LEARNING OBJECTIVES

(1) Review the interactive format utilized in the interprofessional session of a breast cancer survivor.

(2) Describe the illustrative case of breast cancer survivorship.

(3) Demonstrate the use of a case worksheet for assessment of critical reasoning and clinical decision making and a pre- and post- outcome assessment tool.

(4) Reflect on lessons learned and opportunities to improve.

AGENDA

- IPE at UNE
- The Use of patient stories in teaching
- Ally's Story
- Pre- and Post-survey results
- Q & A

At UNE IPE Session in October, 2014, from left: Amy Litterini, Dr. Denis Hammond, Dr. Sue St. Pierre & Ally
Established in 2010, students representing the full range of health professions programs work with one another through interactive collaborative activities that include:

- Team-based case conferences
- Interprofessional simulations
- Interprofessional service learning
- Co-conducted research and scholarship
- Global immersion experiences
- Arts and health projects
- Interprofessional classroom activities

Vision: IPEC will be a nationally recognized leader in campus-to-community interprofessional education, practice and research.

Mission: IPEC transforms health care education by fostering community-centered, collaborative learning and interprofessional practice.

Values: The IPEC at UNE values shared learning environments that prepare students to be competent and collaborative health professionals.

Dedicated Center of Excellence

Dedicated leadership
- Shelley Cohen Konrad PhD, LCSW- Director
- Kris Hall, MFA- Program Coordinator

Collaborative partnerships throughout university
- Planning/Steering
- Workgroups
- Curriculum-based initiatives
- Immersion Projects

Grants
- Macy Foundation Grant
- Student Project Grants

Dedicated time weekly for joint programming
IPE Collaboration

BREAST CANCER

COURSE OBJECTIVES

(1) Review the concepts of the medical management of breast cancer.

(2) Identify key communication skills necessary to work as part of an oncology team.

(3) Use the Lasater Clinical Judgment Rubric in a clinical case of a breast cancer survivor.

SESSION FORMAT

Setting: 180 seat Team-based Learning Center on main campus
- Round tops
- Hardwired microphones at each table
- Multiple media projection screens

Two groups with session repeated

Didactic session on breast cancer and readings on Cancer Related-Emergencies utilized pre-session
INTERPROFESSIONAL COLLABORATION

- Planning group: PT, OT, Nursing, DO, Social Work and IPE Staff
- Attendees: DPT, Nursing and DO students. Students divided into IP groups of 8 with professions mixed at each table
- Panel: Cancer Survivor Ally, Medical Oncologist Dr. Dennis Hammond, PT/Clinical Patient Navigator Amy Litterini
- Facilitators: DO/DPT Faculty

PROGRESSIVE CASE REVEAL FORMAT

- Intro
  - IPE Teams: Complete case worksheets, sections 1-2
  - Present consensus

- Response to Rx
  - IPE Teams: Complete case worksheets, section 3
  - Present consensus

- Wrap-up, Conclusion of Rx
  - IPE Teams: Complete case worksheets, section 4
  - Present consensus

OUTCOME: CLINICAL JUDGMENT

<table>
<thead>
<tr>
<th>Section 1: Noticing</th>
<th>Section 2: Interpreting</th>
<th>Section 3: Responding</th>
<th>Section 4: Reflecting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focused Observation</td>
<td>Prioritizing Data</td>
<td>Calm, confident manner</td>
<td>Evaluation/ self-analysis</td>
</tr>
<tr>
<td>Recognizing deviations from expected patterns</td>
<td>Making sense of data</td>
<td>Clear communication</td>
<td>Commitment to improvement</td>
</tr>
<tr>
<td>Kathie Lasater, 2007</td>
<td>Well planned intervention/flexibility</td>
<td>Being skillful</td>
<td></td>
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</tbody>
</table>
Diagnosis, Treatment, Survivorship

ALLY’S STORY

BREAST CANCER TOPIC HISTORY

- DPT program Guest Lecture Breast Cancer topic 2010-2012
- Incorporated Ally as guest lecturer into 3rd year DPT curriculum, PTH710 “Complex Case Management” in 2013
- Expanded to IPE Event with DO/RN students in 2014
TEAM WORKSHEET SECTION 1

NOTICING: Completed as a team

- What is the patient’s primary problem?
- What are your initial thoughts/hypotheses about the patient’s diagnosis and prognosis?
- What is your evidence to support or negate your hypothesis?
- What other information would be helpful and how could you get it?
- *Present Team consensus to group*

TEAM WORKSHEET SECTION 2

INTERPRETING: Completed as a team

- What specific exam procedures would you perform during your initial evaluation (prioritize the top 3 most important)? Why did you select these?
- *Present your initial Plan of Care (short and long term goals as applicable)*
- If you could recommend a referral for any other discipline, what discipline(s) would they be and what would you consider their ideal role in treatment?

TEAM WORKSHEET SECTION 3

RESPONDING: Completed as team, *Team consensus:*

- What other information would you like to have?
- Top 3 exam procedures?
- *Best single referral?
Participant Surveys

PRE- AND POST RESULTS

DEMOGRAPHICS - DO, DPT & RN

1. What is your gender?
   a. Male - 108
   b. Female - 109

2. What is your age range?
   a. < 25 - 125
   b. 26-35 - 86
   c. 36-40 - 3
   d. 41-46 - 3
   e. > 47 - 0

3. What is your discipline?
   a. DO - 154
   b. RN - 9
   c. SW - 32
   d. DPT - 52
   e. Pharm

4. The following describes my educational trajectory:
   a. I will be practicing within a year - 54
   b. I will be practicing within 2 years - 19
   c. I will be practicing within 3 years - 81
   d. I will be practicing within 4 years - 6
   e. I will be practicing in 5 years or greater - 0

PRE-SURVEY QUESTIONS: ALL

<table>
<thead>
<tr>
<th>Pre-sessional Assessment</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I would feel confident contacting a referral source or an expert resource to discuss my concerns related to patient care.</td>
<td>9</td>
<td>13</td>
<td>27</td>
<td>95</td>
<td>78</td>
</tr>
<tr>
<td>2. I feel that I have an understanding of how to work well and function within an interprofessional health care team.</td>
<td>5</td>
<td>10</td>
<td>26</td>
<td>110</td>
<td>70</td>
</tr>
<tr>
<td>3. I feel confident in questioning a patient’s diagnosis provided by another clinician.</td>
<td>9</td>
<td>40</td>
<td>67</td>
<td>67</td>
<td>33</td>
</tr>
<tr>
<td>4. I am able to incorporate the perspectives of my patients and their caregivers into developing a meaningful and relevant plan of care.</td>
<td>3</td>
<td>11</td>
<td>32</td>
<td>120</td>
<td>50</td>
</tr>
<tr>
<td>5. I understand the roles and perspectives that PT, SW, RN, DO and Pharm would bring to a comprehensive cancer survivorship care team.</td>
<td>5</td>
<td>33</td>
<td>60</td>
<td>83</td>
<td>38</td>
</tr>
<tr>
<td>6. I feel confident that I will be an important part of an interdisciplinary care team addressing the needs of my future clients/patients.</td>
<td>3</td>
<td>0</td>
<td>18</td>
<td>96</td>
<td>99</td>
</tr>
</tbody>
</table>
**POST-SURVEY QUESTIONS: ALL**

<table>
<thead>
<tr>
<th>Post-survey Assessment</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. I would feel confident contacting a referral source or an expert resource to discuss my concerns related to patient care.</td>
<td>1</td>
<td>1</td>
<td>13</td>
<td>104</td>
<td>95</td>
</tr>
<tr>
<td>12. I believe that I have an understanding of how to work well and function within an interprofessional health care team.</td>
<td>1</td>
<td>5</td>
<td>15</td>
<td>109</td>
<td>83</td>
</tr>
<tr>
<td>13. I feel confident in questioning a patient’s diagnosis provided by another clinician.</td>
<td>2</td>
<td>10</td>
<td>47</td>
<td>97</td>
<td>58</td>
</tr>
<tr>
<td>14. I am able to incorporate the perspectives of my patients and their caregivers into developing a meaningful and relevant plan of care.</td>
<td>2</td>
<td>3</td>
<td>12</td>
<td>105</td>
<td>89</td>
</tr>
<tr>
<td>15. I understand the roles and perspectives that PT, SW, RN, DO and pharm would bring to a comprehensive cancer survivorship care team.</td>
<td>2</td>
<td>11</td>
<td>33</td>
<td>99</td>
<td>65</td>
</tr>
<tr>
<td>16. I feel confident that I will be an important part of an interdisciplinary care team addressing the needs of my future clients/patients.</td>
<td>1</td>
<td>0</td>
<td>12</td>
<td>90</td>
<td>107</td>
</tr>
<tr>
<td>17. I find this learning opportunity to be more meaningful in nature made it a more meaningful experience for me.</td>
<td>2</td>
<td>4</td>
<td>20</td>
<td>87</td>
<td>96</td>
</tr>
<tr>
<td>18. I feel as though there was a take home message in this experience that I will carry forward with me throughout my educational process and professional career.</td>
<td>4</td>
<td>2</td>
<td>16</td>
<td>86</td>
<td>97</td>
</tr>
</tbody>
</table>

**D.O. STUDENT SURVEY RESULTS**

**DO Students:** I would feel confident contacting a referral source or an expert resource to discuss my concerns related to patient care.

**DO Students:** I understand the roles and perspectives that PT, SW, RN, DO and pharm would bring to a comprehensive cancer survivorship care team.

**DPT STUDENT SURVEY RESULTS**

**DPT Students:** I feel confident in questioning a patient’s diagnosis provided by another clinician.

I believe that I have an understanding of how to work well and function within an interprofessional health care team.
RN STUDENT RESULTS

Nursing Students: I feel confident in questioning a patient’s diagnosis provided by another clinician.

I feel confident that I will be an important part of an interdisciplinary care team addressing the needs of my future clients/patients.

POST: BENEFICIAL OPPORTUNITY?

This was a beneficial educational opportunity.

POST: INTERPROFESSIONAL?

Having this learning opportunity be inter-professional in nature made it a more meaningful experience for me.
I feel as though there was a take home message in this experience that I will carry forward with me throughout my educational process and professional career.

Lessons learned

**PERSPECTIVES, COMPETENCIES & CONCLUSIONS**

**D.O. PERSPECTIVE**

Sue St. Pierre, DO, Course Director, Clinical Assistant Professor, Center for Osteopathic Medicine:

- “Having the opportunity for DO, PT and Nursing students work together as a team with Ally in the room was a win-win. Ally made her situation ‘real’ to them and brought the human element to a complex case.”

- “I want my DO students to understand that patients are more than diagnosis X or Y; they are real people with families and hopes and dreams.”

- “As DO physicians, back pain walks in our door all the time. I hope this IPE session allowed for the roles of PT and Nursing to be obvious to my DO students and for them to see the value of the team approach to Ally’s care.”
RN PERSPECTIVE

Mindy Golden, RN, MSN, Assistant Professor:

“I thought it was valuable for our students as it let them see the different roles and scope of practice for the other disciplines. I think this helps them because when they get out in practice they will know who to ask questions and will hopefully feel comfortable questioning certain aspects of a patient’s treatment plan or trajectory of care.

Nursing students are often intimidated by physicians and I think getting them together early in their programs helps to eliminate that element and makes the environment feel more collegial.

Even though these were junior level nursing students who had no previous lecture content over breast cancer, it has introduced them to content areas they will learn in their senior year. The hope is that the repeat exposure to the content will solidify their knowledge.”

DPT PERSPECTIVE

With direct access, DPT’s are required to critically analyze each patient and make educated clinical decisions with autonomy in the presence of potentially inaccurate diagnoses.

We can’t simply accept the diagnosis we’re provided.

The zebra will walk into their office one day.

IPE/SOCIAL WORK PERSPECTIVE

Shelley Cohen Konrad PhD, LCSW, Associate Professor, Director of the Center for Excellence in Interprofessional Education (CEIPE):

“Learning with and from patients enhances the likelihood that students will understand the importance of patient-centered care.”

“Interprofessional teaching includes patients as educators. The affective learning that ensues cannot be taught by academics alone. Watching medical, nursing, and physical therapy students learn from Ally no doubt transformed how they will practice in the future.”
CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

• VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.
• VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
• RR2. Recognize one’s limitations in skills, knowledge, and abilities.
• RR6. Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention.


CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

• CC3. 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.
• CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.
• TT3. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.
• TT4. Integrate the knowledge and experience of other professions—appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/preferences for care.


LESSONS LEARNED

• Engaging patients of faculty can be tremendously rewarding, but also emotional
• Plan for a long lead time to schedule such an event
• Getting large groups of students together can be a challenge
  • Different schedules
  • Room capacities
  • Different places in curriculum
• Selecting the right case for the disciplines represented is important
• Engage existing groups to promote: ie. Oncology Club
Incorporating patients and providers into IPE proves to be a rich experience.

Consider cases that might not have gone well.

Finding the right patient may prove to be a challenge.

We would like to thank our wonderful panel, collaborators and the support of the Center for Excellence in Interprofessional Education at UNE.

...Questions?

THANK YOU!