Innovations in Teaching – How to Construct and Conduct an Interprofessional Course on Applied Decision-Making

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Objectives

After attending this session, the learner will:

1. Become familiar with steps used in creating a decision-making course.

2. Identify strategies for providing opportunities to practice team dynamics and make decisions that are patient centered and collaborative.

3. Discuss the barriers and solutions for utilizing standardized patients.
SLU-IPE

• Began in 2006
• Freshman-entry program
• Longitudinal, integrated curriculum across the baccalaureate level degree programs that include students and faculty from 7 health care professions.
  – Athletic Training
  – Dietetics
  – Nuclear Medicine Technology
  – Nursing
  – Occupational Therapy
  – Physical Therapy
  – Radiation Therapy
Interprofessional Education defined

“IPE occurs when students from 2 or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”

Interprofessional Education

Occurs when there is

• Interaction between students and faculty of different professions AND

• Goals and learning experiences lead to achieving
  – Performance of skills required for collaborative patient/client-centered teamwork
  – Understanding of and respect for the roles and unique contributions of the health professions
Premises/Values or Beliefs

• IPE should occur as early as possible in the professional curriculum
• Embedding IPE experiences within and throughout existing curricula allows aspects of patient-centered care and IP team practice to be an expected part of professional practice
• IP collaborative practice occurs with deliberate planning and implementation of learning and practice, not by good will, intent, desire, or chance alone
• IPE must have interactive learning experiences, didactic and experiential, that include critical reflection

Learning Together for Tomorrow’s Health Care
Operationalizing IPE
Concepts and Values  (Breitbach, Sargeant, Gettemeier, Ruebling, 2011)

SLU defines IP student learning as:

“Occurring when courses and other learning experiences meet criteria of interaction leading to achievement of the IP learning outcomes”.

Learning Together for Tomorrow’s Health Care
SLU-IPE Courses

Curriculum consists of 4 required courses:
- IPE 110 Introduction to Interprofessional Health Care
- IPE 350 Health Care System & Health Promotion
- IPE 420 Applied Decision-Making in Interprofessional Practice
- IPE 490 Integrated Interprofessional Practicum Experience

Concentration in IP Practice is awarded.
Evolution of Course

• Two iterations of course
  – IPE350: Healthcare Ethics (5 years)
  – IPE420: Applied Decision-making in IP Practice (2 years)

• Course offered 2x/year

• Average class size: 170 students

• Faculty facilitators: 8 (ideal 10)
Creating an IPE Applied Decision-Making Course

Step 1 – Consider institutional context

– Based on overall IPE curricular goals, faculty team determines which IPE Core Competencies course will address

– Mission of institution
  • Institution’s student learning outcomes
  • Administration & faculty values

– Types of health care programs/providers
  • Goals of each profession
Your Turn

What challenges to IPE exist at your institution?

What opportunities for IPE exist at your institution?
Creating an IPE Applied Decision-Making Course

Step 2 – Determining course content

– Assess existing curricula for content
  • Further develop key IP concepts
  • Avoid redundancy of content
– Determine course content
– Construct objectives

Options: Course or integrated IPE learning experience?
Writing Course Objectives

- Consider IP Core Competencies
  - Values/Ethics for IP Practice
  - Interprofessional Communication
  - Roles & Responsibilities for Collaborative Practice
  - Interprofessional Teamwork & Team-based Care
- Consider course content
- Context of institution
- ABCDs of objectives
- Consider Bloom’s Taxonomy
Writing Course Objectives

Domains - Core Competencies for Collaborative Practice

- Values/Ethics
- Interprofessional Communication
- Roles & Responsibilities for Collaborative Practice
- IP Teamwork & Team-based Care

Components of Objectives

- **Audience**
- **Behavior**
- **Condition**
- **Degree**

Upon completion of this course, the students will be able to meet the following objectives:

- Identify appropriate questions and points of discussion to address with the patient and to gather all information needed to effectively assist in providing a patient-centered plan of care for the patient.
- Apply a decision-making method in a competent manner in arriving at a patient-centered plan of care.
Step 3 – Determining teaching strategies (Clark, 2006)

- Provide opportunities to practice team dynamics and practitioner roles
  - Based on experiential learning theory
    - CE: concrete experience
    - AC: abstract conceptualization
    - AE: active experimentation
    - RO: reflective observation
  - Learning process must include all 4 elements
    - Feeling, watching, thinking & doing
Creating an IPE Applied Decision-Making Course

Step 3 – Determining teaching strategies (Clark, 2006)

- Construct rubrics for analysis of case scenarios and reflective papers
- Provide opportunities for students to receive and reflect on feedback
  - Based on Schon’s Reflective Practitioner Theory
  - Based on Experiential Learning Theory
- Standardized patients
  - Request sent to Director of Clinical Skills lab
Teaching Strategies

Build on previous knowledge of team dynamics and professional roles

- Didactic information
  - Teamwork
  - Basic roles of various professions
  - Ethical principles
  - Valuing roles of other professions

Hybrid course design

- Large class attendance
- Online lecture capture system
- Online quizzes, exams, discussion boards & assignments
- Small group attendance & activities
Teaching Strategies

Provide opportunities to apply patient-client centered principles to paper cases

– Faculty develop cases & rubrics
– Assign students to an IP team
– Student Actions
  1. Reflect on patient-client centered care individually using a decision-making rubric
  2. Collaborate with IP team members to make a caring decision
  3. Provide opportunity for individual reflection following collaborative work
Small Group Activities/Reflections

Students are assigned to small groups

- IP team = 4-5 students
- 4-5 IP teams (17-22 students) = 1 small group with 1 faculty facilitator

2 major learning activities

- Analysis of paper cases provides them with foundation on information they must gather to make decisions as a team
- Interviews with 2 standardized patients
Standardized Patient Interview

- Objective - apply patient-client centered principles
- Focus: interaction and reflection

- Method: conduct a patient-centered interview
  - Students prepare interview questions as team
  - Students conduct interview with standardized patient
    - Use of time-out
- Feedback from
  - Standardized patient solicited
  - Student observers
  - Faculty facilitators
- Post-interview student reflection
IPE420 - Standardized Patient Interview

Interviewer reflection

1. Overall how do feel the interview went? Were you able to complete your part of the interview as planned? If not, why?

2. In your opinion what was the best part of the interview in general and why?

3. What you would do differently and why?

4. What did you learn from this experience?

5. In what ways do you think you will approach a patient interview differently in the future?
Observer reflection

1. What is your overall impression of the interview? How was it different than what you had planned?

2. What did you observe about non-verbal communication, active listening, and feedback from the patient about his/her understanding? Give specific examples.

3. Identify and explain what you thought was the best thing about the interview?

4. Based on your observations what would you have done differently?
What does it look like?
Your Turn - Standardized Patient Interview

Observer reflection

1. What is your overall impression of the interview?

2. What did you observe about non-verbal communication, active listening, and feedback from the patient about his/her understanding? Give specific examples.

3. Identify and explain what you thought was the best thing about the interview?

4. Based on your observations what would you have done differently?
Standardized Patient

Outcomes

– Opportunity to learn from standardized patient
  “… the feedback I received from the patient was very constructive. She told me specific things to improve on.”

– Positive response from students
  “I thought it was a really good learning experience. I feel much more confident about having to interview patients and I also received constructive criticism that will help me in the future.”
Standardized Patient

Outcomes

– Peer assessment
  “The best thing about the interview was the social worker. I LOVED how she related to the patient because that made [the patient] more comfortable and more human.”

– Self-assessment
  “…I would also be more empathetic with the patient.”
Standardized Patients

Barriers
- Cost
- Time

Solutions
- Apply for grants
- Use older students
- Theatre students
- Check with your university
  • Clinical Skills Lab
Valuable to You?

• Challenges?
• Fears?
• Opportunities?
Questions?

• Saint Louis University Interprofessional Education Program
  – ipe.slu.edu

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Enjoy the journey - thank you!