships & IPE

- **Concept of partnership should be infused t/o learning**
 - didactic lectures, experiential learning opportunities, and peer-to-peer learning using patients/families as peers.
- **Patients and families**
 - must be welcomed as partners in all aspects and settings of the educational process, and they should be trained as **co-educators** of students.
- **Experiential knowledge of patients and families should be used to enrich educational content.**
 - Students must be provided opportunities to connect with patients, families & communities on an inter-personal level to better understand their experience

Needs for Education

- **Patient, family, and community voices influence**
 - the design, implementation, & evaluation, of IPE
- **Develop new models of clinical education to prepare health professionals for partner-based care.**
- **Find new opportunities for student's exposure to patients and families in non-traditional environments**
- **Provide opportunities for patients/families to become the educators of students**

Barriers to inclusion of patients into IPE

- Access to patients and families
- Time constraints in clinical setting
- Ability to access multiple disciplines & patient, families at one time
- Opportunities for valuable feedback and teaching by patients & families to health care providers

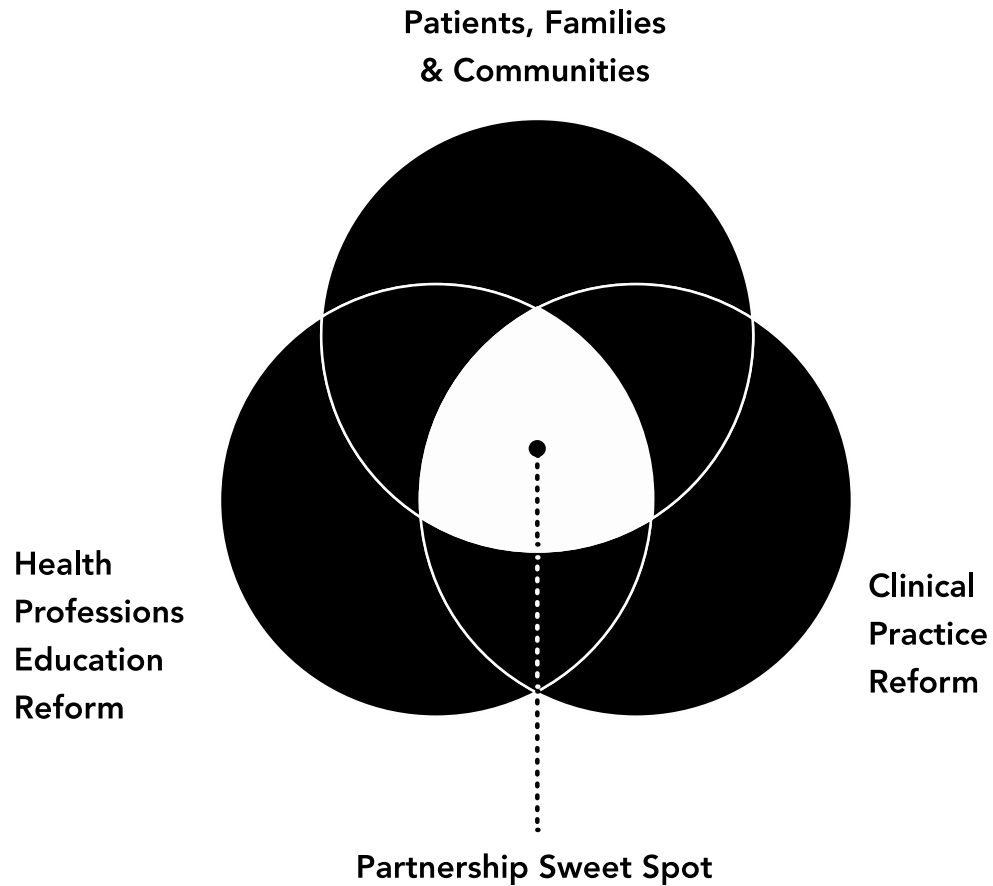


"We really should talk about how time constraints preclude applying the skills we were taught, to deal with spiritual distress, but I have to run."

What is missing here?



Creating Partnerships



Does this look better?



Approaches to patient/family based IPE education

- **To start the process of teaching students about partnering with patients and families exposure must:**
 - begin early,
 - be taught in a non-threatening environment
 - be ongoing throughout the learning process
 - engage students and individuals, patients, families & communities in building relationships
 - promote more opportunities for ‘listening’ rather than ‘doing’.

- **IPE Client/Family Interview Project**
 - Invited individuals and family members on campus to IPE interview event.
 - Individuals had various chronic medical conditions.
 - At least one family member/care taker accompanied clients.
 - Students from 5 disciplines were included in the interviews
 - All 5 were at table with client/family together.

Goals & Objectives

- Provide students with the opportunity to interview individuals/family members using a collaborative approach
- Introduce various disciplines to one another & their roles
- Provide students with opportunity to ‘hear’ patient/family’s voices
- Experience collaborative approach to health assessment that includes patients and families

Challenges to IPE at Mercy College

- **All programs are on different schedules**
 - Nursing/ PA during the weekday
 - CD weeknights/ week
 - OT/PT on weekends
- **Mercy College does not have a in-house clinic – difficult to perform IPE with actual patients**

Design: Patient History

- **Pre-Interview (diagnosis only was given to students)**
 - 20 minutes – organize themselves
 - Student led
 - Groups were interprofessional
 - 2015 (one student/discipline per group)
 - 2016 (at least 4 disciplines were in each group)
- **Interview**
 - 30 minutes
- **De-brief**
 - Patient and family member/caregiver gave feedback
 - Brought 2 groups together during faculty led debrief

Case History: Participants

2015

Disciplines:

- Nursing, Physical Therapy, Occupational Therapy, Communication Disorders

Patients: 2

Students: 16

2016

Disciplines:

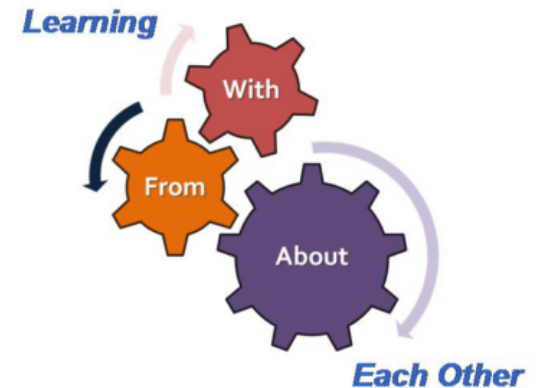
- Nursing, Physical Therapy, Occupational Therapy, Communication Disorders

Patients: 4 (7 including care givers)

Students: 32

- ***Attitudes Toward Interprofessional Health Care Teams Scale (ATHCTS)***
 - Pre and post activity
 - Modified (14 question version)

- **One minute reflection**



Case History

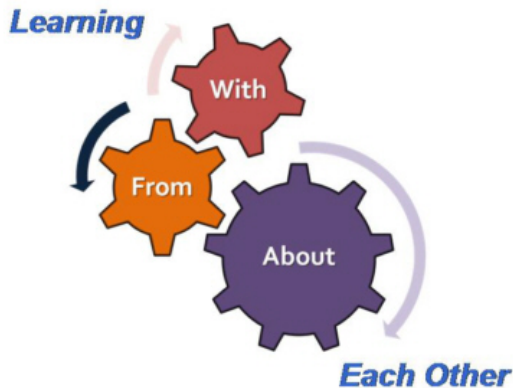
Results: Demographics

Gender:

- **Males: 4**
- **Females: 44**

Disciplines:

- **Nursing: 9**
- **PT: 12**
- **OT: 9**
- **CD: 10**
- **PA: 8**



- **No difference noted between 2015 and 2016 in pre/post data**
- **Combined Data (2015&2016) for final analysis**
- **Items (questions) 2,6,9 were reversed in data analysis secondary to negative wording**
- **Significant differences ($p < 0.05$) noted:**
 - Q1, Q7, Q8, Q9, Q13, Q14

ATHCTS Results

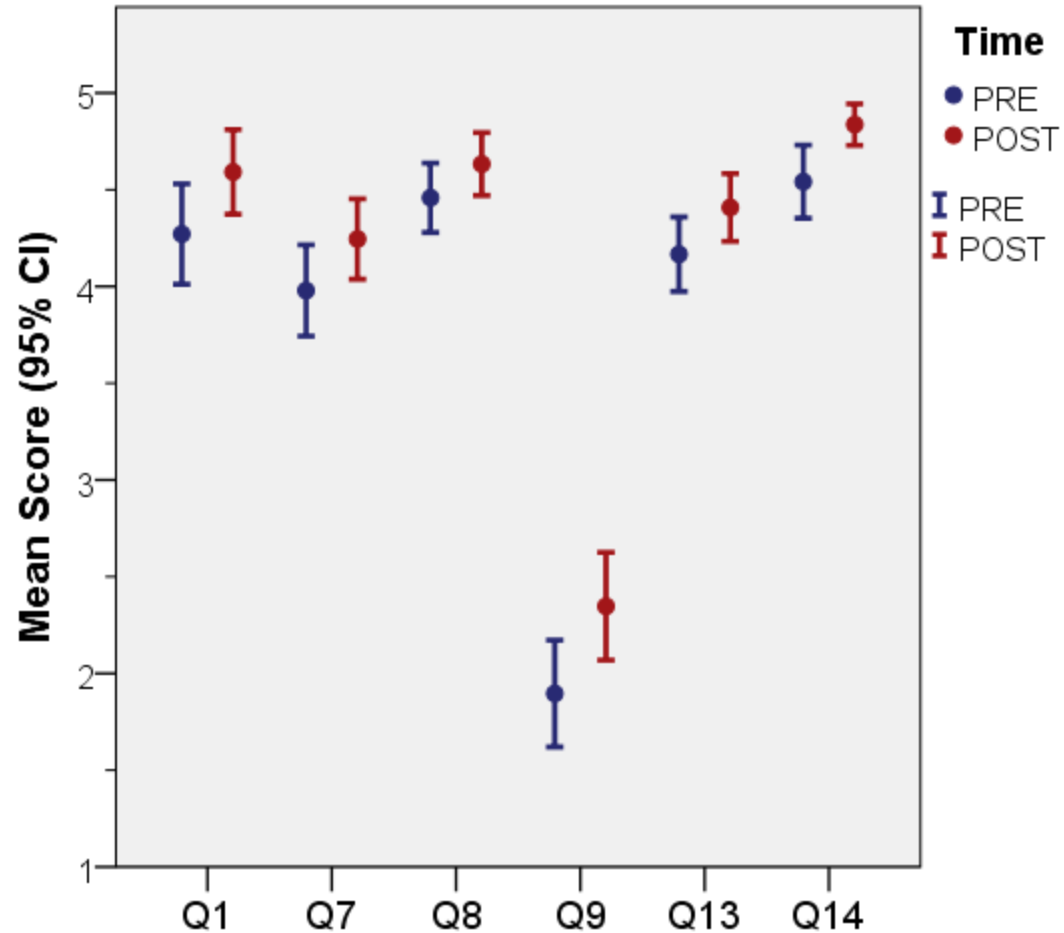
ITEM	Mean Pre	Std Deviation	Mean Post	Std Deviation
Q1*	4.29	0.89	4.59	0.076
Q2 (reversed)	2.62	1.03	2.84	0.94
Q3	4.53	0.58	4.55	0.58
Q4	4.43	0.74	4.49	0.82
Q5	4.12	0.80	4.31	0.82
Q6 (reversed)	1.88	0.90	2.12	1.05
Q7*	3.98	0.81	4.25	0.72
Q8*	4.47	0.62	4.63	0.57
Q9*(reversed)	1.88	0.95	2.35	0.97
Q10	3.88	0.89	4.16	0.85
Q11	4.25	0.72	4.41	0.63
Q12	4.60	0.50	4.70	0.51
Q13*	4.18	0.67	4.41	0.61
Q14*	4.55	0.65	4.84	0.37

ATCHTS Results

- **Q1:** Patient/Clients receiving interprofessional care are more likely than others to be treated as a whole person
- **Q7:** Working in an interprofessional environment keeps most health professionals enthusiastic and interested in their job
- **Q8:** The interprofessional approach improves the quality of care in patients/clients
- **Q9:** In most instances, the time required for interprofessional consultations could be better spent in other ways
- **Q13:** Hospital patients who receive interprofessional team care are better prepared for discharge than other patients
- **Q14:** Team meetings foster communication among team members from different professions

Case History ATHCTS Results

**Combined
Data
(2015&2016)**



Qualitative Results

Analyzed comments into the 4 themes based upon IPE Core Competencies (ranked in order of frequency):

#2 Roles/responsibilities

#3 Interprofessional Communication

#4 Teams/ Teamwork

#1 Values/Ethics

#2 Roles/responsibilities

- Gained much more specific information about the responsibilities and the focus of each discipline (RR4-CD)
- Different questions that the PT/OT/Nursing overlapped (RR4-CD)
- Extent of role was clarified (RR4-Nursing)
- Increased awareness of the role and responsibilities of other professions (RR4-Nursing)
- PT and OT work closely together (RR4-Nursing)
- Each discipline compliments the other (RR9- Nursing)
- Broaden my views on scope of other professions (RR5-OT)
- Had no idea nursing had a large focus on diet (RR4-PT)
- How much overlap there is in each profession (RR4-PT)
- All of these professions play a vital role (RR9-PT)
- Able to learn more about the roles of other discipline (RR4 – PA)
- Other disciplines help to lead in questions (RR9 – PA)

#3 Interprofessional Communication

- Interprofessional communication can work well (CC8-OT)
- Information from family members help us verify/clarify some information (CC2 - PT)
- Communications with other health professionals could essentially enhance patient care (CC8 – PT)
- **Listening! Not jumping ahead to my next question without listening to answers** (CC4 – PA)
- **Communication with other disciplines helped to think of the patient as a whole** (CC8 – PA)
- Important to communication with other professions, so you can treat the patient as a whole (CC8 – PT)
- All disciplines involved created well-rounded questions (CC1 – CD)
- Communication with other professions will enhance outcomes (CC8 – Nursing)

#4 Team/ Teamwork

- Feeding off other disciplines is very helpful (TT4 - OT)
- Learned how to interact as a collaborative group (TT1 – CD)
- Disciplines rely/work with on another (TT3 – PT)
- Interdisciplinary teams develop a better plan of care (TT4 – Nursing)
- We worked together well (TT8 – OT)

Patients/Clients and Caregivers:

- Caregiver: “Students did not ask questions on how I was doing”
- Students commented on how caregiver at times answered questions prior to the patient or interrupted/corrected that patient
- Students had to redirect caregivers
- Patients stated: “every student should complete this event”
- All patients volunteered to participate again in 2017

- **My Stroke of Insight**
 - Incorporated into coursework
 - Integrated panel event
 - Panel included
 - 2 patients (1 was a Mercy graduate)
 - PT, OT, Nurse, MD, Researcher
 - > 150 UG and Graduate students attended

Other IPE activities

- **Clinical Interviews:**
 - 6 disciplines
 - 4 patient/family groups
 - 8 sessions
- **Clinical Simulation**
 - 6 disciplines
 - Case simulation (actor)
- **Book Project**
 - Focus this year: TBI
 - Increase # of classes & students
 - Panel discussion
- **Future- IPE Day!**

Next Steps

- **Collect data:**
 - Patient & caregiver assessment of IPE competencies
 - Student & faculty perceptions of including individuals and families into education process
- **Include patients and families in the development of our IPE experiences and models**
- **Explore new ways to exposure students to IPE experiences that include patients and families**
- **Providing collaborative experiences with more disciplines:**
 - Vet Tech
 - Behavioral Sciences
 - Business

Conclusion

- Incorporating patients and families into educational programs for IPE offers more opportunities for students to understand core competencies of IPE.
- Future models must focus on partnering with patients, families and communities to meet the goals of IPE.



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