Using Role Reversal in an IPE Experience with OT and Medical Students

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UT Health San Antonio
School of Health Professions
Agenda

• What is ICP
• Review IPE competencies
• How the project started
• Results
• Lessons learned
Interprofessional Collaborative Practice (ICP)

• Modern medicine is characterized by rapid advancement in treatment and therapies and increasing costs

• We MUST still provide BEST patient care

• Data suggests this is best accomplished by ‘TEAMS” of health care professionals rather than individuals
If upon graduation, you are expected to enter the healthcare workforce and immediately start working in teams to provide the best patient care...

You must be trained how to do this during your didactic training.
Interprofessional Education (IPE)

“When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes”

• Core competencies for interprofessional collaborative practice, **to guide “curriculum development” across health professions schools**
  • Values and ethics
  • Roles and responsibilities
  • Teamwork
  • Communication

• **Overall goal is to include interprofessional education throughout the training of the SHP student**
IPE Concept - Goals

To prepare students for their future careers by:
- Learning to work as a team
- Enhance patient safety and satisfaction

Preparation is cross-curriculum to encourage:
- Better understanding of roles/responsibilities
- Respect/appreciation of capabilities
- Trust
- Interprofessional communication
IPE Concept - Competencies

Values and Ethics
Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Roles and Responsibilities
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.

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

Interprofessional Communication
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.
IPE Concept – Resources “Why the need?”

Historically, communication was seen as the most common cause of diagnostic error

“Communication problems or closing the loop on test results as the biggest cause of error, accounting for about 85% of the cases.”

By providing early exposure, we are taking the first steps to prevent diagnostic errors:

Improving communication between the professions.
Providing an understanding of each others roles/responsibilities/expertise.
Instilling a mutual respect for each professions capabilities.

IPE Concept – Resources - Evidence in Support

Studies have shown that developing IPE courses in various disciplines of healthcare improves attitudes towards interprofessional teams and interprofessional learning.²

These findings indicate that a brief intervention can have immediate positive effects and contribute to the development of health professionals who are ready to collaborate with others to improve patient outcomes.³


UT Health San Antonio IPE Activity Design

Level of learners involved
MSII and MOTII

Case based
Patient with stroke, case developed by faculty

IPE Assessment
IPEC Competency Survey, revised
16 item self assessment on two competencies
(Communication and Values and Ethics)
How did this start?
# Presidents Council Meeting

## Presidents Council

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>STUDENT</th>
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<tbody>
<tr>
<td>Emergency Health Sciences</td>
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<tr>
<td>Medical Laboratory Sciences</td>
<td>Tamara Medina (MLS1)</td>
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<td>Mara Cabungcal (MLS2)</td>
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<td>Occupational Therapy</td>
<td>Jennifer Sanchez (OTD 1)</td>
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<td>Stephanie Urigwe (OTD2)</td>
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<td>Carlos Herrera (OT 2.5)</td>
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<td>Scott Matjeka (PT1)</td>
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<td>Justin Anderson (PT 2)</td>
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<td>Quentin Morgan (PT 3)</td>
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<td>Physician Assistant Studies</td>
<td>Johanna Wiswall (PA1)</td>
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<td>* Caitlin Schwein (PA2)</td>
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<td>Maham Ijaz (RC2)</td>
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<td>Speech Language Pathology</td>
<td>Lauren Capicio (SLP1)</td>
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<td>Erika (Gallindo) Hayes (SLP2)</td>
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* = Chair of the Presidents Council
Carlos Herrera – OT Class of 2019
Medicine, Behavior and Society (MBS)

MBS explores the areas of history, law, ethics, clinical, social and cultural contexts of medicine as well as human behavior & development over the lifespan (cognitive, social and emotional development from infancy to death).
Jason Morrow, M.D., Ph.D.
Bridgett Piernik-Yoder, PhD, OTR
Circle Curriculum
<table>
<thead>
<tr>
<th>Draft MBS curriculum content grid: 6/4/2019</th>
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<tbody>
<tr>
<td><strong>Weekly Theme</strong></td>
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<td>The Physician in Society</td>
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<td><strong>Weekly Theme Detail/Weekly Goal/Weekly Focus</strong></td>
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<td><strong>Communication Skill Session</strong></td>
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<td><strong>Experiential Learning Session</strong></td>
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<td><strong>Topics of Other Sessions</strong></td>
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<td><strong>Synthesis Case Topic</strong></td>
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<tr>
<td><strong>Reflective writing topic</strong></td>
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<tr>
<td><strong>Longitudinal advocacy project</strong></td>
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Activity

• Activity was explained to students by faculty
• Prework, IPEC pre-test, role and table group assignment sent to students through email and LMS prior to activity
• Collaborative teaching and learning space supported the activity
• Session was opened by a message from university president to highlight importance of IPE in patient care and institutional missions (SACS/COC QEP)
• Videos related to teamwork and communication were played
• Quick icebreaker at tables
• Team meeting in roles
• Quick debrief of team meeting
• Patient/family meeting (standardized patient) with team in roles
• Debrief
• Post-survey conducted electronically
Roles include:

Patient
Chaplain
Physician
Nurse
Social Work
Psychologist
Physical Therapy
Occupational Therapy
Pharmacists
Speech Language Pathologist
Spouse
**Occupational Therapy** - During your initial evaluation, you determine that Mr. Fuga needs assistance with daily activities including dressing, grooming, toileting, and bathing. He is able to eat once his food tray is set up and he is given clear guidance. He is right handed and reports he enjoys engaging in many creative activities at home including as painting and gardening. Mr. Fuga says that prior to the stroke, he usually enjoyed his solitary time at home although he would feel lonely some days. Mr. Fuga tells you that he does not want to burden with his wife with carrying out daily activities.

**Physician** - You are the supervising, attending Internal Medicine physician involved in Mr. Fuga's care. Your primary medical concerns include hypertension, management of the acute stroke syndrome, and prevention of future strokes. The hypertensive crisis that either led to or accompanied the stroke has resolved. You allowed for “permissive hypertension” in the first 24 hours after presentation and now you are starting medications that you expect Mr. Fuga will continue indefinitely with close monitoring of blood pressure in the coming weeks. Mr. Fuga’s MRI results show no active cerebrovascular pathology—no bleeding, no aneurysm, no malformations. You have started him on aspirin and are relying on your Neurology consultant (who will not be present for the team or family meeting) and team pharmacist (who may be present for the meetings) to determine whether to add a second anti-platelet medication (clopidogrel). Acutely, you are concerned about short-term memory impairment, inconsistent orientation as revealed through mental status examination, swallowing difficulties, and right-sided weakness. Your will need the assessment and recommendations of your interprofessional team including the Occupational Therapist, Physical Therapist, and, if they are present for the meetings, your Speech Language Pathologist.
Results
Data Collection

IPEC Competency Self-assessment Tool, Revised
16 items with two domains, 8 items each
   Interprofessional Communication
   Interprofessional Values and Ethics

Examples of items:

4. I am able to respect the privacy of patients while maintaining confidentiality in the delivery of team-based care. I am able to respect the privacy of patients while maintaining confidentiality in the delivery of team-based care.

14. I am able to act with honesty and integrity in relationships with other team members.
Findings

192 students completed both the pre- and post-tests
Descriptive statistics were analyzed using SPSS

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<th>Pre-test</th>
<th>Post-test</th>
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There was a significant average difference between the pre- and post-test scores for both domains:

- Communication Domain ($t_{191} = 10.122, p > 0.001$)
- Values and Ethics Domain ($t_{191} = 4.704, p > 0.001$)

Data analysis suggests the students who participated in this IPE encounter experienced an increase in the competencies measured.
Lessons Learned

- Shared value of IPE across schools
- Required extensive planning and willing partners
- Large admin support through UME office facilitated successful logistical organization of the event
- Students did not know what to expect from IPE activity across schools
- One day was not enough
- Students pre-work was minimal
- Too little explanation given on rationale of role reversal
- Overall response was positive and students wanted more IPE across schools
Questions