

RIME - Education Innovation

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

Allison Shorten, PhD, RN, RM, MSc, FACM – Professor, UAB Office of Interprofessional Curriculum / SON ([ashorten@uab.edu](mailto:ashorten@uab.edu)) Category: Education Innovation.

Co Authors: Peter Bosworth, MBA, Program Director - UAB Office of Interprofessional Curriculum; Cynthia J. Brown, MD, MSPH, AGSF - UAB Division of Gerontology, Geriatrics, and Palliative Care; F. Shawn Galin, PhD- UAB - Office of Standardized Patient Education; Erica R. Pryor, PhD, RN - UAB School of Nursing; Angela Rothrock, PhD – UAB Division of Gerontology, Geriatrics, and Palliative Care.

**Background/Objectives:** Interprofessional team-based training (IPTT) may promote positive attitudes towards working in IP teams, and contribute to creating a “collaborative practice-ready” healthcare workforce. The challenge is to effectively integrate IPTT learning experiences into clinical courses and clinical context to cross all four IP collaborative competency sub-domains to address IP values/ethics, recognition of roles and responsibilities, effective IP communication and teamwork. Our aim was therefore to design an educational experience to 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 and Participants:** University of Alabama at Birmingham students from the schools of Dentistry, Medicine, Nursing, Health Professions, Optometry, and the College of Arts and Sciences, along with Pharmacy students from Auburn University and Samford University, meet together to experience patient centered care planning.

**Description/Methods:** A cross-institutional IP faculty team designed an IPTT experience for learners within nine different healthcare professions (nursing, medicine, pharmacy, optometry, dentistry, nutrition, occupational therapy, physical therapy, and social work). Using the clinical context of older adult care, learners were guided through a 3-step team-based experience of assessment and care planning. Step 1: Nine IP faculty sequentially interviewed a real or a standardized patient in a large group format in front of all learners (n~400). The role modeling revealed the data needed for IP care planning from the different perspectives. Step 2: The large group was divided into small groups (~11-25 learners/group), where an IP faculty facilitated the development of a care plan for the older adult using data collected in step 1. Care planning included identification of problems from the medical, emotional, social, environmental and economic perspectives, and discussion of strategies to prioritize and treat identified issues. Step 3: At the end, each small group reflected on professional values and personal attitudes towards working in IP teams. Assessment: Participants submitted written feedback to faculty at completion of Step 3.

**Results:** During 2016-2017, a total of 1307 learners, within nine different healthcare disciplines completed the IPTT learning experience, in three cohorts. Logistic lessons learned from participant feedback emphasized the importance of achieving balance between including members of all professions in each small group and ensuring group size allows meaningful interactions for care planning. Participants valued having adequate time for meaningful IP discussion, role comparisons and care planning activities during the small group activity (step 2). Scheduled time for preceptor briefing and debriefing was valuable for program consistency. Our group has featured a community elder as the “real patient” for IPTT experiences and an alternative approach involving a “standardized patient” (SP). The SP patient provided greater opportunity to building case complexity and tailoring for discipline specific focus on key topics.

**Discussion/Reflection:** IPTT in patient care planning provides opportunities for gaining awareness of professional values, roles and responsibilities and ultimately how each contributes to patient care planning. We have learned that IPTT requires a collaborative institutional environment, effective planning, collaboration and 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.