

# Integrating Real and Standardized Patients into Interprofessional Team Training in Patient Centered Care Planning

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## BACKGROUND

Interprofessional team-based training (IPTT) promotes positive attitudes towards working in IP teams and helps to create a “collaborative practice-ready” healthcare workforce. The challenge is to integrate IPTT learning experiences into university-wide clinical courses to cross all four IP collaborative competency sub-domains - addressing IP values/ethics, recognition of roles and responsibilities, effective IP communication plus teamwork.

## AIM

To design an educational experience that will enable participants to recognize differing perspectives, values and experiences of other professions, as participants work together as a diverse IP team to plan patient centered care.

## SETTING/PARTICIPANTS

During 2016-2017, 1307 learners, completed IPTT in 3 cohorts including students from UAB Schools of Dentistry, Medicine, Nursing, Health Professions, Optometry, and the College of Arts and Sciences, plus Pharmacy students from Auburn University and Samford University.

## METHODS

Using the clinical context of older adult care, learners were guided through a 3-step team-based experience. Step 1: Nine IP faculty sequentially interviewed a real or standardized patient (SP) in large group format (n~400). Role modeling revealed data needed for IP care planning from IP perspectives.



Step 2: IP faculty facilitated small groups (~11-25 learners/group) to develop a care plan using data collected in step 1. Medical, emotional, social, environmental and economic problems were prioritized for treatment.



Step 3: Groups reflected on professional values and personal attitudes towards working in IP teams. Participants submitted written feedback to faculty and the OIPC to evaluate the activity.

## RESULTS

Logistic lessons learned:

1. Include members of all professions in each small group but also ensure group size allows meaningful interactions for care planning.
2. Allow adequate time for meaningful IP discussion, role comparisons and care planning activities during the small group activity (step 2).
3. Schedule time for preceptor briefing and debriefing for program consistency.
4. SPs provide greater opportunity to building case complexity and tailoring for discipline-specific focus on key topics compared with a “real” patient.

## DISCUSSION

IPTT requires a collaborative institutional environment, effective planning, integration into coursework and core curriculum, shared learning objectives and ongoing commitment for IPTT from each profession. Purposeful patient case selection and additional case enhancement can create appropriate depth and complexity to ensure care planning includes all professions.

