SIMULATED INTERPROFESSIONAL EDUCATION DISCHARGE PLANNING MEETING TO IMPROVE SKILLS NECESSARY FOR EFFECTIVE INTERPROFESSIONAL PRACTICE

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Karen Berg, PT, DPT, OCS
• We have nothing to disclose
Purpose of this study

• Evaluate the use of a simulated interprofessional education discharge planning learning experience using a simulated patient and simulated family member

• Explore the ability of students:
  • to communicate with each other and with a patient and his family member
  • to use clinical thinking to make a safe and appropriate interprofessional discharge recommendation
Background and Significance

- Discharge Planning
- Re-admission
- Fundamentally an IP process
- Conflict
- Communication
Methodology

- IPE team with faculty
  - Nursing
  - Physical therapy
  - Social work
- Students
  - 57 DPT students
  - 36 BSN students
  - 2 DNP students
  - 37 BSW students
- SimIPE
  - Developed using best practices strategies
  - The International Nursing Association for Clinical Simulation and Learning (INACSL)
  - Use of standardized patients playing the role of patient and family member
1. Student learning objectives
2. IPEC® competencies
3. Web-based learning platform
4. Methods of Assessment
5. Simulation

Design
Student Learning Objectives

• Student teams will identify barriers to discharge in a simulated patient care environment.
• Student teams will identify additional information via collaboration prior to the IP discharge meeting.
• Students will demonstrate effective communication during discharge planning.
• Student teams will demonstrate a collaborative approach to making a discharge recommendation in a simulated patient care environment.
• Students will self-reflect on their verbal and nonverbal communication.
IPEC ® Competencies

• Values and Ethics
• Roles and Responsibilities
• Interprofessional Communication
• Teams and Teamwork
Web-Based Learning Platform

• Schedule and location for their simulated discharge planning session
• Welcome letter including student objectives
• Patient medical record
• Potential community resources
• Discharging planning options
• Video example of a discharge planning meeting
Announcements

New Announcements appear directly below the repositionable bar. Reorder by dragging announcements to new positions. Move priority announcements above the repositionable bar to pin them to the top of the list and prevent new announcements from superseding them. The order shown here is the order presented to students. Students do not see the bar and cannot reorder announcements.

Create Announcement

New announcements appear below this line
Methods of Assessment

- Pre Survey
  - Consent for participation
  - Demographic information
  - Prior IPE and simulation experiences
  - Interprofessional Collaborative Competencies Attainment Survey (ICCAS)
- Pre-meeting worksheets
- Reflective writing
- Post Survey
  - ICCAS
  - Questions regarding their experience with this simulated IPE activity.
Day of Simulation

• 1 day event
• 5 sessions running concurrently in 5 separate rooms
• 5 standardized patients, 5 standardized family members
• 1 hour session
• Student teams consisted of
  • 1-2 PT students
  • 1 RN student
  • 1 social work student
  • 0-1 DNP student
• Pre-simulation interprofessional huddle
PRE-MEETING WORKSHEET

The Priority List (Impairment list for this patient):

1.

2.

3.

4.

5.
Simulation

• Discharge planning meeting with standardized patient and standardized participant playing the role of his sister
Simulation

• Debriefing with facilitator
Results

- Demographics
- Student's past experiences
- ICCAS
- Post Survey Questions
- Identification of discharge issue
- Discharge destination
### Demographics of Student Sample (n=82)

<table>
<thead>
<tr>
<th>Profession</th>
<th>N (%)</th>
<th>Age (years)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Male n (%)</td>
<td>Female n (%)</td>
</tr>
<tr>
<td>DPT</td>
<td>46 (56.1%)</td>
<td>25.5 (1.7)</td>
<td>18 (39.1%)</td>
</tr>
<tr>
<td>BSN</td>
<td>23 (28.0%)</td>
<td>24.3 (3.6)</td>
<td>7 (30.4%)</td>
</tr>
<tr>
<td>BSW</td>
<td>11 (13.4%)</td>
<td>34.8 (13.9)</td>
<td>3 (27.3%)</td>
</tr>
</tbody>
</table>
# Student Experiences

<table>
<thead>
<tr>
<th>Profession</th>
<th>N (%)</th>
<th>Interprofessional Learning</th>
<th>Simulated Learning</th>
<th>D/C Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Unsure</td>
<td>No</td>
</tr>
<tr>
<td>DPT</td>
<td>46 (56.1%)</td>
<td>100%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BSN</td>
<td>23 (28.0%)</td>
<td>100%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>BSW</td>
<td>11 (13.4%)</td>
<td>27.3%</td>
<td>18.2%</td>
<td>54.5%</td>
</tr>
</tbody>
</table>
## Interprofessional Collaborative Competencies Attainment Survey (ICCAS)

<table>
<thead>
<tr>
<th>Profession</th>
<th>Pre-IPE Experience, Mean (SD)</th>
<th>Post-IPE Experience, Mean (SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire group (n=81)</td>
<td>6.2 (1.2)</td>
<td>6.2 (1.1)</td>
<td>1.0000</td>
</tr>
<tr>
<td>DPT (n=46)</td>
<td>6.2 (0.7)</td>
<td>6.2 (0.9)</td>
<td>1.0000</td>
</tr>
<tr>
<td>BSN (n=23)</td>
<td>6.3 (1.2)</td>
<td>6.5 (0.7)</td>
<td>0.4936</td>
</tr>
<tr>
<td>BSW (n=11)</td>
<td>5.7 (2.2)</td>
<td>5.7 (2.2)</td>
<td>1.0000</td>
</tr>
</tbody>
</table>
### Post Survey Questions (n=81)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved my <strong>clinical thinking</strong> skills.</td>
<td>34.6%</td>
<td>33.3%</td>
<td>14.8%</td>
<td>12.3%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Improved my awareness of the <strong>patient voice</strong> in shared decision making.</td>
<td>50.6%</td>
<td>22.2%</td>
<td>14.8%</td>
<td>9.9%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Improved my ability to <strong>prioritize</strong> a patient’s list of <strong>impairments</strong></td>
<td>48.1%</td>
<td>27.2%</td>
<td>9.9%</td>
<td>11.1%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Improved my <strong>confidence</strong> with discharge planning process for future clinical practice</td>
<td>44.4%</td>
<td>24.7%</td>
<td>12.3%</td>
<td>14.8%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>
Percentage of Student Groups that Identified a Primary Concern with Discharge

- **Mobility**: 25.7%
- **Lack of sufficient support**: 31.4%
- **Medication adherence**: 34.3%
- **Aerobic capacity**: 34.3%
- **Weakness**: 45.7%
- **ADL/IADL difficulties**: 57.1%
- **Fall Risk/balance**: 74.3%
- **Cognition/mental status**: 100%

Percentage of student groups that identified it as a concern.
Percentage of Student Groups that Identified these Discharge Destinations as an Option

- Assisted living: 34.2%
- Skilled nursing facility: 40%
- Extended care facility: 42.9%
- Home health care services: 45.7%
- Home with 24-hour care: 77.1%
Discussion

• Simulated IPE brought students together to learn with, from, and about
• ICCAS
• Enhanced clinical thinking skills
• Patient centered care
• Gaps in discharge knowledge
Limitations

• Limited variety of students that responded to the study
• Results from a controlled simulated activity
Next steps

• Bi-annual event
• Creative scheduling
• Simulated hospital room
• Provide clearer expectations
Conclusion

• Patient-centered and effective discharge planning is important for a safe transition home following an acute hospitalization.
• Many factors influence this process and the knowledge provided by an interprofessional team may improve outcomes and reduce re-admissions.
• The use of a pre-professional Sim-IPE discharge planning meeting may improve skills necessary for future effective interprofessional practice.
References


References


QUESTIONS
<table>
<thead>
<tr>
<th>Statement</th>
<th>Before participating in the learning activities</th>
<th>After participating in the learning activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was able to:</td>
<td>1  2  3  4  5  6  7  na</td>
<td>1  2  3  4  5  6  7  na</td>
</tr>
<tr>
<td>1. Promote effective communication among members of an interprofessional (IP) team*</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>2. Actively listen to IP team members’ ideas and concerns</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>3. Express my ideas and concerns without being judgmental</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>4. Provide constructive feedback to IP team members</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>5. Express my ideas and concerns in a clear, concise manner</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>6. Seek out IP team members to address issues</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>7. Work effectively with IP team members to enhance care</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>8. Learn with, from and about IP team members to enhance care</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>9. Identify and describe my abilities and contributions to the IP team</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>10. Be accountable for my contributions to the IP team</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>11. Understand the abilities and contributions of IP team members</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>12. Recognize how others’ skills and knowledge complement and overlap with my own</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>13. Use an IP team approach with the patient** to assess the health situation</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>14. Use an IP team approach with the patient to provide whole person care</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>15. Include the patient/family in decision-making</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>16. Actively listen to the perspectives of IP team members</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>17. Take into account the ideas of IP team members</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>18. Address team conflict in a respectful manner</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>19. Develop an effective care*** plan with IP team members</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>20. Negotiate responsibilities within overlapping scopes of practice</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
</tbody>
</table>

*The patient's family or significant other, when appropriate, are part of the IP team.

**The word “patient” has been employed to represent client, resident, and service users.