

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

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San Antonio

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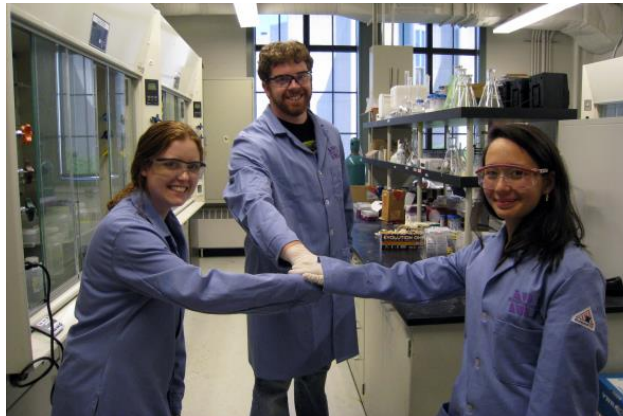
School of  
Health Professions

# 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



## However.....

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.”<sup>1</sup>

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.

1. The Big Three of Diagnostic Errors. AACC. <https://www.aacc.org/publications/cln/cln-stat/2019/august/15/the-big-three-of-diagnostic-errors>.



# 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.<sup>2</sup>

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.<sup>3</sup>

<sup>2</sup>Darlow B, Coleman K, Mckinlay E, et al. The positive impact of interprofessional education: a controlled trial to evaluate a programme for health professional students. BMC Medical Education. 2015;15(1). doi:10.1186/s12909-015-0385-3.

<sup>3</sup>Guraya SY, Barr H. The effectiveness of interprofessional education in healthcare: A systematic review and meta-analysis. The Kaohsiung Journal of Medical Sciences. 2018;34(3):160-165. doi:10.1016/j.kjms.2017.12.009.

# 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

<u>PROGRAM</u>	<u>STUDENT</u>
Emergency Health Sciences	N/A
Medical Laboratory Sciences	Tamara Medina (MLS1) Mara Cabungcal (MLS 2)
Occupational Therapy	Jennifer Sanchez (OTD 1) Stephanie Urigwe (OTD2) Carlos Herrera (OT 2.5)
Physical Therapy	Scott Matjeka (PT1) Justin Anderson (PT 2) Quenton Morgan (PT 3)
Physician Assistant Studies	Johanna Wiswall (PA1) * Caitlin Schwein (PA2) Madison Ashley (PA 2.5)
Respiratory Care	Paige Grizzle (RC1) Mahum Ijaz (RC2)
Speech Language Pathology	Lauren Capicio (SLP1) Erika (Galindo) Hayes (SLP2)

\* = 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.



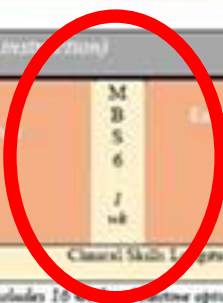
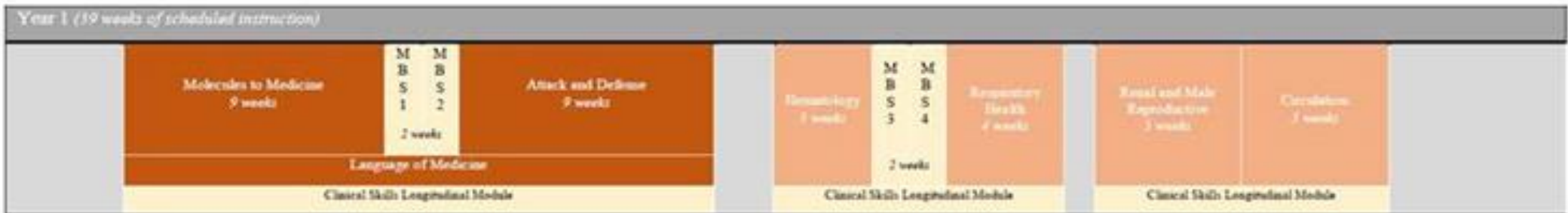
# Bridgett Piernik-Yoder, PhD, OTR





# Circle Curriculum

## CIRCLE Curriculum Overview (weeks of scheduled instruction)



Note: 31 weeks of scheduled instruction, includes 16 wk elective options in four four-week blocks.



Note: 32 weeks of scheduled instruction includes: 4 wk Inpatient selective, 4 wk Ambulatory selective, 4 wk Didactics and 20 wk of electives in five four-week blocks.

Draft MBS curriculum content grid: 6/4/2019

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Weekly Theme	The Physician in Society	Social Determinants of Health	Medical Decision-Making	Aging and Palliative Care	Vulnerable Populations	“First Do No Harm”
Weekly Theme Detail/Weekly Goal/Weekly Focus	Examine the core elements of professionalism and healthy doctor-patient relationships	Recognize social determinants of health and how they influence the doctor-patient communication	Describe the psychological dynamics and ethical principles involved in medical decisions	Apply ethical principles to discussions of normal aging, palliative care, and grief.	Identify the increased risks to minority and marginalized populations and strategies for providing ethical and just care	Recognize the personal and interprofessional practices the reduce harm to both doctors and patients
(Module Goals)	(B,C,D,E)	(A,C,D,E)	(B,C,E)	(A,B,C,E)	(A, B, C, D, E)	(B,C,D,E)
Communication Skill Session	6-55 Workshop	Health Literacy Workshop	*Motivational Interviewing Workshop	*Empathic communication workshop	*Trauma Informed Care Workshop	*Medical Error Disclosure Workshop
Experiential Learning Session	Narrative Medicine	Poverty Simulation	*Chronic Illness Panel	Bereavement panel	LGBTQ panel; IPV testimonial	Forum theater on medical error and moral distress
Topics of Other Sessions	Professionalism and Boundaries	Individual and Structural Bias	Applying ethical principles; *Duty to Warn	Palliative care, hospice	Cultural Competency	Medical Error
	Physician Advocacy	Health Policy 101	Consent, Assent, Capacity	Physician assisted suicide	Gender and Sexuality	Moral Distress, Burnout
	Physician Wellness	SDH and Health Disparities	Mental Defense Mechanisms	Grief	Intimate Partner Violence (IPV)	Spirituality
	*Intro to Health Systems Approach	Childhood poverty TBL including life course approach	Implicit Bias and Disability	Aging	Ethics & Disparities in Human Subjects Research	*Managing conflict
Synthesis Case Topic	*Self care and ethical practices	Case exploring risks/harms of losing health insurance	Vaccine Refusal	Advance Directives	*Case addressing research ethics and disparities (e.g. HEL cells)	Interprofessional Ethics and Communication Workshop
Reflective writing topic	The good doctor	Poverty simulation	<i>Dax’s Case</i> (film)	<i>Wit</i> (movie)	Tuskegee	Speaking up
Longitudinal advocacy project	<i>Introduced</i>	<i>Topics/Groups Finalized</i>	<i>Time for independent work on advocacy group project</i>			<i>Project Due</i>

# 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

Spouce

# Material Provided to Students

**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. You 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

	Mean	N	Standard Deviation	Standard Error of Mean
Communication Domain Pre-test	3.98372	192	.569438	.041096
Communication Domain Post-test	4.42057	192	.567043	.040923
Values and Ethics Domain Pre-test	4.37826	192	.485630	.035047
Values and Ethics Domain Post-test	4.54362	192	.536588	.038725

# Findings

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