**Title and Focus of Activity:** Partnering with Healthcare Mentors in the Classroom: A Curricular Approach to Help Students Understand the Management of Multiple Sclerosis and Foster Interprofessional CollaborationSkills *Patient/Client Management; Interprofessional Education*

**Contributor(s):** Robert Wellmon, PT, DPT, PhD, NCS; rhwellmon@widener.edu Institute for Physical Therapy Education, Widener University

**Course Information:** Advanced Practice IV: Selected Topics in Rehabilitation Practice; 2 credits; 3rd Year Fall Semester.

**Learning Experience Description**: Context: Incorporated throughout the course are multiple opportunities for guided classroom and clinical interactions with patients that promote the integration of practice with theory and foster clinical decision making skills in the management of a client with neurologic health conditions. Purposes: (1) to help the students understand the clinical management of individuals living with multiple sclerosis (MS) through direct patient interaction; and, (2) to provide an opportunity for interprofessional collaboration and practice implementing skills important for managing clients with chronic health conditions.

Participating professions include clinical psychology, nursing, physical therapy, and social work. For the learning experience, students conduct a discipline-specific physical examination or evaluation of a health care mentor (HCM) with MS. A HCM is an individual living with one or more health conditions, who shares their life experiences with students in a manner that simulates an actual clinical encounter. For the learning experience at Widener University, all HCMs had a confirmed diagnosis of MS and were living independently in the community but had participation restrictions due to activity limitations arising from multisystem impairments in body function and structure. For the clinical simulation, the HCM do not receive any formal training or coaching. The lived experiences of having MS and interacting with the healthcare system adequately prepare them for engaging with the students. The HCM are informed that they can choose what and how much information that is shared with the students.

The examination results gathered during the interactions with the HCM are used to develop discipline-specific care recommendations that are later shared at an interprofessional team conference. The interprofessional team conference is structured to replicate what happens in actual clinical practice – discipline-specific concerns are shared and the team collaborates to determine the care recommendations, which are later shared with the patient/HCM.

Achievement of the learning objectives is determined based on faculty observations of student performance of cognitive, affective and psychomotor skills, and documentation of the client encounter by the disciplines involved.

The curriculum and sequence of learning experiences are summarized in Appendix A, Tables 1 and 2 below. The 5 learning modules that make up the curriculum were delivered over a 2-3 week timeframe (Table 1).

Time for student to complete the activity: 1. Preparation for activity outside of/before class: 2-3 hours 2. Class time completion of the activity: 6 hours

Readings/other preparatory materials:

Student Materials

Bethoux F, Bennett S. Evaluating Walking in Patients with Multiple Sclerosis: Which Assessment Tools Are Useful in Clinical Practice? *International Journal of MS Care*. 2011;13(1):4-14.

Kieseier BC, Pozzilli C: Assessing walking disability in multiple sclerosis. *Multiple Sclerosis*. 2012;18:914-924.

National MS Society Professional Resource Center. Available at <http://www.nationalmssociety.org/For-Professionals/Professional-Resource-Center>

Neurology Section Multiple Sclerosis Outcome Measures Taskforce Recommendations. Available at <http://www.neuropt.org/professional-resources/neurology-section-outcome-measures-recommendations/multiple-sclerosis>

Potter K, Fulk GD, Salem Y, Yasser PT. Outcome measures in neurological physical therapy practice: Part I. Making sound decisions. *Journal of Neurological Physical Therapy*. 2011;35(2):57-64.

Scheets PL, Sahrmann SA, Norton BJ. Diagnosis for physical therapy for patients with neuromuscular conditions. *Journal of Neurological Physical Therapy*. 1999;23:158-168.

Widener GL. Chapter 19 Multiple Sclerosis. In, Umphred DA, Lazaro RT, Roller ML, Burton GU, Eds: Umphred's Neurological Rehabilitation. 6th Ed. St. Louis, Mo.: Elsevier/Mosby; 2013.

Faculty Resources

Bainbridge L, Nasmith L, Orchard C, Wood V: Competencies for interprofessional collaboration. *Journal of Physical Therapy Education*. 2010;24:6-11.

Interprofessional Education Collaborative Expert Panel: Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, DC: Interprofessional Education Collaborative; 2011. Available at, <http://www.aacn.nche.edu/education-resources/ipecreport.pdf>

Pardue KT. A framework for the design, implementation, and evaluation of interprofessional education. *Nurse Educator*. 2015;40(1):10-15.

Neurology Section of the American Physical Therapy Association. Neurologic entry-level curricular content integrated with a normative model of physical therapists professional education. Available at, <http://www.neuropt.org/docs/default-document-library/2011_neurologic_entry-level_curriculum_guidelines7E676FEAFF3D.pdf?sfvrsn=4>

Learning Objectives: 1. Describe the influence of social and cultural issues that affect patient reporting, behaviors, and actions and the achievement of goals and outcomes. 2. Describe and assess the contribution of physical, cognitive, and psychosocial factors in fostering body function and structure impairments, activity limitations and participation restrictions for individuals experiencing neuromuscular dysfunction. 3. Formulate and implement an examination and intervention strategy for individuals experiencing body function and structure impairments, activity limitations and participation restrictions that are due to health conditions affecting the neuromuscular system. 4. Describe the roles and responsibilities of interprofessional teams in providing patient/client-centered services. 5. Explain how one’s own discipline contributes to effective communication, conflict resolution and positive interprofessional working relationships. 6. Communicate discipline-specific knowledge and opinions to team members with confidence and clarity and in a manner that ensures common understanding of the meaning of the information for treatment/care/service delivery decisions. 7. Explain the roles and responsibilities of other members of the health care or human service providers in providing patient/client-centered care. 8. Describe how other health care and human service professionals can complement one’s own discipline-specific scope of practice in providing patient/client-centered care or service. 9. Acknowledge one’s own discipline-specific limitations in skills, knowledge and abilities in providing patient/client services and seek out or identify appropriate complimentary professionals. 10. Identify issues that can lead to conflict within interprofessional teams and demonstrate awareness that conflict can be productive. 11. Demonstrate the willingness and capacity to re-evaluate discipline-specific knowledge and findings in light of new information acquired from others during an interprofessional team meeting. 12. Demonstrate the ability to engage in a collaborative decision making process to establish patient/client centered goals and interventions. 13. Implement leadership practices within the context of a team meeting that supports collaborative decision making and, when necessary, effective conflict resolution. Integrate the knowledge and viewpoints of other disciplines in care planning decisions. 14. Create a service delivery plan that uses the full scope of knowledge, skills and abilities of the available health care and human service professionals.

Methods of evaluation of student learning:

1. Direct Observation of Student Performance - Discipline-specific Psychomotor and Cognitive Skills and Interprofessional Team Skills
	1. An OSCE-type checklist can be used to identify the correct implementation of physical examination skills and interaction with the healthcare mentor during the examination.
	2. Qualitative assessment of the interactions during the Interprofessional Team Meeting
	3. Jefferson Teamwork Observation Guide (JTOG) examines how well the group functions as an as an interprofessional team. https://nexusipe.org/resource-exchange/jefferson-interprofessional-observation-guide#sthash.jUb9ULxm.dpuf
2. Documentation of the Need for Services and Outcomes from the Interprofessional Team Meeting
	1. Discipline-specific documentation of the findings from the physical examination and recommendations for care as would occur in actual clinical practice
	2. Documentation from the interprofessional team meeting (Appendix B).
3. Interprofessional Learning and Collaboration
	1. Reaction
		1. **Reflective Paper** that describes the perceived value of the educational experience.
		2. **Surveys of student reactions** to the benefit of the experience using Likert-type scales.
	2. Knowledge, Skills and Attitudes
		1. The **Interdisciplinary Education Perception Scale** (IEPS) is an 18 item attitudinal inventory designed to measure student perceptions of one’s ability to collaborate with other professional disciplines. Four subscales examine characteristics thought to be important to effective collaborative practice – competency and autonomy, the need for cooperation with other disciplines, perception of actual cooperation, and understanding the values of other disciplines. Each item is scored using a 6-point Likert rating scale ranging from strongly disagree to strongly agree. The score on the individual items are summarized; higher scores represent more positive attitudes.
		2. The **Readiness for Interprofessional Learning Scale** (RIPLS) was developed to assess student preparedness for IPL and to examine changes in attitude during participation in educational activities related to team collaboration. The 19-item instrument uses a 5-point Likert rating scale (1=strong disagree to 5=strongly agree) to generate summative score. Three scale domains examine attitudes toward teamwork and collaboration in learning (9 items), professional identity and learning from others (7 items) and understanding the roles and responsibilities of other disciplines (3 items). Higher scores indicate more positive attitudes toward IPL/C.
		3. The **Attitudes Toward Healthcare Teams Scale (ATHTS)** examines attitudes toward collaboration using 21 items that focus on three domains – quality of care or team value (11 items), cost of team care or team efficiency (5 items) and shared leadership (5 items). The instrument has the capacity to measure the perceptions of care quality when delivered by teams, the functioning of the team in providing care and physician authority on a team. Items are rated on a 6-point Likert scale (1=strongly agree to 6=strongly disagree). Item scores are summed and higher scores represent more positive attitudes toward collaboration.
		4. The **Team Skills Scale (TSS)** is a self-report instrument that using a 5-point Likert-type scale to measure three factors: interpersonal skills, discipline-specific skills, and geriatric care skills.
		5. The **Jefferson Teamwork Observation Guide (JTOG)** examines how well the group functions as an interprofessional team and examines 5 domains: shared leadership, open communication, respect, teamwork and trust.
		6. The **Interprofessional Collaborative Competencies Attainment Survey (ICCAS)** contains 20 items that are designed to assess 6 core collaboration competencies: communication, collaboration, roles and responsibilities, collaborative patient/family-centered approach, conflict management/resolution, and team functioning.
		7. **Interprofessional Self-efficacy Scale (IP-SE)** was developed for pre-licensure students to examine self-efficacy for interprofessional team interactions and providing feedback to other members of the team.

**Appendix A Table 1. Overview of the Curriculum Summarizing the Learning Activities**

| Learning Activity | Time | Activities |
| --- | --- | --- |
| Introduction to Interprofessional learning (IPL) and collaboration (IPC) | 30 Minutes | The learning activity consists of a discipline-specific introduction to the importance of IPC and purpose of IPL. Faculty from each discipline, who have experience with interprofessional learning, are responsible for helping the students understand their role on interprofessional teams and the importance of interprofessional collaboration. The content included in the discussion were developed collaboratively by the faculty whose students are involved in the learning experience. |
| Issues in the Management of MS | 60-90 Minutes | Discipline-specific discussion about the issues in the management of MS and planning for the examination. The students are provided with readings necessary to support the discussion. This session uses a variation of the flipped classroom approach, where students are expected to come prepared to discuss management issues and construct the examination plan. During the session, the students work collaboratively to generate the examination strategy that will be implemented with the health care mentor. |
| Interprofessional Examination | 60-90 Minutes | Students were assigned to interprofessional teams to collaboratively examine the HCM. Each team has a maximum of 2 students from each discipline, which provides opportunities of peer support and consultation during the examination process and ensures that no one discipline can dominate the interaction. Physical therapy and nursing students worked together to complete an interprofessional examination; social work and clinical psychology students collaborated during their examination. Each interprofessional team had up to 90 minutes to complete the examination or evaluation of the HCM. |
| Discipline-specific Planning for the Interprofessional Team Meeting | 30 Minutes | The students meet with their peers from their own discipline to engage in discipline-specific planning for the interprofessional team meeting. At this meeting, the students identify the information that will be shared with the other disciplines at the interprofessional team meeting. The students also begin to identify discipline-specific concerns or problems that will also be shared. |
| Interprofessional Team Meeting | 3 Hours | Students meet in interprofessional groups to present findings from the discipline-specific physical examination and arrive at recommendations for care. Faculty were present to observe the interaction and act as process and content-expert consultants only if necessary and requested. The interprofessional care plan developed had to include problems that all disciplines could address (Appendix B). The HCM, who is a key part of the interprofessional team, joined the group later in the evening to discuss the proposed care plan and participated in the group debriefing. The reflective group debriefing, which included the HCMs, was a critical element of reinforcing all of the learning objectives.  |

**Table 2. Summary of the Activities Completed During the Interprofessional Team Meeting**

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| Tasks | Time | Activities |
| Interprofessional Team Meeting | Introduction | 15 Minutes | Introduce the expectations for the day. |
| Interprofessional Team Meeting | 60 Minutes | Share discipline-specific information and perspectives on the health status of the HCM. From the meeting, the students develop an interprofessional plan of care for the HCMs that has goals toward which all disciplines can work. |
| Planning for the Meeting with HCM | 30 Minutes | Interprofessional teams plan what and how to share information with the HCM. |
| Information Sharing with the HCM | 30 Minutes | Share the team’s recommendations with the HCM and receive feedback on the recommendations from the HCM. |
| Group Debriefing | 30 Minutes | Mentors, students and faculty meet to share their collective experiences and impressions of the learning experience.  |

**Appendix B Documentation Forms for the Interprofessional Team Meeting**

## Interprofessional Team Meeting Summary & Recommendations for Care

During the multidisciplinary team meeting, please identify the discipline specific problems that were identified during the examination or interview with the health care mentor. The discipline-specific problems will arise during the initial stages of the meeting as each group reports on their findings from the examination or interview. The rationale is the discipline specific explanation for the problem, briefly stated or summarized in a manner that helps others follow the group’s process or analysis of the case in developing care recommendations.

Discipline-Specific Problem Identification

|  |
| --- |
| Clinical Psychology |
| Discipline-specific Problems | **Rationale** |
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| --- |
| Nursing |
| Discipline-specific Problems | **Rationale** |
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| --- |
| Physical Therapy |
| Discipline-specific Problems | **Rationale** |
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| --- |
| Social Work |
| Discipline-specific Problems | **Rationale** |
|  |  |

Interprofessional Recommendations for Care

During this stage of the process, the discipline-specific problems previously identified must be integrated in the larger team goal or purpose for providing services. The areas of concern are identified through a consensus building process. It may be possible that some of the disciplines may not have a specific role. However, a discipline not assuming a role is a recommendation for care.

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| **Area of Concern** | **Discipline-Specific Care Recommendation** | **Rationale** |
|  | **Clinical Psychology** |
|  |  |
| **Nursing** |
|  |  |
| **Physical Therapy** |
|  |  |
| **Social Work** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Area of Concern** | **Discipline-Specific Care Recommendation** | **Rationale** |
|  | **Clinical Psychology** |
|  |  |
| **Nursing** |
|  |  |
| **Physical Therapy** |
|  |  |
| **Social Work** |
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