Interprofessional Oral Health Education and Collaborative Practice Using Simulation

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Surgeon General (2000) and IOM Reports (2011-13)
IPEC Competencies (2011)

The Learning Continuum pre-licensure through practice trajectory
HRSA Report (2014)

- HEENOT
- Health History
- Oral-Systemic Risk Assessment
- Physical Health Exam
- Action Plan (preventive interventions, management within scope of practice)
- Collaboration
- Referral
Interprofessional Oral-Systemic Health Experience at NYSIM

Aims:

1) Develop interprofessional oral health competencies by using simulation as a tool to bridge the education-to-practice gap

2) Produce a primary care workforce that is collaborative-practice ready
IP Oral-Systemic
Standardized Patient Experience

I. Team Huddle (5 min):
   I. Introductions
   II. Goals of IP experience
   III. Directions

II. History and physical exam (45 min)

III. Debriefing (10 min)
IP Oral-Systemic Case Study Discussion

I. Team Huddle (5 min)
   I. Introductions
   II. Goals of IP experience
   III. Directions

II. Case Study Discussion (40 min)

III. Debriefing (15 min)
# ICCAS - Interprofessional Collaborative Competencies Attainment PRE-Survey

Please answer the following questions by filling in the circle that most accurately reflects your opinion about the following interprofessional collaboration statements: 1 = strongly disagree; 2 = moderately disagree; 3 = slightly disagree; 4 = slightly agree; 5 = moderately agree; 6 = strongly agree; na = not applicable

Please rate your ability for each of the following statements:

**Before** participating in the learning activities I was able to:

### Communication
1. Promote effective communication among members of an interprofessional (IP) team*
2. Actively listen to IP team members' ideas and concerns
3. Express my ideas and concerns without being judgmental
4. Provide constructive feedback to IP team members
5. Express my ideas and concerns in a clear, concise manner

### Collaboration
6. Seek out IP team members to address issues
7. Work effectively with IP team members to enhance care
8. Learn with, from and about IP team members to enhance care

### Roles and Responsibilities
9. Identify and describe my abilities and contributions to the IP team
10. Be accountable for my contributions to the IP team
11. Understand the abilities and contributions of IP team members
12. Recognize how others' skills and knowledge complement and overlap with my own

### Collaborative Patient/Family-Centered Approach
13. Use an IP team approach with the patient** to assess the health situation
14. Use an IP team approach with the patient to provide whole person care
15. Include the patient/family in decision-making

### Conflict Management/Resolution
16. Actively listen to the perspectives of IP team members
17. Take into account the ideas of IP team members
18. Address team conflict in a respectful manner

### Team Functioning
19. Develop an effective care*** plan with IP team members
20. Negotiate responsibilities within overlapping scopes of practice

*The patient's family or significant other, when appropriate, are part of the IP team.

**The word "patient" has been employed to represent client, resident, and service users.

***The term "care" includes intervention, treatment, therapy, evaluation, etc.

Adapted from MacDonald, Archibald, Trumpower, Jelley, Cragg, Casimiro, & Johnstone, 2009.
TOSHP IP Experience: ICCAS Mean Pre and Post Scores by Student Type (2013 & 2014) (p<0.001, two-tailed)

- Nursing (n=150): Pre = 4.88, Post = 5.65
- Dentistry (n=158): Pre = 4.76, Post = 5.52
- Medicine (n=310): Pre = 4.65, Post = 5.35
TOSH IP Experience: ICCAS Mean Pre and Post Scores by Topic Area (2013 & 2014)  
(n=618) (p<0.001, two-tailed)

- **Communication**: Pre 4.76, Post 5.43
- **Collaboration**: Pre 4.69, Post 5.50
- **Responsibilities**: Pre 4.70, Post 5.46
- **Patient-Centered**: Pre 4.66, Post 5.41
- **Conflict Management**: Pre 4.91, Post 5.57
- **Team Functioning**: Pre 4.65, Post 5.48
TOSH IPE Experience: ICCAS Mean Pre and Post Scores by Student Type (2013 vs. 2014) 
(p<0.001, two-tailed)
Percentage of Faculty Who Agree that IPE Increases these Characteristics
(2013 n=49; 2014 n=32)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>2013</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>Interprofessional</td>
<td>90%</td>
<td>97%</td>
</tr>
<tr>
<td>Communication</td>
<td>86%</td>
<td>84%</td>
</tr>
<tr>
<td>Interprofessional</td>
<td>77%</td>
<td>75%</td>
</tr>
<tr>
<td>Collaboration</td>
<td>75%</td>
<td>81%</td>
</tr>
<tr>
<td>Patient Communication</td>
<td>75%</td>
<td>81%</td>
</tr>
<tr>
<td>Understanding</td>
<td>75%</td>
<td>81%</td>
</tr>
</tbody>
</table>
Percentage of Faculty Who Agree with Value of the TOSH IPE Experience (2013 n=49; 2014 n=32)

- Valuable for students: 92% (2013) vs. 88% (2014)
- Valuable for faculty: 86% (2013) vs. 78% (2014)
- Would recommend: 90% (2013) vs. 90% (2014)
The Role of the IPE Facilitator

- Ensure introductions
- Be professionally neutral
- Provide direction and focus towards the learning objectives without making decisions for the group
- Establish learning climate (including acceptance of limitations)
- Encourage interaction and collaboration
- Focus the group and address conflicts
- Give and receive feedback

(Freeman, Wright, & Lindqvist, 2010) (University of Toronto, 2011)
How can they work together if they don’t learn together?
Knowledge, Trust, Respect, Collaboration