



Improving Patient Care by Improving Communication of the Care Team: An Interactive IPE Activity

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Goal of this Presentation

- Explain the role of collaborative teams in the patient-centered care delivery.
- Demonstrate understanding of the roles and responsibilities of individual team members.
- Apply Interprofessional Education Collaborative Core Competencies (IPEC) to an interactive situational role play.
- Network with other educators to explore mechanisms and barriers to preparing students to be “work-force ready” as it applies to working in interprofessional care teams.
- Apply strategies of effective team collaboration, mutual respect, effective communication and cultural competence to clinical case scenarios from various settings.

Introduction

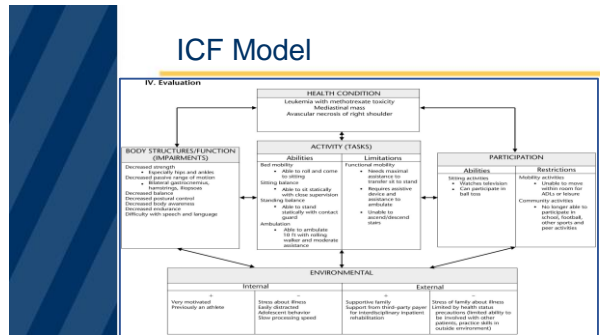
Healthcare educators prepare work-force ready graduates with skills necessary to provide patient-centered care. Understanding safe/effective patient care is a team effort requiring a complex mix of formal and informal roles/responsibilities is critical to execution of quality care. This course will present an interactive method of examining responsibilities of healthcare professionals and their role as team members.



Activity Onus

Enhance IPE content in Professional Socialization Course

- Promote Collaboration with Outside Professionals
- Participate in Realistic Approaches to Care
- Foster Critical Thinking and Decision Making
- Enhance Interdisciplinary Communication



IPEC Core Competencies



The Learning Continuum pre-licensure through practice trajectory

Nine Themes of Teamwork



Collaborative Learning

- Learning in Teams
- Formal and Informal Roles and Responsibilities
 - Support and Respect/Mutual Respect
 - Patient Voice
 - Teams/Coordination of Care



Resources of Awareness

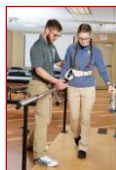
- Entrenching first year DPT students to the myriad of contributions in multidisciplinary patient care
 - Explore interworking of members of interprofessional teams
 - Teams/ Coordination of Care
 - Situation Monitoring
 - Communication
 - Gaps in Communication
 - Advocacy
 - Effective Use of Resources
 - Optimal Patient Care



Work Force Ready

Competent and Autonomous Practitioners

- Communication
- Professionalism
- Coordination of Care
- Advocacy
 - For patient
 - For self/profession
- Dual Loyalty
- Leadership



Our Case

Goal

- Interactive
- “choose your own adventure”
- Multi-disciplinary
- Complex: both medically and from a psychosocial perspective

Our Case

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- Interactive
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The Case

Development

- Depth/breath
- Contextual
- 9 Themes

Station 1: Case Overview



Case Overview and ICF

Mrs. Aulnut Background Information

Case Information: Mrs. Aulnut is a 78 y/o female who has recently had a fall last Thursday with R trochanteric fracture; she has had surgery on Friday morning consisting of an ORIF s/p R femur (trochanteric) fracture.

PMHx: diabetes—episodes of DKA (hypoglycemia), HTN, fall hx with x4 falls reported within the past year (other falls without injury), morbid obesity 5'6", 265#, BMI: 42.8.

Social Hx: widow x5 years; lives alone in two story cape-cod home with x7 and then x5 steps to enter home; sons out of town and she has limited extended family. Mrs. Aulnut is on a fixed income—she qualifies for assistance but indicates that she ‘doesn’t need it as much as others do’. She has been approved for a home health aide x2 days per week; the aide has found her down on ground multiple episodes. She has had to give up her pet Corgi within the past month as she could no longer afford to care for the dog. Mrs. Aulnut reports having limited social interactions as she says that she and her husband were very ‘private’ people. She is a non-driver. Her husband used to drive but now that he has passed away, she relies on public transportation (bus stop x5 blocks from house) or uses a taxi. She currently lives in suburbs with the grocery store x15 minutes from house.

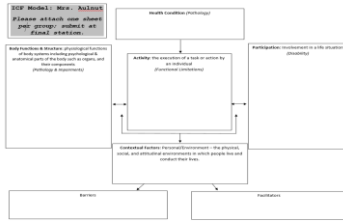
Case Overview

Face Sheet for patient chart

Patient Information			
1. Patient Name	2. Date of Birth	3. Sex	4. Race
5. Medical Record Number	6. Referring Physician	7. Referral Date	8. Referral Source
9. Patient Address	10. Patient Phone	11. Patient Email	12. Patient Insurance
13. Patient Allergies	14. Patient Medications	15. Patient History	16. Patient Social History
17. Patient Physical Exam	18. Patient Vitals	19. Patient Labs	20. Patient Imaging
21. Patient Treatment	22. Patient Discharge	23. Patient Follow-up	24. Patient Notes

Case Overview & the ICF Model

Questions to Consider



Station 2: Patient Chart Review



Patient Chart Review



Patient Chart Review

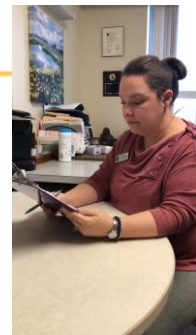
Questions to Consider

- Are you concerned about the possible implications of the various medications causing dizziness and/or contributing to Mrs. Aulnut's falls? If so, who do you feel would be the best team member to discuss these concerns?
- In reviewing her lab results, are there any values concerning you at this time? If so, which professionals should you connect with at this point?
- Are there additional tests, tools, or professions you would want to involve within Mrs. Aulnut's care at this time?

Station 3: Social Worker/Case Manager



Social Worker/Case Manager



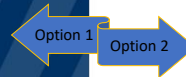
Social Worker/Case Manager

Questions to Consider

- What are the possible options of discharge? List the pro's and con's of each option.
- Are there safety or other concerns which lead you to believe discharge to home is or is not feasible?
- How would you best communicate these concerns to both the team and to the patient? Select the best approach toward answering the question with the interprofessional team member at this point in time.

Social Worker/Case Manager

Alternative Format



Station 4: Nurse Aid Dilemma



Nursing Aide Dilemma

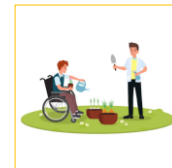


Nurse Aid Dilemma

Questions to Consider

- Are you concerned about the patient not getting up over the weekend?
- How would you appropriately respond to the lack of the patient getting up at this time?
- Is there an individual you would want to report these concerns to or would you go directly to the nursing aides?
- What strategies could you utilize to promote enhanced communication for individuals admitting to the facility over a weekend?

Station 5: OT Consult



OT Consult



OT Consult

Questions to Consider

- Are you concerned about the patient not getting up over the weekend?
- How would you appropriately respond to the lack of the patient getting up at this time?
- Is there an individual you would want to report these concerns to or would you go directly to the nursing aides?
- What strategies could you utilize to promote enhanced communication for individuals admitting to the facility over a weekend?

Station 6: Mental Health/Psych Nurse



Mental Health/ Psych Nurse



Mental Health/Psych Nurse

Questions to Consider

- What role do you believe the psychologist has within this patient's care?
- Will the information from the video alter your original plan of care? Will this information impact your discharge plan?
- Do you feel your profession has the training to facilitate care of mental health issues?
- Does your group feel that upon graduation you will have the skillset to work with patients with depression or other mental health issues?

Station 7: Phone Call with Ortho MD





Results of Initial PT Exam

You have completed your initial assessment on Mrs. Aulnut. You find crepitation (cracking and popping) over the area of the fixation/ pinning. You know that this is an indication of malunion of the fracture. Mrs. Aulnut expresses pain with all movements of the R lower extremity as well. The area is warm to the touch and visibly swollen. You decide to call the orthopedic surgeon as you know she is in the building operating today. You decide to call her in the operating room as you suspect non-union.

Phone Call with Ortho MD



Pleasant



Apathetic



Dismissive

Phone Call with Ortho MD



Prepared

Unrehearsed

Change of Heart

EXASPERATION

Phone Call with Ortho MD

Questions to Consider

- Do you feel the surgeons' response was appropriate?
- Do you feel there is additional information you could have or should have given the surgeon upon the call?
- Is there another option (other professions) for relaying your concerns?
- Which communication strategy did you use? Would another one have been more appropriate?

Station 8: Debriefing Station



Debriefing Station

Questions to Consider

Getting the conversation started:
How do you think it went?

Teamwork

Roles and Responsibilities

Communication

Review learning points

Post Activity Reflection



- Reflect: Identify two key points related to this exercise in which you felt unprepared for AND discuss what steps you need to take to be better prepared next time.
- Reflect: Reflect or identify 1-2 items that facilitate quality patient-centered care for Mrs. Aulnut.

Discussion

- Initial thoughts and impressions
- Suggestions for additional applications in teaching
- Other uses:
 - Evaluative
 - Remediation
 - Reflective practice



Our Future Plans

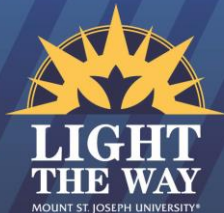
Our goals:

- Multiple Option Stations
- More Stations and Professions
 - Incorporation of PA and SLP
- Diversity of Student Participants
 - PT, PA, Nursing, Social Services
- Marque Event

Questions?



Thank You!



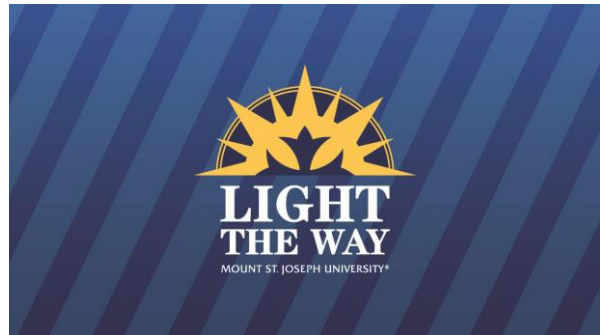
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Medications

Medications

Canagliflozin (Invokana) - an "SGLT2 inhibitor"

blocks your kidney from reabsorbing glucose

LIVALO 4 mg - a Statin

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Lab Results

Lab Values

CBC - results indicate normal clotting factor, slight anemia, no signs of infection
Fasting blood sugar - 62 mg/dL, (low)

Other Values

O2 saturation - (measured in post-op recovery room) 92%

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Imaging Reports

Mount St. Joseph Physical Therapy Clinic

Patient Name: Mrs. Julius Date of Service: 2/11/2021

Relevant Imaging

Primary finding: Subtrochanteric fracture (within 5 cm) of a transverse vs. short oblique fracture orientation with proximal fragment fixed and adducted and distal fragment adducted and ER. No comminution.

Additional findings:

- a. decreased cortical thickness and loss of bony trabeculae
- b. loss of trabeculae in proximal femur
- c. the fracture lines indicate lateral cortical thickness indicative of isophosphate-related fracture.



Post-op Impression
Good alignment of fracture with plate and screw fixation



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Post Operative Report

Mount St. Joseph Physical Therapy Clinic

Patient Name: Mrs. Julius Date of Service: 2/11/2021

Pre-Operative Dx: Minimally displaced right Sub-trochanteric fracture

Surgical Report:

The orthopedic surgical staff prepared Mrs. Julius for surgery (x/p 15 hours since right arrival). Nurse Anesthetist provided patient education as to anesthesia procedure and what to expect following surgical intervention. Surgical team transported patient into operating room (room 0-2). Upon arrival an intravenous (IV) line, was inserted by anesthesiologist and surgical team. General anesthetic was applied to Mrs. Julius.

Surgical incision on the R hip proceeded without complication. Surgeon removed small (x1 cm) bone fragment on lateral hip at site of impact. Soft tissue appeared intact no surgical repair to soft tissue damage at this time. The trochanteric fracture of the right femur was reduced and then fixed with using intramedullary fixation utilizing an intramedullary nail with interlocking screws to secured the femur and prevent rotation at the fracture site. Internal sutures were applied in the soft tissue of the surrounding musculature along with sutures on the anterior epidermis followed by (2) staples and bandaging. Mrs. Julius had unremarkable vital signs throughout the entire procedure. Total surgical time was 2 hours and 25 minutes.

Following surgery, a surgical assistant brought Mrs. Julius to the recovery room for ongoing monitoring of vital signs.

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Social History

Social History: Mrs. Alnut is a widow of 3 years. She lives alone in two story cape-cod style home with x7 and then x5 steps to enter her home. She has two sons who live out of town (2 hours away) and limited extended family within the area. Mrs. Alnut lives on a fixed income—while she qualifies for assistance, she indicates that she “doesn’t need it as much as others do”. She has been previously approved for a home health aide x2 days per week. Unfortunately, her aide has found her down on the ground during multiple episodes. Prior episodes of falls where she was found ‘down’ did not result in injury until this most recent admission. She did have a history of a fall with concussion in 2016 but returned to home with her husband who was there to assist her at that time. Mrs. Alnut has had to recently give up her pet Corgi as she could no longer afford to care for the dog. She has limited social interactions as she says that she and her husband were very ‘private’ people. Mrs. Alnut is a non-driver—her husband used to drive but now she relies on public transportation (bus stop x5 blocks from house) or will call the taxi company. She currently lives in the suburbs with grocery x15 minutes from house.

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Pleasant Ortho Response



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Apathetic Ortho Response



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Dismissive Ortho Response



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Prepared Communication with Ortho



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Unprepared and Unrehearsed Communication with the Ortho



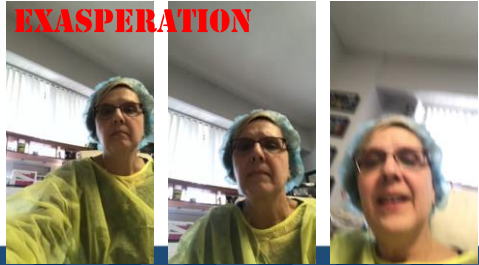
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Change of Heart for the Ortho



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EXASPERATION



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