Replacing Health Profession & Institutional Silos with Interprofessional & Cross-Institutional Collaboration

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Utilize the UNTHSC/TCU IPE Partnership & Interprofessional Code Simulation Collaboration to Help Institutions:

1. Identify potential interprofessional collaboration partners.
2. Create strategies for overcoming IPE barriers.
3. Evaluate resources and strategies for integrating team development, roles, leadership, and communication curriculum.
Health Professions Schools are Facing a Charge to Introduce Interprofessional Practice Competencies

IPE Drivers:

Competencies
- Movement toward incorporation of interprofessional collaborative practice competencies across health professions by Accreditation Agencies
- Development of the IPEC Core Competencies for Interprofessional Practice

Licensing & Accreditation Boards
- Assessing Competencies
- Maintenance of Certification
- Maintenance of License

A Changing Health Care System
- Improved Patient Outcomes
- Reduced Adverse Outcomes
- Increased Accountability
2011 Interprofessional Education Collaborative
IPEC

Core Competencies for Interprofessional Collaborative Practice
Sponsored by the Interprofessional Education Collaborative*

Report of an Expert Panel
May 2011

4 Core Competency Domains
Values/Ethics
Roles/Responsibilities
Interprofessional Communication
Teams and Teamwork

AACN (Nursing)
AACOM (Osteopathic Med.)
AACP (Pharmacy)
ADEA (Dentistry)
AAMC (Allopathic Med.)
ASPH (Public Health)
AOA Proposed Change
COCA Standard 6.4 (New)

• The COM must help to prepare students to function on health care teams that include health care professionals from other disciplines. The experiences should include practitioners and/ or students from other health professions and encompass the principles of collaborative practices.

• Glossary Definition:
  • Interprofessional Collaborative Practice- Health care professionals from different disciplines working together with patients, families and communities to deliver health care.
• **Values/Ethics**: Work with individuals of other professions to maintain a climate of mutual respect and shared values.

• **Roles/Responsibilities**: Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.

• **A.** Work with individuals of other professions in a climate of mutual respect

• **B.** Apply knowledge of the osteopathic physicians and other professionals training, knowledge, skills and competencies to address the health care needs of the patients and populations served.
• **Interprofessional Communication:** Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

• **Team and Teamwork:** Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.

• **C.** Communicate with patients, families, communities, and other health care professionals in a manner that supports the team approach to the care of the patient, the maintenance of health and the treatment of disease.

• **D.** Apply the principles of team dynamics to plan and deliver patient/population centered care that is safe, timely, efficient and effective.
The Effectiveness of Teams

• There is a growing body of evidence in support of the positive impact of highly effective integrated health care teams:

• **Improved Quality of Patient Centered Care**

• **Reduction in Medical Errors & Improved Patient Safety**

Historically the Health Professions have Trained in Silos
With little emphasis on team dynamics

The Institutions Training the Professions
Have struggled to find a rationale and process for collaboration
UNTHSC’s IPE Initiative

- Initiated in **2012** with the addition of the *Department of Interprofessional Education*

- Surfaced as an Institutional Initiative in 2013 and remains an Institutional Initiative

- 2013 MOU created between **UNTHSC/TCU** to begin to define how we could work together across schools/colleges and Institutions.

- Creation of an **UNTHSC IPE Advisory Board** with Dean or Dean appointed representation from all UNTSHC schools/colleges and a Texas Christian University (TCU) representative.

- **TCU** created its **IPREP Interprofessional Research, Education and Practice Advisory Committee** in 2013 including representation from UNTHSC.
This UNTHSC/TCU IPE Initiative:
Is founded on a *unique spirit of collaboration* to prepare a “collaborative practice-ready” workforce.

Distance between **UNTHSC** & **TCU** is < 4 miles
UNTHSC and TCU are breaking down the silos creating opportunities for collaborative training across schools/colleges and institutions.
This UNTHSC/TCU IPE Initiative:
Is fostering new and innovative opportunities for students to train together.

675 students from medicine, nursing, physical therapy, physician assistant studies, SLP, public health, and biomedical sciences train together in teams on core IPE competencies.

Culinary Medicine is an opportunity for TCOM medical students to work with TCU dietetic students and faculty to learn about health nutrition and how to prepare healthy meals.
Innovative Approaches to IPE

- **Interprofessional SAGE (Seniors Assisting in Geriatrics Education)**

- **Interprofessional student teams** make home visits with geriatric volunteers and complete competency based assignments.

- **Pediatrics Dietetics Internship**
  
  Children are assessed and parents receive nutrition education during their clinic visit. Dietetics, medicine, and PA students practice together.
We’re Training our Faculty to Work in IPE Teams

- The majority of faculty were trained in professional silos.
- UNTHSC and TCU have partnered in sending collaborating faculty teams to IPEC and TeamSTEPPS.
- Students, Faculty, and Practicing Professionals are being taught effective team strategies.

TeamSTEPPS: Team Strategies and Tools to Enhance Performance and Patient Safety

A teamwork system designed for health care professionals by the Department of Defense's Patient Safety Program and the Agency for Healthcare Research and Quality.
The best IPE ideas come from faculty being willing to imagine what if…

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“What if we trained nurses and medical students in a code simulation?”
Fall 2012
4 Professions Across 3 Institutions, Utilizing Interprofessional Code Simulation to Teach and Assess Team Patient Care Skills

- **Collaborative Code Simulation Exercise**

- Sr. Nursing Students (TCU) & (Brite Divinity School) Ministry Students

- 3\(^{rd}\) Year Family Med. Clerkship Medical Students (UNTHSC/TCOM)

- College of Pharmacy Faculty (UNT System)

- Chaplain Interns (JPS Hospital)
The Leveling of the Students

• For our code simulation it was determined that for an optimal experience we needed:

  • 3rd year medical students
  • Sr. level nursing student
  • 3rd year pharmacy students
    • Code Simulations began before our College of Pharmacy opened
    • For 2013-2014 Academic year have only year 1 pharmacy students initial year for College of Pharmacy
    • So utilizing College of Pharmacy faculty till have 3rd year pharmacy students
  • Sr. level ministry students and Chaplaincy interns
An Evolution of Code Simulation Objectives

2012-2013

• Apply the appropriate ACLS algorithms and principles in a code
• Demonstrate the hands on skills necessary to participate in a code
• Effectively communicate with members of other health care professions
• Collaborate effectively within an interprofessional health care team

2014

• Demonstrate functioning as an effective team in a code simulation with understanding of team members roles to provide quality care to that individual.
• Discuss an ethical dilemma related to the code simulation that requires team input and decision making that may be different from an individual’s decision.
• Demonstrate effective communication among team members and with patient’s family.
Prior to the scheduled simulation students receive information on code team roles and TeamSTEPPS material on effective team dynamics.

On the simulation day students receive an initial briefing about the simulation
- Effective team dynamics
- Roles and responsibilities
- Simulation logistics
- Family presence in code

After the hands on simulation students debrief in their simulation small groups with medical and nursing faculty

Several days after the simulation Students complete a reflection paper
Code Simulation Schedule

- 30 minutes  Introduction, roles in a code
- 30 minutes  Table Top code discussion
- 15 minutes  Debrief Table Top Code discussion
- 15 minutes  Hands on Code in simulation
- 30 minutes  Debrief Hands on code
Resources Utilized

American Heart Association’s ACLS DVD
“Megacode and Team Resuscitation”
code team roles

TeamSTEPPS  Team Strategies and Tools to
Enhance Performance and Patient Safety
Agency for Healthcare Research and Quality.

MI patient case to stimulate student discussion on running
codes and issues of ethics
Collaborative Code Simulation

“We only get to collaborate once a week, and that’s in actual clinics or hospitals, we need more of these simulations!”

“For the past 2 years, we medical students have taken turns acting the part of nurses during simulation, without knowing for sure their roles. This is far more realistic!”
Student Feedback Through Reflection Papers

• “I now realize that the patient’s family is an extremely valuable source of information.”
• “Verbalization by every member of the team is key!”
• “My only regret is that this was not done earlier in our training.”
• “Working with nursing and pharmacy students was really fun.”
• “It gave me an opportunity to evaluate myself and how well I can work in a team, and the areas where I need to improve.”
• “The inclusion of nurses and chaplains made the simulation seem more realistic.”
• “I walked away with many points on how to effectively communicate”
• “Have seen codes on my rotations, but never had an active role, now feel I would have the confidence to jump in and help in any capacity needed.”
Lessons Learned

- Keep the objectives simple and focused on teamwork and communication.
- Family member actors get in to their roles a little too well, have to tone them down some for the simulation.
- The process of running the simulation is time consuming and faculty intensive.
- Students would like an opportunity to run the code a second time
- Students want more preparation time before running the code
- You have to make sure you have the right equipment in your simulation lab.
- The mannequins don’t always cooperate
We Found Our Simulation Lab Wasn’t Equipped for an IPE Code Simulation

Provide Equipment to Meet Each Professions Needs

- Assess equipment needed and what is available
- Be creative and resourceful: MASH Radar effect
- This takes collaborative planning “You don’t know what you don’t know”
Evaluation and Assessment continue to Evolve

- Students have an opportunity to provide evaluative feedback on the code simulation by completing an evaluation form.
- Students complete a pre-simulation and post-simulation confidence scale to reflect on individual growth through the experience.
- Student reflection paper
- We also want to assess procedural knowledge so a code simulation performance observation tool was developed by our faculty to assess team performance, however faculty have found the tool too cumbersome and we are in the process of working to modify it.
Now How About Your Situation

- What are the elements that frame your opportunities for collaboration within your institution and across institutional boundaries?
  
  - Challenges
  - Benefits
  - Strategies