

IPE and IPP at the University of Kansas Medical Center: Campus-Wide Efforts, Geriatrics-Focused Activities, and Clinical Opportunities

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Disclosures

- Susan Jackson is employed by the University of Kansas, and has received a portion of her salary from the Reynolds Foundation grant in the past.
- Deborah Daniels is employed by the University of Kansas.
- Lindsey Heidrick is employed by the University of Kansas.
- Kristy Johnston is employed by the University of Kansas.

CAMPUS-WIDE EFFORTS

The Center for Interprofessional Education, Practice, and Research (CIPER) at the University of Kansas Medical Center

- <http://www.kumc.edu/center-for-interprofessional-practice-education-and-research.html>

Key Components – Curricula/Clinical

Required IP curricula:

- ✓ *Foundations of Interprofessional Collaboration*
 - ✓ Level 1 event – January 2014, 2015, 2016, 2017, 2018
 - 14 programs – 1000 + students annually
 - direct and non-direct care programs
 - 100+ faculty facilitators
 - Kansas City, Salina, and Wichita campuses
 - Level 2 event – October 2014, 2015, 2016, 2017
 - Level 3 event – not all programs participate

Foundations of Interprofessional Collaboration: Introduction to **TeamSTEPPS® Level 1**

Introduction to TeamSTEPPS®

- Interprofessional Day -- 1/2 day face-to-face session
 - IPE Pictionary
 - Paper-Chain Exercise
 - Application of **TeamSTEPPS®** to video triggers
 - Debriefing session

***Interprofessional Education Collaborative (IPEC) Competencies:** Values/Ethics, Roles & Responsibilities, Interprofessional Communication*

Intended Learner Outcomes:

- 1) Demonstrate a work ethic with individuals of other professions to maintain a climate of mutual respect and shared values
- 2) Define the role of health professions (including your own) within the healthcare system
- 3) Acquire basic TeamSTEPPS® communication tools to effectively use with healthcare teams.

Student Evaluations Level 1

- Overall, the program was valuable: 86% (2015), 87% (2016), 84% (2017), 88% (2018)
- Learning with students from other professions was valuable: 96% (2015), 96% (2016), 95% (2017), 97% (2018)
- Students demonstrated mutual respect and shared values: 97% (2015), 98% (2016), 97% (2017), 99% (2018)
- Enhanced my ability to maintain a climate of mutual respect: 88% (2015), 91% (2016), 91% (2017), 91% (2018)
- Event increased my knowledge of another profession: 97% (2015), 95% (2016), 94% (2017), 95% (2018)

Foundations of Interprofessional Collaboration: Introduction to **TeamSTEPPS® Level 2**

An Application of TeamSTEPPS® skills and knowledge

- Interprofessional Day -- 1/2 day face-to-face session
 - Transitions of Care planning with interprofessional student team
 - SBAR and CUS (TeamSTEPPS® tools) low-fidelity simulations

***IPEC Competencies:** Roles & Responsibilities, Interprofessional Communication, Teams and Teamwork*

Intended Learner Outcomes:

- 1) Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs
- 2) Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function
- 3) Engage other health professionals appropriate to the specific care situation in shared patient-centered problem-solving.

Student Evaluations Level 2

- Overall, the program was valuable: 80% (2015), 88% (2016), 81% (2017)
- Learning with students from other professions was valuable: 91% (2015), 96% (2016), 93% (2017)
- Enhanced my appreciation of the shared value of interprofessional teamwork: 89% (2015), 92% (2016), 90% (2017)
- Increased my knowledge of another profession/s: 87% (2015), 90% (2016), 89% (2017)
- Improved my knowledge and/or skills in interprofessional communication: 85% (2015), 89% (2016), 85% (2017)

Feedback from Students – Level 2

- How important communication and mutual respect is in the Interprofessional team – this allows for the most effective and efficient patient-centered care.
- I appreciate the connections we forged, the insights into the individuals was just as important as recognizing their professional roles.
- I just always forget how important each specific occupation is. I truly learn to appreciate what each program does on the team for the best healthcare possible.

Foundations of Interprofessional Collaboration: Introduction to **TeamSTEPPS® Level 3**

Focusing on Teamwork in the Clinical Environment

- Interprofessional Day -- 1/2 day face-to-face session, over 2 weeks, 2 hour long session, 2 simulation rooms at a time
 - 6 professions: medicine, nursing, pharmacy, clinical lab sciences, respiratory care, and health administration; 450 students
 - Huddles, SBAR & Check-Backs (TeamSTEPPS® tools) high stakes/risk environment

IPEC Competencies: Interprofessional Communication, Teams & Teamwork

Intended Learner Outcomes:

- 1) Demonstrate effective teamwork and utilize each profession's unique and complementary abilities to optimize patient care
- 2) Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions
- 3) Demonstrate working effectively with other health professionals appropriate to the specific care situation in shared patient-centered problem-solving.

Student Evaluation Results 2017-2018

Level 3

- Overall, the program was valuable: 91% (2017), **91.5% (2018)**
- Learning with students from other professions was valuable: 95% (2017), **99.5% (2018)**
- Students demonstrated mutual respect and shared values: 97.5% (2017), **97% (2018)**
- Enhanced my ability to work effectively with a team of healthcare professionals: 92% (2017), **94% (2018)**
- Event increased my knowledge of interprofessional team huddles: 95% 2017, **95% 2018**
- Event improved my knowledge/skills in IP Communication: 94% (2017), **94% (2018)**
- Effectiveness of faculty/staff facilitator: 97% (2017), **94% (2018)**
- Facilitator sought participation from all learners: 98% (2017), **97% (2018)**

Feedback from Students – Level 3

- The importance of communication and teamwork are continuously discussed, but I felt that this experience truly demonstrated how vital they can be to effective patient care. Leaving the room, I felt more confident in the care simply by the fact that everyone was clearly on the same page and aware of the plan.
- I learned that each member of the team has something valuable to contribute and it is important to speak up when you have a thought or idea about the course of action. I gained a better understanding of what roles each profession plays in a critical care setting.
- I learned how important it is to get out of my comfort zone and do tasks that I may not normally do.

GERIATRICS-FOCUSED ACTIVITIES

Collaborative ethics seminar between Geriatrics and Palliative Care fellowships with Department of History and Philosophy of Medicine

School of Medicine fellows with SLP, OT, and PT graduate students, as well as Social Work and Law students

GerPal Ethics Seminar

School of Medicine fellows paired with SHP faculty to lead an interprofessional ethics seminar

Explore the role of multiple professions in addressing the ethical challenges in the care of older adults

Third installment in a six-part progressive standardized patient on palliative care for the medical students

Year 3 medical students with SLP, OT, and PT graduate students

Barney 3.0 Simulation

Interprofessional team encounter care to assess and manage functional decline in a hospitalized older adult

Teach transitions of care as a team and the roles of Medicine, SLP, OT, and PT

Interprofessional team
ambulatory care encounter

Year 3 medical students with
Pharmacy, Social Work, OT,
and PT graduate students as
well as Law students

**Geriatric IPE
Teaching Clinic
(GITC)**

Comprehensive assessment
and management of new and
post-acute older adult
patients

Teach complex clinical care as
a team and the roles of
Medicine, Pharmacy, Social
Work, OT, PT, and Law

CLINICAL OPPORTUNITIES

Cleft Palate Clinic

Structure of the Cleft Palate Clinic

1. Monthly clinic
2. 6-10 children or adults with cleft or velopharyngeal (VP) concerns plus families
3. Clinic flow
 - a. Pre-clinic staffing – Supervisor and SLP Students
 - b. Assessments/consultations by team members
 - c. Post-clinic team staffing

Cleft Palate Clinic

Profession Represented on the Team	
Plastic Surgery	Speech-Language Pathology
Dentistry & Orthodontics	Audiology
Nursing	Pediatrics
Psychology	Social Work
Otolaryngology	Dental Hygienic
Occupational Therapy (on call)	Genetics (on call)

Medical Students

Students/
Trainees

Grad Students

Grad Students

Students/
Trainees

Cleft Palate Clinic

IPE Within the Clinical Service Provision

1. Co-assessments by team members – examples
2. Student cross-discipline observation during clinic - examples
3. Consulting among professionals during the clinic – examples
4. Post-clinic team staffing – team recommendations, cross-education of team members

Developmental Evaluation Clinic and Childhood Autism Referral and Evaluation (CARE) Clinic

Structure of the Developmental and CARE Clinics

1. Twice-weekly interdisciplinary diagnostic clinics
2. One patient seen in each half-day clinic; referral question is whether the child has autism spectrum disorder (ASD)
3. Clinic Flow
 1. Pre-Clinic Staffing with Supervisor and SLP graduate student
 2. Pre-Clinic Staffing with all team members
 3. Assessment
 4. Post-Assessment Staffing
 5. Parent Conference

Developmental Evaluation and CARE Clinics

Professionals Represented on the Team

Speech-Language Pathology	Developmental Medicine
Psychology	Occupational Therapy
Nursing	Audiology
Social Work	Physical Therapy

Other Participants

Parents & Family Members	Community Service Providers & Interpreters
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Developmental Evaluation and CARE Clinic

IPE Within the Clinical Service Provision

1. Students and Residents in Training – SLP and other allied health disciplines, 3rd year medical students, residents from Pediatrics, Family Medicine & Psychiatry
2. Pre-staffing discussion as IPE practice and education
 - Planning the assessment & determining clinic roles
 - Explaining roles to medical students and residents rotating through clinic
3. Patient assessments as IPE and IPP
4. Family conference as IPE and IPP

Amyotrophic Lateral Sclerosis Clinic

Structure of the ALS Clinic

1. Weekly clinic
2. 12-15 patients per clinic
3. Clinic flow
 - a. Pre-clinic staffing – review of needs, priorities
 - b. Assessments/consultations by team members
 - c. Post-assessment review

Amyotrophic Lateral Sclerosis Clinic

Profession Represented on the Team	
Neurology	Speech-Language Pathology
Dietetics	Social Work
Nursing	Physical Therapy
Occupational Therapy	Respiratory Therapy

Other Participants	
Research personnel	Vendor representatives – AAC, mobility devices

Amyotrophic Lateral Sclerosis Clinic

IPE Within the Clinical Service Provision

1. Students and Residents in Training – SLP, PT, RT, medical students, Neurology residents, graduate students in research roles
2. Pre-staffing discussion as IPE and IPP
 - a. Prioritization process - [examples](#)
 - b. Planning the mornings assessment approach - [examples](#)
3. Patient assessments as IPE and IPP – co-assessments, interaction among team members - [examples](#)