



Interprofessional Student
Community-based Learning Experience

ISCLE

Interprofessional Student Community-based Learning Experiences (ISCLE)

Background

- A gap in student learning opportunities was identified in translating Interprofessional Education concepts to the clinical environment.
- ISCLE was developed to help fill this gap
 - Clinical experiences are vital to the growth of the student's understanding of working as a team of health care professionals.
- Goal
 - Build this activity into existing student clinical experiences with an emphasis on close to normal student workflow at a rural (perhaps critical access) site.
- Intended Outcomes
 - Students gain increased knowledge and skills regarding interprofessional team care with other students "on the ground" at a clinical site.
- Expectation is that these are patients you might normally see as part of their usual workflow in Primary Care practices, with attention toward working with other student team members, particularly those with chronic disease.
 - **Learn from, with, and about each other's professionals; not just parallel learning, but true interprofessional learning experiences.**
- What should students expect?
 - There will be a short videoconference to talk about the activity and an opportunity to meet each other if you haven't already met.
 - When you find a suitable patient, take some time do you your usual patient care and set aside time to work together to create a comprehensive team-based care plan.
 - The patient can be selected by any of the team members.
 - After the patient work-up, there is a short videoconference to debrief.

- What types of patients should students consider?
 - The “template activity” here is a transitions of care case (long term care to hospital, hospital to long term care), and is **intended to be suggestive with illustrative examples of tools typically used.**
 - Other patient types might be suitable, particularly those with **chronic disease** who have routine and unexpected visits (i.e., emergency department or hospitalization) who would benefit from a team approach.
 - These are often patients you would normally encounter on your rotation/clerkship/externship.

Transitions of Care Activity Description

Objectives:

- Learn the value of working as part of an interprofessional team in the delivery of health Services and transitions of care.
- Gain increased knowledge and skills regarding interprofessional care during transitions of care health care services.
- Gain increased knowledge of the tools and resources available for improved communication to minimize risks associated with transitions of care.

Outcomes associated with transitions of care (Transitions of Care in the Long Term Care Continuum):

- Patient-centered review of the risks and benefits in the transitioning of care.
- Reduction in costs associated with readmissions to the hospital.
- Duplication of diagnostic services avoided
- Reduction in medication-related errors.
- Increased patient/family satisfaction
- Better patient safety and quality achieved.
- Improved communication between care providers.

Activity:

1. A student leader is selected for the team. A team just needs to be two or more disciplines. **Not every discipline needs to be included every time (but could be), just 2 or more.** It is anticipated that you could have one patient per week. An ideal situation is 2 or more students from 2 or more disciplines on-site for 2 or more concurrent/consecutive weeks.
2. When any of the students become aware of a patient transfer from nursing home to hospital or hospital to nursing home (i.e., from a charge nurse or physician-), the student provides the information to other team members via text message, phone call, e-mail, etc.) and planning for your individual assessments begins. Depending on the composition of your team, some or all of the assessment tools may be used-individuals will do the assessments appropriate for their discipline, you may divide them up as your team sees fit. The assessment information can be



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brief and completed over one or two days as your time allows. However, the composition of the student team can be any of 2 or more disciplines. There is no required set of disciplines for a student team to perform assessments.

3. The student leader initiates planning for a 15 or 20 minute meeting with the team to discuss the case and develop a discharge or transition plan for the patient. Students present their findings to their individual preceptors.

Students are advised to do the assessments to the best of their ability and to do the assessments in a safe and appropriate manner (i.e., fall assessment). Students enjoyed some independence and enjoyed the interaction with each other as well as the opportunity to form a treatment plan together.

In-home Client Assessments Activity Description

Phase 1: Patients/ clients would be referred to an interprofessional team for an in-home skills assessment. The interprofessional team is composed of current students on rotation at the site, site clinical faculty/preceptor and UND faculty as requested. As the plan develops, video conferencing could be used to draw from the expertise of a larger interprofessional student team to discuss the findings and provide recommendations. Potential off-site students included in the interprofessional team could be from pharmacy, physician assistant program, social work, physical therapy, occupational therapy, nutrition and dietetics. The opportunity for in-home assessments would be advertised within the community. Referrals could potentially come from family and/or friends of residents living independently in the community who may need alternative living arrangements, or from administrators of assisted living or long term care units. Medical providers could also use this system to conduct in-home assessments for their patients. Using a patient assessment tool, student team members (usually two students) will visit the client and bring their findings to the interprofessional team for discussion and recommendation. The transitions care planning could entail working with patients from the hospital to the nursing home, nursing home to hospital, hospital to specialty care or services, and/or “frequent flyer” emergency patients.

Phase 2: As the plan develops, video conferencing could be used to draw from the expertise of a larger interprofessional student team to discuss the findings and provide recommendations. Potential off-site students included in the interprofessional team could be from pharmacy, physician assistant program, social work, physical therapy, occupational therapy, nutrition and dietetics.

Department of Family and Community Medicine Faculty:

Eric L. Johnson, MD

Resources

American Medical Directors Association Transitions Checklist (may be incorporated into electronic health record)

Source: American Medical Directors Association. Transitions of Care in the Long-Term Care Continuum Clinical Practice Guideline 2010 <http://www.amda.com/tools/clinical/toccpg.pdf>

Interprofessional Education Core Competencies

<http://www.aacn.nche.edu/education-resources/IPEC-2016-Updated-Core-Competencies-Report.pdf>

Wagner Chronic Care Model

<http://www.ihl.org/resources/Pages/Changes/ChangestoImproveChronicCare.aspx>

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ISCLE Evaluation



ICCAS – Interprofessional Collaborative Competencies Attainment Survey

For your unique anonymous participant code, please provide your mother’s first name initial, the day and month of your birthday. Please indicate your profession: _____
 Please indicate if you are: a student _____ year of program _____ or practitioner _____

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=neutral; 5=slightly agree; 6=moderately agree; 7=strongly agree; 8=not applicable**

Please rate your ability for each of the following statements:

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

Communication	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
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. © MacDonald, Archibald, Trumpower, Jelley, Cragg, Casimiro, & Johnstone, 2009.



University of North Dakota Interprofessional Education Publications, Presentations, Posters

Publications

Schuller, K., Amundson, M., McPherson, M., Halaas, G. An interprofessional programme to culturally sensitise students to the needs of patients and realities of practice in rural areas. Journal of Interprofessional Care; Accepted January 13, 2017; Published online: February 28, 2017.

Amundson, M., Moulton, P., Zimmerman, S. & Johnson, B. An innovative approach to student internships on American Indian Reservations. *Journal of Interprofessional Care*; 2008: Jan, Vol. 22 Issue 1, p 93-101.

Muus, K. and Amundson, M. Evaluation of North Dakota's NHSC Fellowship Program. *Texas Journal of Rural Health*; 1998: Vol. XVII, No 1 1991.

Presentations/Posters

Johnson, Eric L. *New Approaches to Collaborative Learning and Practice: Interprofessional Student Community-based Learning Experience (ISCLE)*. Abstract 272; Collaborating Across Borders V, international interprofessional conference; Roanoke, VA; September 30, 2015

Dyer, C., Johnson, E., Blakeney, E. *Replication of an Interprofessional Error Disclosure Module at Three Health Science Universities: Lessons Learned*; All Together Better Health, Pittsburgh, PA; June 7, 2014.

Johnson, E, Amundson, M, Halaas, G. *University of North Dakota Interprofessional Health Care Course: Lessons Learned. Transformative Change from the Classroom to Practice*; Collaborating Across Borders IV international interprofessional conference. Vancouver, BC, Canada; June 21, 2013.

Amundson, M., Lang, T., Hosford, C., Schauer, R., Halaas, G., Johnson, E. *An Examination of Interdisciplinary Student Experiences: Impact on Student Attitudes*. Transformative Change from the Classroom to Practice, Collaborating Across Borders IV international interprofessional conference Vancouver, BC, Canada; June 20, 2013.

Amundson, M. *NHSC SEARCH Program*. National Rural Health Association Annual Conference; Miami Beach, FL; May 2008.

Amundson, M. *Impact Assessment of North Dakota Student/Resident Experiences and Rotations in Community Health on Attitudes and Practice Location*. National Health Service Scholars Conference, Virginia, June 2003.

Muus, K., Amundson, M., Kruger, G., Park R. *North Dakota Student/Resident Experiences and Rotations in Community Health Program Assessment*. National Rural Health Association annual conference, Salt Lake City, UT; May 2003.

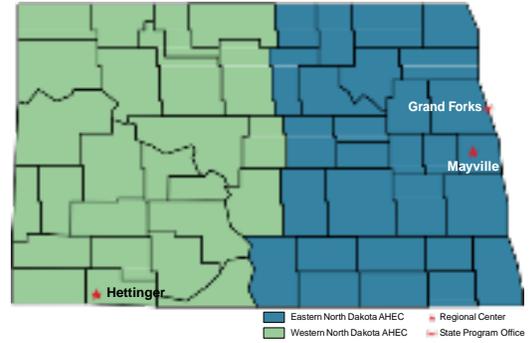
Muus, K. and Amundson, M. *Evaluation of North Dakota's National Health Service Corps Primary Care Fellowship Program*. National Health Service Corps 25th Anniversary Conference, Washington, D.C; June 1998.

Interprofessional Education

A H E C

Stands for Jobs

NORTH DAKOTA AHEC



What is Interprofessional Education?

Interprofessional Education (IPE) occurs when two or more professionals learn with, from, and about each other to improve collaboration and the quality of care. The IPE program is available for students in North Dakota

who have completed a portion of their health education program. Participants in the IPE program will complete a two week rotation in a rural underserved area and will learn how interprofessional partnerships can enhance medicine in rural North Dakota.

Interprofessional Education

- Encourages communication
- Expands understanding by working with other disciplines
- Promotes respect
- Develops teamwork
- Enhances leadership

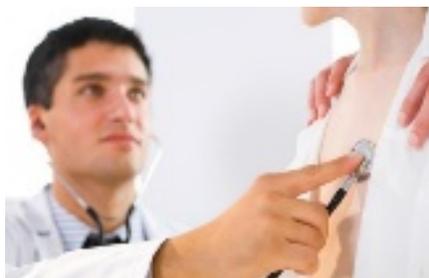
What does IPE do for Health care?

- Improves patient safety
- Reduces medical errors
- Enhances communication
- Increases both patient and provider satisfaction
- Controls cost

What does IPE do for Students?

- Increases knowledge of roles, contributions, and expertise among various health care professionals while delivering health care to clients and patients.
- Expands knowledge and understanding of interprofessional collaboration and communication.
- Builds interprofessional relationships and teamwork.
- Prepares students for ongoing and upcoming changes in the way health care is delivered and compensated.
- Shares experiences with other health care professionals.

“The AHEC IPE project I participated in during this rotation showed me that it is possible to work in interprofessional groups in a small town. It also showed me that small towns have a lot to offer in entertainment options, fun for all ages. *Nikki Snyder, Pharmacy Student*”



What is involved in IPE?

- Health care profession students (medical, nursing, dentistry, physical therapy, etc.) are on site for their regular rotation/clerkship/internship/externship, learning together.
- On site health facility coordinator works to bring students together for interprofessional public health projects.
- University of North Dakota School of Medicine and Health Sciences (UND SMHS) preceptor facilitates IPE activities by teleconference so that the onsite preceptor's teaching load is not expanded.
- Students evaluate patients and develop plans of care.

Student Perspective

- Integrates patient care activity as part of usual "workflow" for the student on their rotation/clerkship/internship/externship.
- Provides potential for team building and leadership with student led team for these prescribed activities.
- Offers the opportunity for students to work independently and as a team to enhance their usual duties.

Organizational Perspective

- Occupies the time of the student during down times in patient care.
- Offers an opportunity to recruit students to the community.
- Provides facility with a marketable project that encourages students to participate.
- Does not increase workload for onsite faculty – student IPE activity is facilitated through UND SMHS.

Community Perspective

- Provides opportunity for the student to be immersed in the community.
- Increases students' knowledge about the community and population base.
- Offers students the chance to learn from real life experiences.

Interprofessional Education is important for ensuring quality in health care. The program expects student teams to interact a few hours a week, within the context of their usual rotation/clerkship/internship/externship duties. These IPE team activities are facilitated by a preceptor from the University of North Dakota School of Medicine and Health Sciences.

Dr. Gwen Halaas, Senior Associate Dean, UND, SMHS

"The important thing about interprofessional teams is that the teamwork is visible. That means team members, actively communicating with each other, always include the patient. Ultimately this is about both safety and quality in medicine-it helps to develop very specific communications skills and tools to prevent errors. About 80% of errors in medicine are communication errors."

Dr. Eric Johnson, Director of IPE, UND, SMHS

"It's apparent that students enjoy the opportunity to meet, interact, and understand what other students do. These tasks fit in well with the normal student workflow, and enhance learning in a way that helps the patient, their preceptor, the health care facilities, the patient, and the patient's family. Health care is moving toward these team approaches, we want to see students as leaders in this area."

