



Moving from individual roles to functional teams: A semester-long course in case-based decision making



Burgunda V. Sweet, PharmD ^{a,*}, Anica Madeo, MPH, MSW ^b, Mark Fitzgerald, DDS, MS ^c, Joseph B. House, MD ^d, Michelle Pardee, DNP ^e, Bradley Zebrack, PhD, MSW, MPH ^f, Domenica Sweier, DDS, PhD ^c, Joseph Hornyak, MD PhD ^d, Cynthia Arslanian-Engoren, PhD, RN ^e, Debra Mattison, MSW ^f, Leslie Dubin, MSW ^f, Jennifer Stojan, MD ^d, Bruce A. Mueller, PharmD ^a

^a College of Pharmacy, 428 Church Street, Ann Arbor, MI 48109-1065, USA

^b Michigan Center for Interprofessional Education, 428 Church Street, Ann Arbor, MI 48109-1065, USA

^c School of Dentistry, 1011 North University Ave, Ann Arbor, MI 48109-1078, USA

^d School of Medicine, 1301 Catherine St, Ann Arbor, MI 48109-5624, USA

^e School of Nursing, 426 North Ingalls Street, Ann Arbor, MI 48109-5482, USA

^f School of Social Work, 1080 South University Avenue, Ann Arbor, MI 48109-1106, USA

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ABSTRACT

Incorporating meaningful interprofessional education (IPE) into curricula to better equip students to enter and shape clinical practice can be challenging. Faculty from dentistry, medicine, nursing, pharmacy and social work taught a semester-long IPE course where interprofessional teams of students collaborated in case-based decision making to learn two IPE competencies: understanding professional roles and developing teamwork skills. Pre- and post-assessments measured students' knowledge and perceptions of professional roles, individual roles on a team, and overall team functioning. Pooled data from two years of students ($n = 540$) showed significant improvement in familiarity with the education and roles of each discipline ($p < 0.05$), improvement in individual communication and teamwork skills ($p < 0.05$), and improved team functioning ($p = 0.006$). The case-based pedagogy using interprofessional student teams effectively allowed students to learn about each profession's role on the team and gain teamwork skills.

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Collaborative teams of basic and clinical health scientists are essential for successful translational research where laboratory discoveries are transferred into clinical practice. Similarly, collaborative teams of health care providers are essential for optimal patient care. Major health organizations, including the World Health Organization and National Academy of Medicine (formerly, Institute of Medicine), are recommending interprofessional health practice as a model for positively influencing what the Institute for Healthcare Improvement has coined the *triple aim* of health care: improving the patient experience of care, improving population

health, and decreasing the cost of health care.^{1–3} In response to these recommendations, accreditation bodies of health science schools now require increased implementation of interprofessional education (IPE) as a means of improving the development of more effective collaborative care models.⁴ The challenge before health science schools is to incorporate meaningful IPE into their curricula so that students are better equipped to enter and shape contemporary interprofessional clinical practice.

Format

Team-Based Clinical Decision Making (TBCDM) is a large-scale, semester-long, active learning IPE course taught at the University of Michigan where there are several health-science schools on its local campus. Case-based discussions are used as a means for students to develop teamwork skills, learn about the roles each profession plays on the team, and gain experience in representing the role of their profession.

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* Corresponding author.

E-mail address: gsweet@umich.edu (B.V. Sweet).

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Table 1
Module objectives of the TBCDM course.^a

Module	Theme	Objectives
Introductory: Roles and teams	Professional roles and teams: Understanding the role of interprofessional healthcare teams to optimize patient care	<ol style="list-style-type: none"> 1. Define the roles that each healthcare discipline has in providing patient care 2. Recognize personal attributes as a member of a team 3. Explain the essential components of high-performing teams
Dentistry	Interdisciplinary care: Illustrating the importance of team communication and including the dentist as a member of the healthcare team	<ol style="list-style-type: none"> 1. Define a rank-ordered problem list based on a given patient scenario 2. Relate the roles that different professions have in managing a given patient scenario 3. Illustrate the importance of interprofessional collaboration and coordination to avoid conflicts, overlaps, and gaps in care 4. Construct a coordinated care plan for a patient with complex needs
Medicine	Transitions of care: Exploring interdisciplinary assessment priorities, risks of fragmentation of care, and transition care planning to improve communication and patient education	<ol style="list-style-type: none"> 1. Describe the value of interdisciplinary assessment in providing quality patient care 2. Identify factors that increase and decrease the potential for fragmentation of care 3. Recognize common assumptions of patients and healthcare providers that impact patient-care communication 4. Construct an interdisciplinary transition-of-care plan that addresses transition deficits
Nursing	Ethics and authority to act for others: Exploring patient-centered decision making and challenges with team collaboration in the community setting	<ol style="list-style-type: none"> 1. Identify three options for managing a patient-based ethical dilemma 2. Discuss how professional ethics can impact clinical decision making 3. Apply aspects of patient-centered care to a complex patient
Pharmacy	Managing pain and patient safety: Applying an interdisciplinary approach to managing pain in a patient with substance use disorder, and team responsibility when things go wrong	<ol style="list-style-type: none"> 1. Relate the roles that different professions have in managing patient pain 2. Illustrate the importance of interprofessional collaboration and coordination to minimize the risk for medical errors 3. Prepare an interdisciplinary handoff for a patient transitioning from one part of the health system to another
Social work	Cultural influence on decision making: Examining how characteristics of patients and families influence clinical decision making	<ol style="list-style-type: none"> 1. Describe how patient outcomes and behaviors are influenced by one's culturally-derived body of knowledge, attitudes, and beliefs 2. Examine cross-cultural negotiation with regard to shared decision-making, patient-provider communication, and informed consent 3. Analyze the influence of group process and structure on achieving group tasks
Closing: IP teams	Interprofessional teams: Applying the themes covered across the semester to a complicated patient case, and reflecting on team challenges	<ol style="list-style-type: none"> 1. Collaborate as an interprofessional team on a complicated patient case 2. Recognize personal growth as a team member 3. Reflect on team characteristics, strengths and weaknesses, and their impact on team performance

^a Minor changes in themes were made from 2015 to 2016. Themes are reflective of the 2016 course offering.

Target audience

TBCDM was launched in winter 2015 and has been offered for two consecutive years collectively enrolling 540 students (dentistry, 231; pharmacy, 156; social work, 87; medicine, 38; nursing, 28). It is required for all third year doctor of pharmacy and doctor of dental surgery students, and a subset of master of social work students. It has been offered as an elective for second through fourth year doctor of medicine and graduate advanced practice nursing students. In 2017, it will be required for graduate advanced practice nursing students, increasing their annual enrollment from 14 to over 50 students. This change will increase overall annual enrollment to approximately 350 students and make it a required course for four of the five disciplines; it will remain an elective only for medicine students.

Objectives

TBCDM focuses on two core competencies for interprofessional collaborative practice: understanding professional roles and responsibilities, and developing teamwork skills.⁵ Through weekly case-based discussions, students teach each other about their role

and scope of practice so that all students gain an understanding of how each discipline contributes to the healthcare team. Working in fixed interprofessional teams over the course of the semester allows students to learn about the importance of effective communication and the role of team collaboration in clinical decision making. Students also gain an increased awareness of their individual performance on a team, and how well their team worked together.

Activity description

TBCDM is designed as a series of modules taught by an interdisciplinary faculty pair in order to model professional interactions and the collaborative nature of clinical patient care. Each module is focused on a specific theme, consists of a complex patient case, and is taught at a different health science school allowing students to rotate through the various buildings to see the didactic environments of their peers. An overview of the content for each module is shown in [Table 1](#).

Enrolled students are divided into five cohorts, with each cohort further divided into seven or eight teams. Each team has six to eight members with four disciplines represented: dentistry, pharmacy,

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