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Preparing Teams for Collaborative Practice Using a Series of Primary Care Standardized Patient Simulations

Collaborating Across Borders V

Roanoke, VA

September 30, 2015

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Rationale for Interprofessional Collaborative Practice (IPCP) Initiative

- Consensus calls for team-based patient centered care for people with multiple chronic conditions.
- Interprofessional education (IPE) learning opportunities prepare work-force ready health care team members.
- Few opportunities for student teams to practice collaborative care.

IPCP Initiative

- Goal: Develop, implement, and evaluate a sustainable IPE program for graduate professional students across 5 health disciplines and 3 universities.
  - Doctor of Nursing Practice (2nd year)
  - Doctor of Pharmacy (3rd year)
  - Medicine (2nd year)
  - Master of Science Dietetics (1st year)
  - Master of Social Work (2nd year)

- Goal: Design and implement a standardized patient program with patient cases addressing multiple, chronic conditions.

KEY Elements of the IPCP initiative

- **Consider** conceptual frameworks for IPE
  - Integrated Teamwork Effectiveness Model (ITEM)
  - University of British Columbia (UBC) Model of IPE
- **Align** with IPEC Core Competencies
  - Focus on team behaviors and communication
- **Incorporate** Miller's pyramid of assessment paradigm
- **Utilize** TeamSTEPPs® tools and skills
- **Develop and utilize** standardized patients with an unfolding patient case scenario

Conceptual Framework: Integrated Team Effectiveness Model

- Used to conceptualize relationships between multiple dimensions of the IP health care team, including:
  - team structure
  - collaboration
  - practice context
  - patient and team outcomes

Lemieux-Charles L & McGuire WL (2006). What Do We Know about Health Care Team Effectiveness? A Review of the Literature. *Medical Care Research and Review*, 63:3, 263-300.

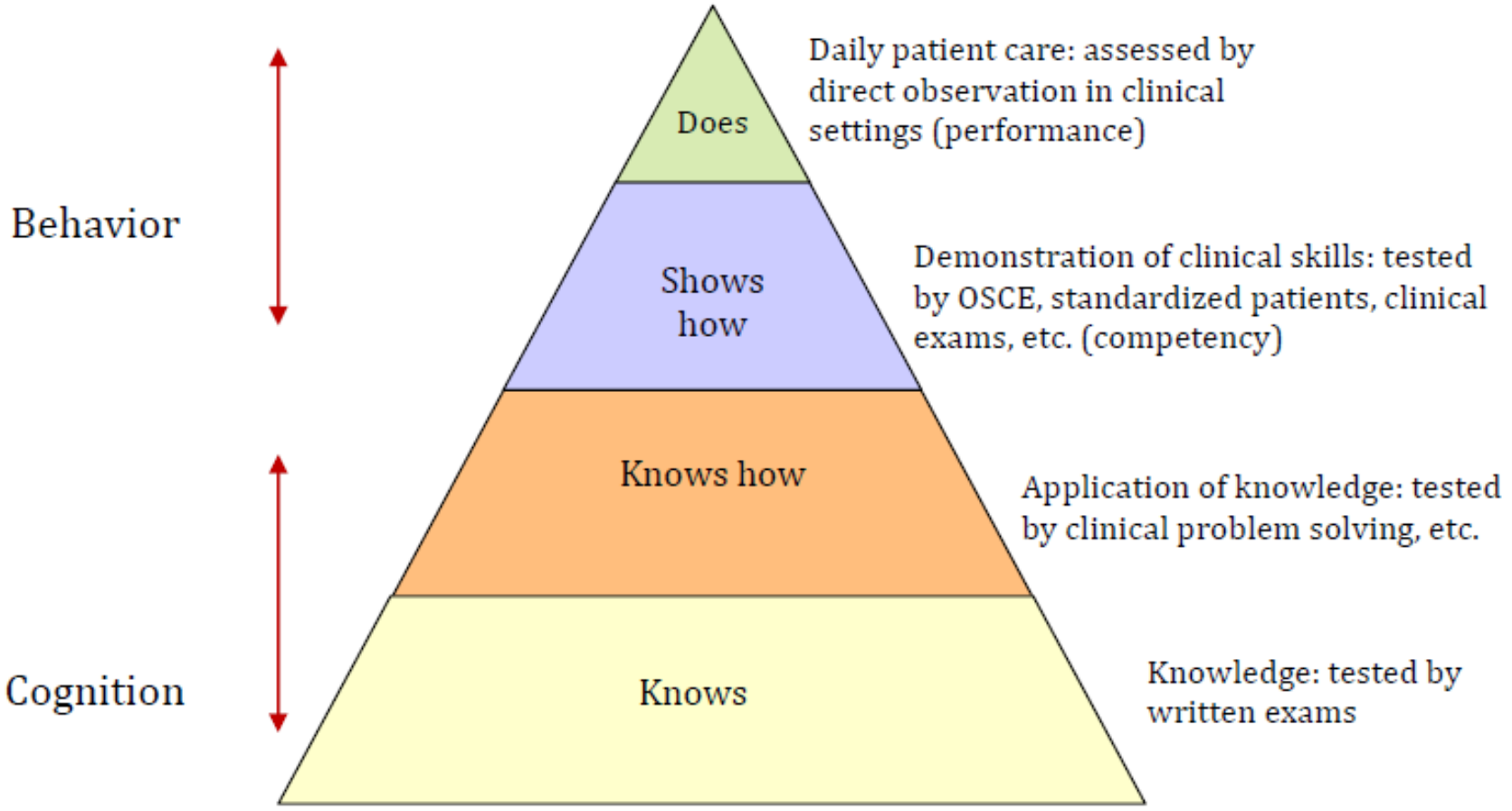
Conceptual Framework:
University of British Columbia Model of IPE

Learning processes during IPE:

- Exposure
- Immersion
- Mastery

Charles G, Bainbridge L and Gilbert J (2010). *Journal of Interprofessional Care,* 24:1, 9-18.

Assessment Framework: Miller's Pyramid of Assessment (1990)

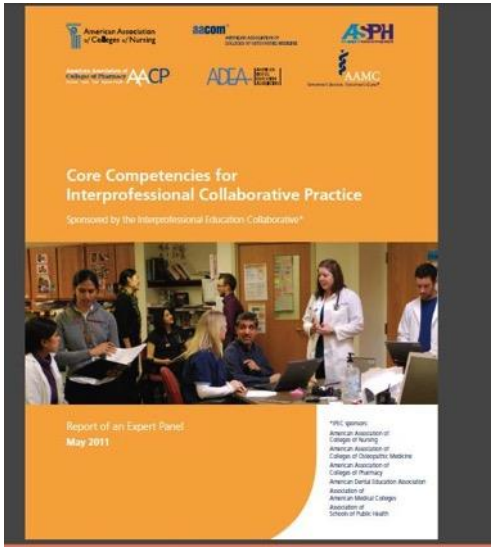


Miller GE (1990). The Assessment of Clinical Skills/Competence/Performance. *Academic Medicine,* 65:9, S63-7.

Competency Framework: IPEC Core Competencies

Domains:

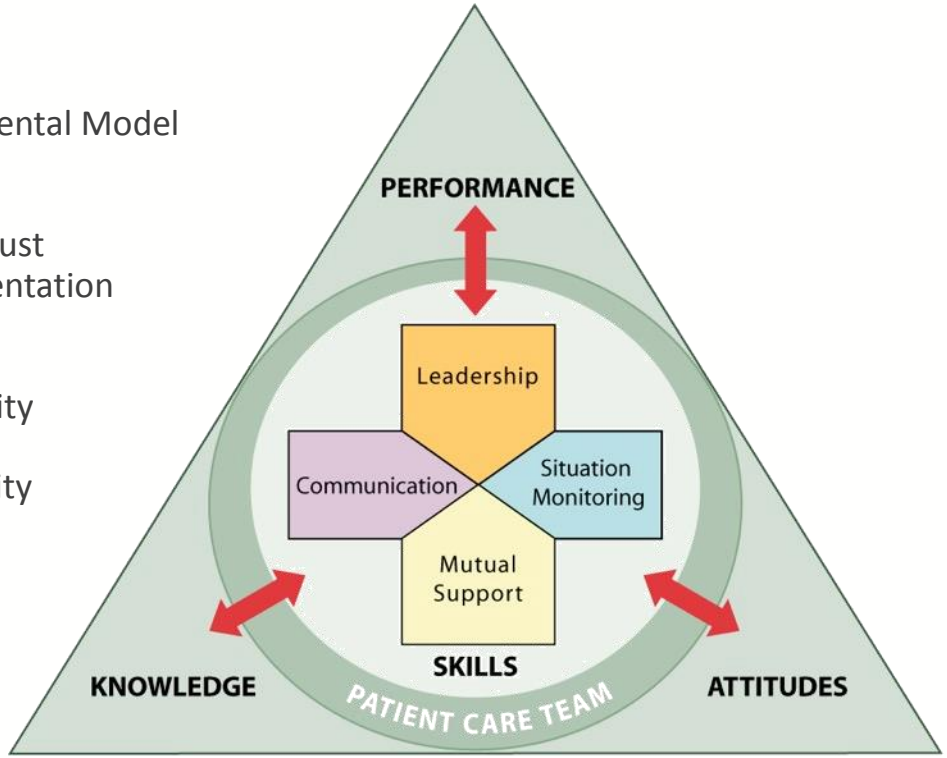
- Domain 1: Values/Ethics
- Domain 2: Roles/Responsibilities
- Domain 3: IP Communication
- Domain 4: Teams and Teamwork



Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.

Teamwork Training Framework: TeamSTEPPS®

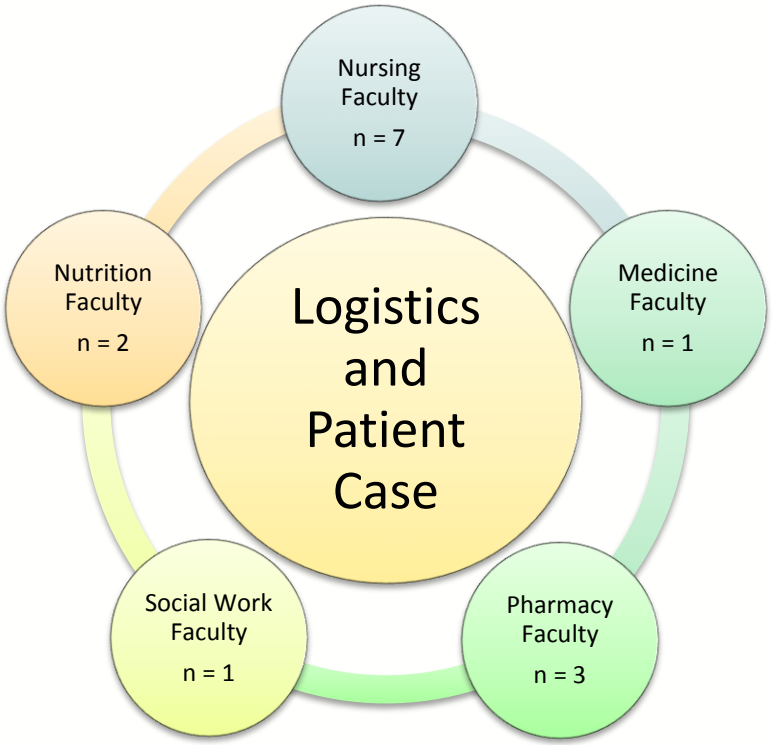
- Knowledge
  - Shared Mental Model
- Attitudes
  - Mutual Trust
  - Team Orientation
- Performance
  - Adaptability
  - Accuracy
  - Productivity
  - Efficiency
  - Safety



http://teamstepps.ahrq.gov

IP Faculty Planning

- Faculty development
- Organized into 2 faculty teams
  - Development of case longitudinal patient case
  - Logistics / infrastructure of IPCP Common Course
- Used “pilot-learn-grow” approach



IPCP Common Course
Overview

- Embedded within **profession specific** courses
  - Included grading and accountability

- Managed using an online Learning Management System (Angel®, transitioned to Blackboard®)

- **Student Teams**
  - 12 teams with approximately 7 students per team (n=81)
  - All teams included DNP student participating from a remote site via video-conferencing technology
  - Each team had a faculty mentor

IPCP Common Course Learning Activities

- Web-based [exposure]:
  - introduction to other team members
  - review TeamSTEPPs™ communication tools and strategies
  - IP journal club (evidence-based article on improving health outcomes using an IP collaborative care model for patients with diabetes)

IPCP Common Course Learning Activities

- Face-to-face and video technology [exposure and immersion]
  - IP collaborative care of a standardized patient (SP) with multiple chronic conditions
  - Unfolding patient case with increasing complexity
  - 4 primary care clinic visits with a standardized patient (new patient, atrial fibrillation, post stroke/transitional care, increasing depression)

SP Clinic Experience

- Team brief
- Patient interview
- Huddle/Collaborative Care Planning
- Patient care conference (with SP)
- Debrief (with SP, team, and faculty mentors)
- Team SOAP note

Example

- Brief video demonstrating team engagement with their standardized patient

- https://vimeo.com/album/3569991

Research and Evaluation Plan

Hypothesis: Participation in the IPCP common course will impact students' perceptions of their teamwork abilities, the importance of collaborating with an interprofessional team and perceived clinical reasoning skills.

Study Design: Surveys administered to student participants prior to and following the IPCP common course.

WSU Office of Research Assurances determined this project to be exempt from the need for a full institutional review board review.

Research and Evaluation Plan

Survey tool - items were adapted from the following:

- Team Skills Scale (Hepburn, 2002; Grymonpre, 2010)
- Student Perceptions of Physician-Pharmacist Interprofessional Clinical Education (Fike, 2013)
- Self-Assessment of Clinical Reflection and Reasoning (Scaffa, 2004)

Research and Evaluation Plan

Survey items were mapped to the 4 IPEC Core Competency domains.

Three open-ended questions to capture qualitative data.

- Identify personal characteristics important to enhance ability to collaborate with a team.
- Reflect on benefits of IP approaches to caring for patients with multiple chronic conditions
- Consider impact of IP team experience on one's own clinical reasoning skills

Lessons Learned

- Unlikely that a program of this scope could be developed without additional funding or faculty release time.
- Using distance learning technology was not always satisfactory (simulating tele-health).
- Faculty learned as much – and perhaps more- than student participants about communication, teamwork and profession specific cultures and values.
- Clinical site placements were problematic.

Next steps: 2015-16

- Expand to 14 student teams.
- Identify clinical practice sites for teams of IP student teams.
- Modify IPCP experience based on student and faculty feedback.
- Develop a different unfolding standardized patient case – young adult with asthma and anxiety.
- Continue development of a sustainable IPE program (i.e. IPE Taskforce)

Advanced Nursing Education(ANE)-Health Resources and Services Administration (HRSA) AWARD Information

USING INTERPROFESSIONAL EDUCATION TO IMPROVE CARE FOR PATIENTS WITH MULTIPLE CHRONIC CONDITIONS

Advanced Nursing Education

D09HP25920-01-00

Funding dates: 7/1/2013 – 6/30/2016

Award: $1,102,818

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Thank you!

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