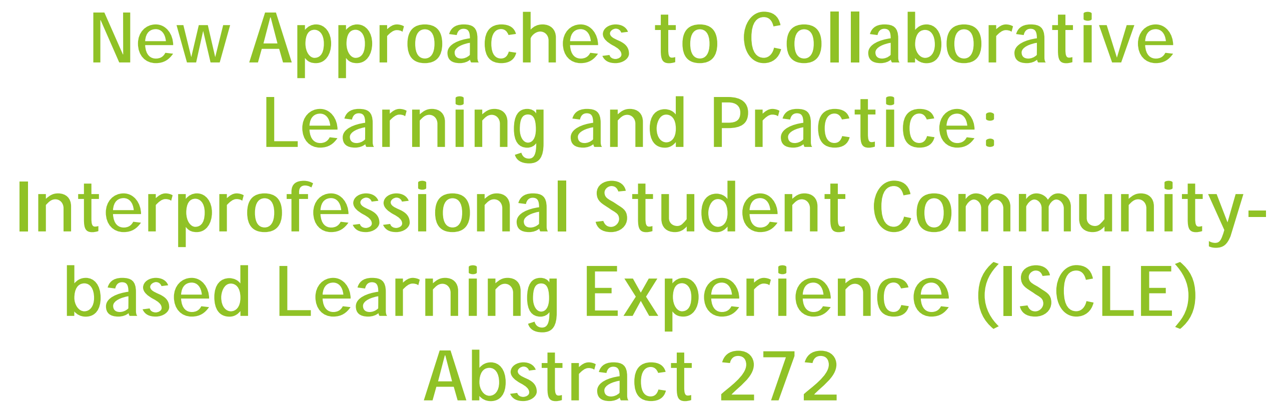

CAB V

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Objectives

- Participants will learn how to implement the Interprofessional Student Community-based Learning Experience (ISCLE) transitions of care activity into existing health professional student rotations.
- The audience will learn about the various assessment tools included in the transitions of care activity.
- Participants will learn how ISCLE meets the core competencies of interprofessional education.

Background

- The University of North Dakota implemented an Interprofessional Health Care Course (IPHC) in 2006.
  - Thousands of students have completed the course.
  - AY 2015-16 will have about 400.
  - Now has 9 disciplines participating in the classroom experience including:

    Communication Speech Disorders, Counseling Psychology, Dietetics, Medicine, Music Therapy, Nursing, Physical Therapy, Occupational Therapy, Social Work.
  - Two- five-week sessions per semester, one credit course.
  - Managing team has faculty from all programs.

Gaps in Learning

- A gap in student learning opportunities was missing in translating IPE concepts to the clinical environment.
  - ISCLE was developed to help fill this gap

Clinical experiences are vital to the growth of the student's understanding of working as a team of health care professionals.

Methods/Methodology

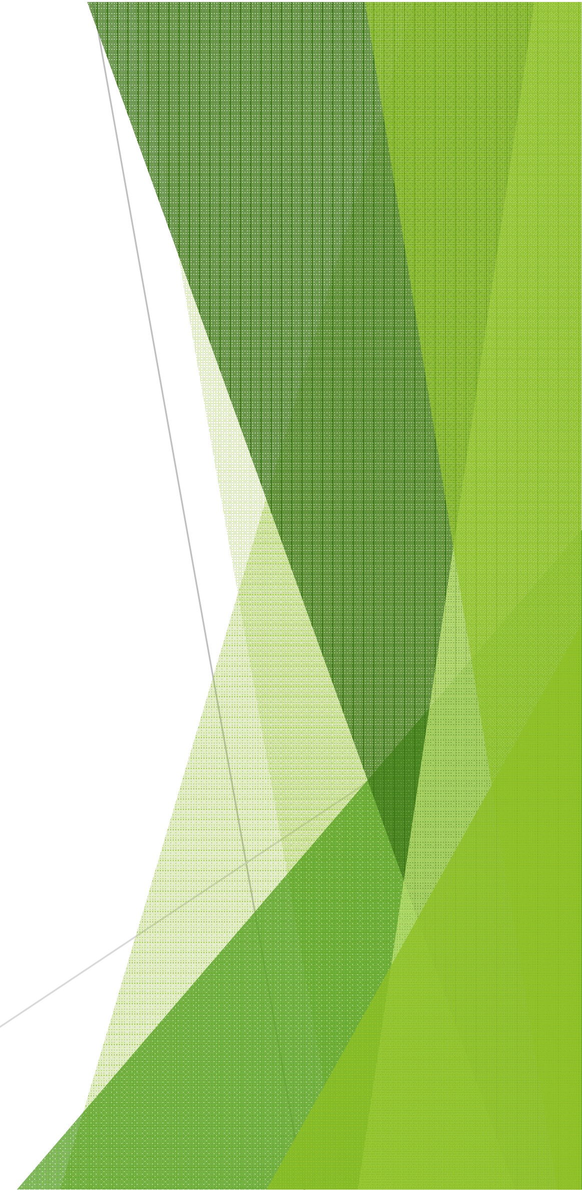
An Interprofessional Student Community-based Learning Experience (ISCLE) Transitions of Care activity was first piloted in two communities

Goal:

Build this activity into other existing student clinical experiences with an emphasis on normal student workflow.

Intended Outcomes:

Students gain increased knowledge and skills regarding interprofessional care and information about the tools and resources available for improved communication to minimize risks associated with transitions of care for patients.



Activity Materials

- Students were provided a link to materials housed on the Interprofessional Education Website.
- Template of a transition from hospital to long term care (or vice versa) provided.

Process

- UND does not have a university hospital/clinic system, students are distributed to many clinical sites across the state.
- Students who were already on a particular site together were identified to work as a team.
- Students had a brief videoconference with faculty to review the activity and answer questions.
- Student team was to manage at least one case together over a 1-2 week period.
- Expectation that this was a patient they might normally see as part of their usual workflow, with attention toward working with other student team members.
- Videoconference debrief to review the team generated patient centered care plan.
- As a result, any extra teaching “burden” for onsite preceptors/faculty minimized.

Unanticipated Collaborations

- Students participated from other non-University of North Dakota in-state and out-of-state educational institutions.
- Students recruited other students at a site that were unknown to the team at the start of activity.
- Students demonstrated creativity in workload division or finding other patients that might fit a team based care plan process (i.e., chronic disease patient other than long term care).

Comments from Students – Medical student

- Having Electronic Medical Records "allows for assessing any confabulation or confusion, also enabled us to investigate how much the patient knows about his/her recovery/health status and plans for rehabilitation and/or discharge."
- "I realized how effective it was to meet with other pre-health professionals after we had each met with the patient and having a brief conference. It was great to be able to learn more about each dimension of health and wellness that each profession is trained to more fully examine and interpret."
- "This was a great experience that made us combine data/resources with patient interview, history, and both mental and physical assessment to formulate a brief 3-5min synopsis of the patient."

Comments from Students – Psychology student

- "I discovered that I was able to complete a psychological assessment of an individual on my own and I did not think that I would be able to have this opportunity this early on in my college degree."
- "I did not believe that I would feel this comfortable with this type of task, but I felt in control and not as nervous as I thought I would."
- "I did not realize how important a psychological assessment of transitioning patients from nursing home to hospital or hospital to nursing home was in the medical setting. I was not expecting to be able to draw my own conclusions about the case, which made me feel independent and responsible."
- "I am happy and very grateful that I was able to be involved in this activity, especially with older medical students which I learned very much from…I feel that it is very important that students experience real-life scenarios like I did with this activity."

Comments from Students – Pharmacy student

- “I really enjoyed doing my assessment with the dietician student. I have not had any interactions with dieticians before, and I was very interested to hear what type of questions they found important.”
- “Encourage students to do a follow up visit with the patient or else talk to the doctor a few days after they give the doctor the recommendations.”

Comments from Students – Nurse Practitioner student

- "It was good to work as a group to determine what the patient needs were. It was also enlightening for me to see what the other disciplines looked at for their assessments."

Results/Conclusion

As a result of this learning experience, students participated in a patient-centered review of the risks and benefits in the transition of patient care between a rural long term care facility and rural community hospital.

For example, students gained a better understanding of:

- problems resulting from a lack of coordinated care, such as cost, duplication of services and short term hospital readmissions;
- roles and responsibilities of all team members; and
- benefits of the electronic medical records to get a patient baseline, medication regimen and recorded history.

Thank you for coming!