

A COLLABORATIVE MODEL FOR INTERDISCIPLINARY EDUCATION IN SPEECH-LANGUAGE PATHOLOGY

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Touro College School of Health Sciences

The Touro College School of Health Sciences began in 1972 with a Physician Assistant program. The School now has an enrollment of approximately 1,200 and consists of the following health professional education programs:

- Nursing (BSN)
- Occupational Therapy (BS/MS – 2 campuses)
- (Occupational Therapy Assistant AAS)
- Physician Assistant (BS/MS- 3 campuses)
- Physical Therapy (BS/DPT) (2 campuses)
- Speech and Language Pathology (MS)
- And just this year the Department of Behavioral Science was added.



DISCLOSURE STATEMENT

Steven H. Blaustein: No relevant financial or non-financial relationships to disclose

Jill S Horbacewicz: No relevant financial or non-financial relationships to disclose

Alexander Lopez: No relevant financial or non-financial relationships to disclose

Sondra M. Middleton: No relevant financial or non-financial relationships to disclose

Rivka Molinsky: No relevant financial or non-financial relationships to disclose

Sondra A. Russo: No relevant financial or non-financial relationships to disclose

LEARNING OBJECTIVES

By the completion of this presentation learners will be able to:

1. Explain Interprofessional Education (IPE) and Interprofessional Practice (IPP) and define and domains and core competencies for collaborative practice developed by the Interprofessional Education Collaborative (IPEC)
2. State ASHA's IPE goals and objectives as contained in the ad hoc committee on IPE recommendations and 2017 CAA standards
3. Create a detailed fictitious patient case with an interprofessional faculty committee that is realistic and allows students from participating health education programs to play a key role in interprofessional care
4. Use practical components from the IPE model presented to create successful IPE projects including human resources, facility requirements, budget, facilitative preparation, agenda, logistics, communication and evaluation

ASHA DEFINITION: INTERPROFESSIONAL EDUCATION

“Activity that occurs when two or more professionals learn **about, from and with** each other to enable **effective collaboration** and to improve outcomes for individuals and families we serve.”

ASHA DEFINITION: INTERPROFESSIONAL PRACTICE (IPP)

“Occurs when multiple service providers from different professional backgrounds provide comprehensive healthcare or educational services by working with individuals and their families, caregivers and communities to deliver the highest quality of care across settings.”

TRADITIONAL SLP SERVICE DELIVERY MODELS

Multidisciplinary: Discipline-specific, minimal integration

Interdisciplinary: Discipline-specific assessment

- Some communication

- Complimentary goal development

- Incorporate elements of goal

Transdisciplinary: Ongoing dialogue

- Single integrated service plan

- Single assessment by professionals

- from several disciplines

(Rhea Paul, 2016)

WHY INTERPROFESSIONAL EDUCATION?

- Not unique to ASHA
- Recognized globally and in the U.S.
- All stakeholders support the benefits of IPE/IPP
- Reduce errors, improve quality and safety
- Economics

IPE/IPP IS DIFFERENT

Occurs when:

- Team members **simultaneously** consider client's issues
- Best **alternatives** are considered
- Recognize the roles of each professional
- Negotiate approach & consider concerns raised

(Johnson, ASHA)

INTERPROFESSIONAL EDUCATION CONSORTIUM (2002)

- Group of educators, evaluators and administrators from USA
- Preparation of professionals through IPE via diverse fieldwork and education
- Provide knowledge, skills and values to collaborate effectively with others to serve communities and families

HEALTH PROFESSIONALS FOR A NEW CENTURY...LANCET COMMISSION

Shared Vision

“Interprofessional and transprofessional education that breaks down professional silos...enhancing collaborative and non-hierarchical relationships.”

(Lancet 2010)

INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)

- In May 2011 IPEC published the **Core Competencies for Interprofessional Collaborative Practice** to define specific competencies for interprofessional collaborative practice intended to guide health profession curriculum development
- Document created by an expert panel from the fields of Nursing, Pharmacy, Medicine, Osteopathic medicine, Dentistry, and Public Health

COMPETENCY DOMAINS

Requires moving beyond profession-specific educational efforts

Engage students of different professions in interactive learning

Able to work effectively as members of clinical team

Fundamental part of learning

(IPE Collaborative Model 2011)

INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)

- There were **four domains** identified

Competency Domain 1:	Values/Ethics for Interprofessional Practice
Competency Domain 2:	Roles/Responsibilities
Competency Domain 3:	Interprofessional Communication
Competency Domain 4:	Teams and Teamwork

The competencies under each domain were general enough to allow different professional education programs to develop IPE programs to have the flexibility in their design.

CORE COMPETENCIES

Values/Ethics

- Mutual respect and shared values

Roles/Responsibilities

- Knowledge of own and others

Interprofessional Communication

- Health professionals, patients, families

Teams and Teamwork

- Relationship values and team dynamics

COMPETENCY DOMAINS PRINCIPALS

- Remain **general** in nature
- Function as **guidelines**
- To access, share and **build upon**
- Health professions/schools bear responsibility for development

CORE COMPETENCIES WILL:

1. Create framework for curricula
2. Guide learning approaches, strategies and achieve outcomes
3. Provide lifelong learning continuum
4. Prompt dialog
5. Integrate IP learning with current accreditation Strengthen scholarship through research
6. Set accreditation standards for IPE
7. Inform for licensing and credentialing

INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)

In **2016** the IPEC board issued an **update**, with a greater emphasis on population health outcomes reflecting two major changes in the health system

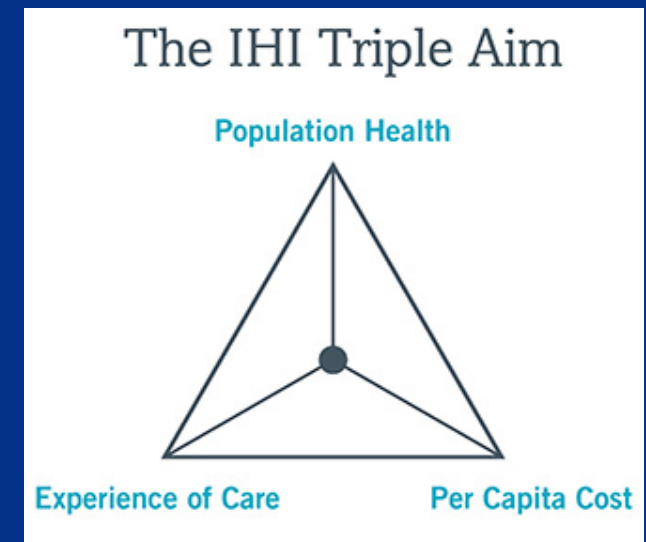
1. Implementation of the Patient Protection and Affordable Care act in 2010.



INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)

2. Increased focus on the Institute for Healthcare Improvement's (IHI's) "Triple Aim" - an approach to optimizing health system performance

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations; and
- Reducing the per capita cost of health care



INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)



The Learning Continuum pre-licensure through practice trajectory

- The most noticeable change is that instead of having *4 domains* within Interprofessional Collaborative practice, Interprofessional Collaboration Competency is the general Domain and within that there are *4 core competencies* (and related subcompetencies)
- Most of the wording for the competencies is unchanged

INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)

- Competency 1 Work with individuals of other professions to maintain a climate of mutual respect and shared values. (**Values/Ethics** for Interprofessional Practice)
- Competency 2 Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (**Roles/Responsibilities**)

INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)

- Competency 3 Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (**Interprofessional Communication**)

INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)

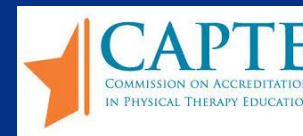
- Competency 4 Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (**Teams and Teamwork**)

INTERPROFESSIONAL EDUCATION ACCREDITATION STANDARDS

“...**interprofessional education** enables effective collaborative practice which in turn optimizes health-services, strengthens health systems and improves health outcomes.”

Pg18

IPE is a requirement of accreditors of
educational programs across the
health professions



*. Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3)

http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HP_N_10.3_eng.pdf

ASHA AD HOC COMMITTEE ON INTERPROFESSIONAL EDUCATION

- 13 members including SLP, audiology, PT, nursing
- Charged “to develop specific actions that address education and core competencies of IPE related to reimbursement models for students and members”

(2013)

AD HOC COMMITTEE RECOMMENDATIONS

- Reimbursement model expanded to add “practice” in addition to reimbursement models to reflect coming changes in practice
- High priority recommendations presented
- Endorse IPEC core competencies
- Develop education initiative for all stakeholders, students, faculty and practitioners
- Expand ASHA IPE/IPP CE activities
- Develop research agenda
- Encourage CAA to establish IPE standards
- Engage CFCC

ASHA'S ENVISIONED FUTURE STATEMENT (2015-2025)

- **Strategic objective no. 2**

“Identifies the role in interprofessional education and interprofessional collaborative practice (IPE/IPP) in aligning service provision with reimbursement systems that reflect a comprehensive person- and family-centered collaborative practice.”

Outcome:

“By 2025, academic programs are using IPE and students and ASHA members are engaging in interprofessional practice.”

Involves:

“Dissemination of resources to explain, collaboration with stakeholders, connect with other organizations, research, standards incorporation, evaluation.”

2017 IPE CAA STANDARDS

3.0B: Curriculum (Academic and Clinical Education in Speech- Language Pathology)

3.1.1B: Professional Practice Competencies

New Content: Added knowledge of interprofessional education

2017 SPECIFIC CAA IPE STANDARDS

1. **Accountability**
 - Understand the healthcare and education landscape and how to facilitate access to services
 - Understand how to work on IPE team
2. **Integrity**
 - Highest level of clinical integrity with individuals, family, caregivers, other service providers, consumers, payers
3. **Effective communication skills**
 - With any others involved in the interaction...quality of care delivered in culturally competent manner...

2017 SPECIFIC CAA IPE STANDARDS

4. Professional Duty

- Understand the roles and importance of IP assessment and intervention and be able to interact and coordinate care
- Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources
- Understand and use the knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and population served

2017 SPECIFIC CAA IPE STANDARDS

5. Collaborative Practice:

- Understand how to apply values and principles of interprofessional team dynamics
- Understand how to perform effectively in different IP team roles to plan and deliver care that is safe, timely, efficient, effective and equitable

WHAT TO TEACH?

- Team building skills, leadership
- Knowledge of professions and availability
- Patient-centered care
- Impact of culture and environment
- Communication

(Bridges, Davidson, et al.)

EXAMPLES OF IPE OPPORTUNITIES FOR CURRICULAR INTEGRATION

Neurogenic, Swallowing Disorders, Aphasia, Dementia, TBI

Neurology

Pharmacy

Nursing

Neurosurgery

Physical Therapy

Nutrition/Dietary

Medical imaging

Rehabilitation

Music Therapy

Radiology

Occupational Therapy

Respiratory therapy

Neuropsychology

Art therapy

Social work

CURRICULAR INTEGRATION

Education:

Teachers

Psychologists

School aides

Administrative Support

Administrators

Reading specialists

School nurses

Security

Child Language/Autism/Phonology

Pediatric neurology

Developmental Pediatrics

Pediatrics

BCBA

Psycho-pharmacology

Audiology

CURRICULAR INTEGRATION

Cleft Palate, Voice, Resonance, Cerebral Palsy:

Plastic surgery

Orthodontics

Prosthodontics

Otolaryngology

Genetics

AAC technology

Dentistry

Oral Surgery

CRITICAL RESOURCES FOR A SUCCESSFUL IPE PROGRAM

- Commitment from departments and colleges
- Diverse calendar agreement
- Curricular mapping
- Mentor and faculty training
- Sense of community
- Adequate physical space
- Technology
- Community relationships

EMERGING APPROACHES FOR IPE

- Team-based experiences, shared practica or observations, online discussions and activities, health mentoring.
- Promote “generic outcomes”: Learning of knowledge, skills or attitudes where IPE adds value via collaboration
- Designed experiences: Deliberate and coordinated planning, organizational home, curricular placement, administrative responsibility

(Johnson, A., Prelock, P. & Apel, K. 2016)

RECOMMENDATIONS FOR BEST PRACTICES IN IPE

Summarized from 7 sources:

- Need for administrative support
- Interprofessional programmatic infrastructure
- Committed faculty
- Recognition of student participation

(Bridges, et al.)

SOMETHING TO CONSIDER

“There is **no single way** to provide interprofessional education (IPE) nor is there a single way to measure outcome”

(DiGiovanni, J. and McCarthy, J., IPE 102)

EVALUATING SLP STUDENT OUTCOMES

- Learning from other disciplines
- Value of IPE as clinical skill
- Create change via experience
- Realize outcome benefits
- N= 45

KNOWLEDGE GAINED FROM OTHER DISCIPLINES

96% yes

Examples:

PA, OT, PT scope of practice

Nutrition can affect outcomes

Intricacies of discharge planning

Collaboration in hospitals/home care

Importance of social work

Medication use, side effects, pain management

IMPROVING KNOWLEDGE AND SKILLS AS CLINICIAN

100% yes

Examples:

Self-confidence, comfort level

Flexibility

Collaboration, communication

Role responsibilities, view modification

CHANGE VIEW AS CLINICIAN?

91% yes

Examples:

- Feeling of importance, role validation
- Respect, professionalism
- More knowledge than aware of
- Respect for expertise

VALUE OF IPP IN CASE MANAGEMENT PLANNING

100% yes

Examples:

Importance to patient care, collaboration

Listening, contributing, consensus building

Essential for maximizing efficiency

See patient as whole

Increased awareness of details

ARE YOU MORE CONFIDENT?

100% yes

Examples:

- Greater self-confidence
- Able to contribute
- Role/views/suggestions respected
- Validation of knowledge

TOURO IPE MODEL AND SUCCESSFUL PROGRAMMING

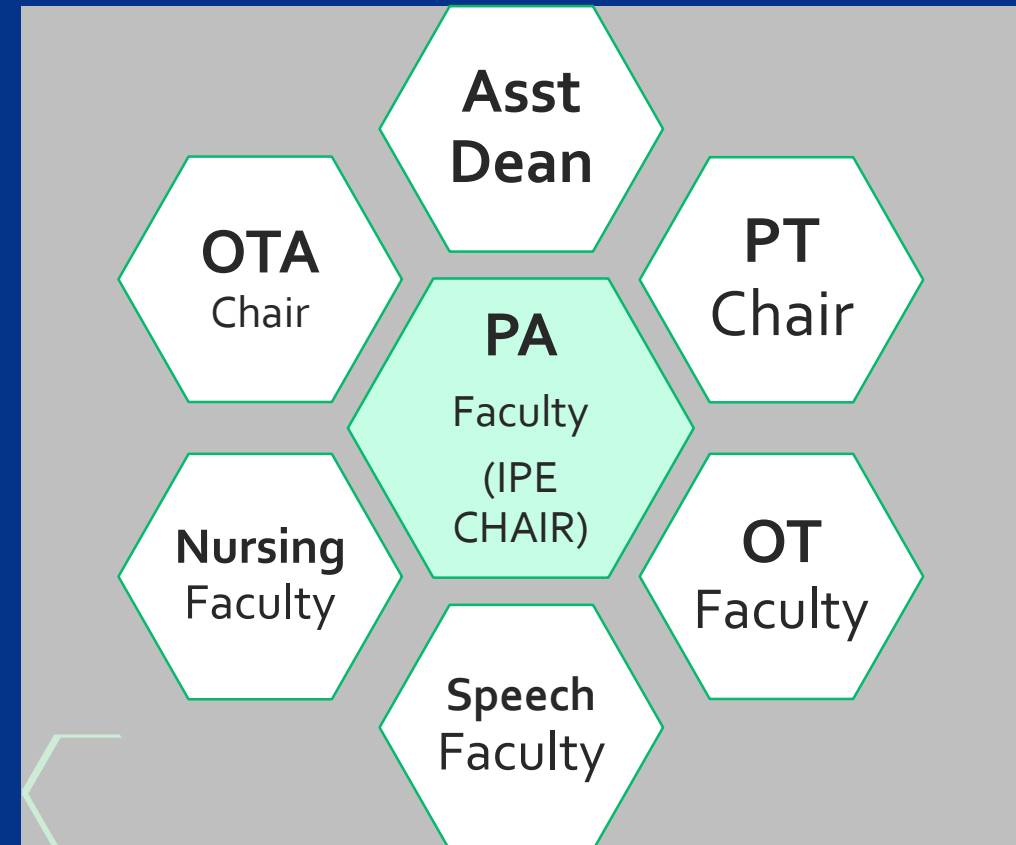
- ✓ Commitment, administrative support
- ✓ Curriculum mapping and placement
- ✓ Calendar agreement
- ✓ Faculty training, coordinated planning
- ✓ Space, community, technology
- ✓ Student recognition

Development and implementation of Interprofessional Education involving all programs within the Touro College SHS



BEGINNER STEPS- A COMMITTEE IS FORMED

- Informal planning began during the course of meetings with the programs chairs/directors of the Manhattan campus.
- Sept 2013 Chairs tasked by the SHS Dean to appoint a representative of his/her health science program to the committee
- Objective-to explore ways to integrate IPE into our SHS programs



IPE COMMITTEE MEETS

- OCT 2013- first meeting
- Determined which IPEC competencies to address
- Examined what types of things were being done elsewhere
- Identified topics that would be suitable for IPE/ relevant to all healthcare professionals
- Idea exchange including simulation, case studies, community based engagement

IPE COMMITTEE CHALLENGES

Sheer numbers; 1500 students within the SHS

Space

Identifying a time of year when all programs had students available to participate

Budget

Finding a topic that was relevant and of value to all the SHS

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Selected **Quality improvement (QI)** as the overarching theme - especially during transitions of care

1st annual Touro SHS

Interprofessional symposium:

Healthcare Quality

How Quality Improvement (QI) is utilized by
Interprofessional healthcare teams in a variety of
settings



QUALITY IMPROVEMENT (QI)

- By examining what is done and how it is done in the healthcare setting; reviewing the steps, who performs each step, and how efficiently the process works, improvement can be achieved.
- QI improves outcomes for patients and healthcare workers, reduces errors, improves efficiency and enhances communication between patients, providers and third party payers.
- It can and should take place in all health care settings - including emergency medical services; inpatient and outpatient units of hospitals; nursing facilities; home care; and outpatient facilities

DEVELOPMENT OF THE PATIENT CASE

- The IPE committee developed the patient case as a team (Enlightening!)
- Patient case needed to
 - be realistic
 - have relevance to all the professions-OT OTA PT PA RN and SLP
 - allow the patient to move through each of the following healthcare settings-acute care, rehab, SNF, and homecare to emphasize the QI aspect of care


DEVELOPMENT OF THE PATIENT CASE

- 58 yo male s/p MVA with PMH of substance abuse.
- TBI with frontal lobe abnormalities including Dysphagia; impulse control deficits; aggression; irritability; memory deficits
- Femoral neck injury requiring THA
- Pharmaceutical salesman
- Sole source of income for his family.
- Primary caretaker of his mother who has late stage Alzheimer's disease and is in a SNF


1ST ANNUAL INTERPROFESSIONAL EDUCATION SYMPOSIUM

- Borrowed a small auditorium at Beth Israel Medical Center (through a favor) with max seating for 70
- Planned an afternoon program

1ST ANNUAL INTERPROFESSIONAL EDUCATION SYMPOSIUM

 TOURO COLLEGE
SCHOOL OF HEALTH SCIENCES

1ST ANNUAL INTERPROFESSIONAL SYMPOSIUM
HEALTHCARE QUALITY



TUESDAY, OCTOBER 8
1:00PM - 4:00PM
AT BETH ISRAEL
MEDICAL CENTER
Manhattan
Podell Auditorium*

PANELISTS:
Scott Gould, PA-C, MS
Elliot Katz, MA, OTR/L
Kathleen Kearney, NP
Ted Marks, DPT, CCS
Marie Moss, RN, MPH, CIC

This interprofessional symposium will discuss how Quality Improvement (QI) is utilized by multiprofessional healthcare teams in a variety of settings.

Quality Improvement:

- Improves outcomes for patients & healthcare workers
- Reduces errors
- Increases efficiency
- Enhances communication between patients, providers & 3rd party payers

Symposium includes interprofessional breakout sessions with students and faculty.

* Due to space limitations, participation will be by invitation only. For more information contact your program Chairperson.

SCHEDULE:

1-1:30 check in

1:30 – 2:30 Panel

2:30 – 3:15 Break out

3:15 – 3:30 Refreshments

3:30– 4:00 Wrap up

4:00 – 4:30 evaluations and certificates

1ST INTERPROFESSIONAL EDUCATION SYMPOSIUM 1-1:30 CHECK IN

19 faculty and 45 students in attendance

All faculty came 30 minutes early and were briefed about the case and provided a guide with questions to facilitate the discussion.



1ST INTERPROFESSIONAL EDUCATION SYMPOSIUM

1:30-2:30 PANEL

Moderated panel of invited healthcare professionals from each discipline discussed health care QI in their settings, described their roles, and answered questions from the audience.



1ST INTERPROFESSIONAL EDUCATION SYMPOSIUM

2:30 – 3:15 BREAK OUT



- Multidisciplinary break-out groups followed a hypothetical patient through various practice settings with patient care and QI challenges.
- Students familiarized themselves with the case, then discussion lasted for about 45 minutes. One person was scribe.

1ST INTERPROFESSIONAL EDUCATION SYMPOSIUM

2:30 – 3:15 BREAK OUT

- What are this patients' current quality concerns?
- What is each discipline's role in optimizing safety and outcomes?
- How could the compromised care issues of this case have been avoided?
- In anticipation of care-transition, what would you do to limit further complications and optimize quality outcomes?



SETTING I- INPATIENT/ACUTE CARE

- Patient was admitted through the ER, received THA surgery five days ago. D/C scheduled for tomorrow.

Current concerns:

- Infection – Pneumonia
- Found out-of-bed on the floor



SETTING II- INPATIENT REHAB

Patient was admitted through the ER, received THA surgery five days before D/C from acute floor, current in-patient rehabilitation stay has been three weeks. D/C scheduled for tomorrow.

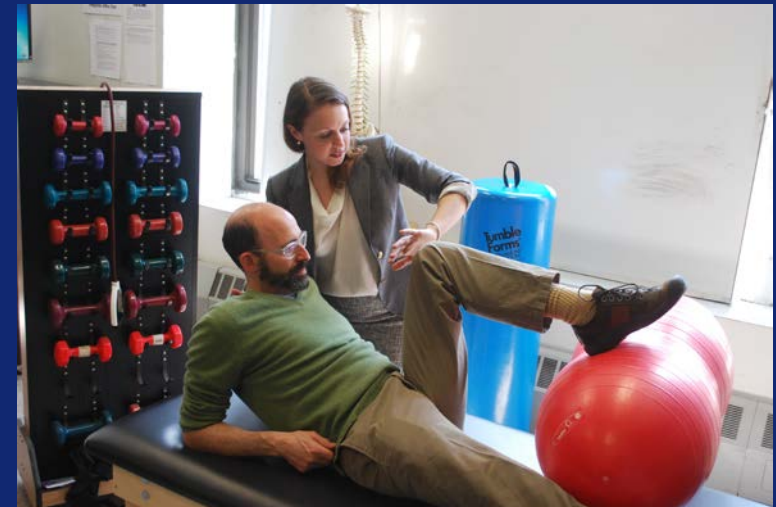
- Current concerns:
- Non-compliant with hip precautions
- Pain management/control compromised
- Dysphagia diet
- Unable to navigate steps safely



SETTING III- SNF

Patient was admitted through the ER, received THA surgery five days after admission. Spent three weeks on an in-patient rehab unit, has been in this SNF for 19 days, scheduled for D/C tomorrow.

- Current concerns:
- Pressure ulcer
- Off all pain meds
- Modified dysphagia diet
- Able to navigate steps
- Unsafe in the bathroom
- Significant financial management concerns
- Planter flexor contracture
- Noted signs of depression



SETTING IV- HOME CARE

Patient was admitted through the ER, received THR surgery five days after admission. Spent three weeks on an in-patient rehab unit, has been in a SNF for 20 days, and has now been home for two weeks.

Current concerns:

- RN coming 3x/wk for wound management (pressure ulcer)
- OT has not started yet, it was not prescribed
- PT coming 5x/wk
- SLP has been requested for evaluation secondary to noted inappropriate food
- Patient has lost access-a-ride due to non-compliance with rules
- Unable to transport to see PA
- Self-medicating pain and depression



1ST INTERPROFESSIONAL EDUCATION SYMPOSIUM

2:30 – 3:15 BREAK OUT

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1ST INTERPROFESSIONAL EDUCATION SYMPOSIUM 3:15-3:30 REFRESHMENTS



1ST INTERPROFESSIONAL EDUCATION SYMPOSIUM

3:30 – 4:00 GROUP REPORTS

Groups reported
their findings to the
larger group



OUTCOMES

Statement	
1. The moderator was interactive and knowledgeable.	4.666667
2. The wrap up was relevant to the session.	4.388889
3. The panelists were engaging and knowledgeable.	4.666667
4. The panelists' information was helpful to my learning.	4.333333
5. The break-out session was helpful to my learning.	4.666667
6. The break-out session reports were helpful to my learning.	4.222222
7. The facility was comfortable.	4.611111
8. The topic was relevant to my clinical experiences so far.	4.277778
9. My impression of the program is favorable.	4.588235



OUTCOMES

- What is one thing you learned from attending this event?
- *importance of team approach to quality care delivery; awareness of overlapping team functions; health professions students are knowledgeable of their discipline; enhanced familiarity with other disciplines; importance of interdisciplinary communication to clients/patients.*

Please write any other comments or recommendations.

- *Very enjoyable; would like collaboration with social workers/nutritionists; smaller breakout groups; provision of role/responsibility list for healthcare team.*

BUDGET

- \$3,000 (food & gifts for panelists)

PROS AND CONS OF 1ST IPE SYMPOSIUM

PROS

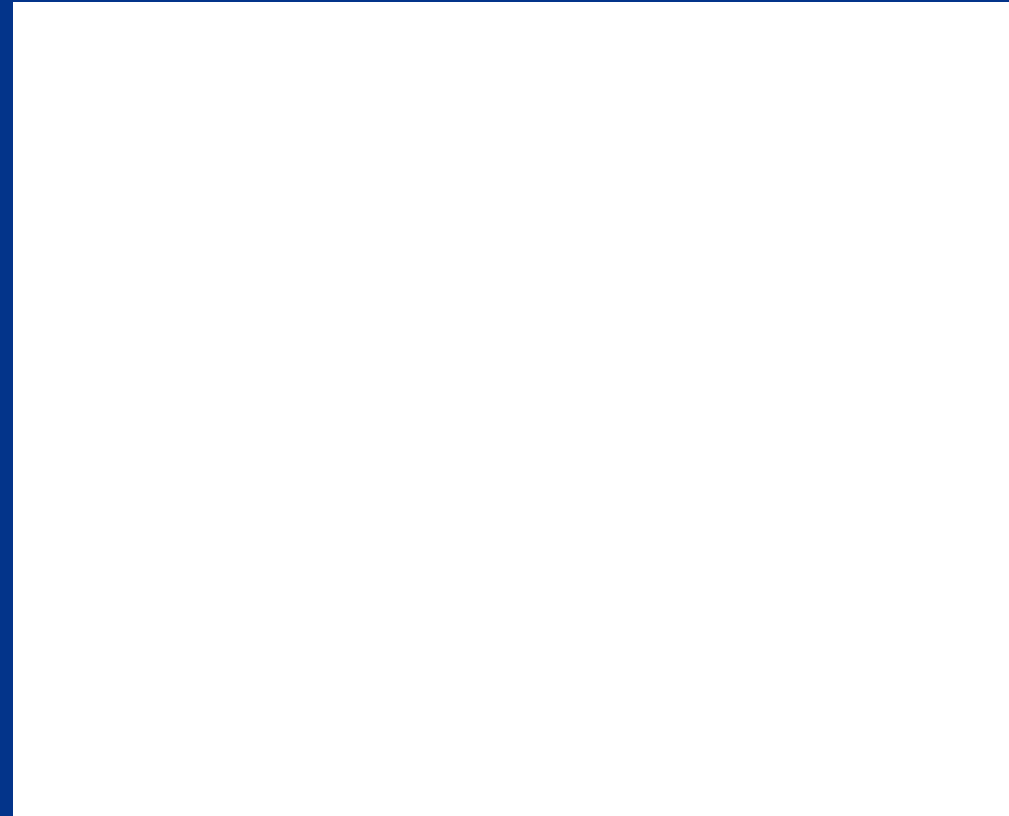
Got the conversation started

Students did explain their role on the interprofessional team (but not as well as they could have due to lack of advanced preparation or exposure to the case)

Students did learn about the roles and responsibilities of other team members but not as well as they could have (as above)

Lots of conversation and opportunities for collaboration with faculty from other programs

CONS



PROS AND CONS OF 1ST IPE SYMPOSIUM

PROS

Got the conversation started

Students did explain their role on the interprofessional team (but not as well as they could have due to lack of advanced preparation or exposure to the case)

Students did learn about the roles and responsibilities of other team members but not as well as they could have (as above)

Lots of conversation and opportunities for collaboration with faculty from other programs

CONS

Limitation of space so only 10 students per program benefitted

Poor faculty prep

Poor student prep

Panel, though interesting, was long

Break out sessions were too short

Group reporting at the end lost people's attention and wasn't very beneficial

Survey did not assess IPEC competencies well

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PLANNING FOR THE FUTURE

Wishlist

- Include as many students as possible
- More time for collaboration
- Better student preparation
- Add curricular integration piece
- Better faculty facilitator prep and faculty buy-in
- Consider including more professions

Needs

- Bigger Space
- Longer program
- Bigger budget for space and for food
- More formal curricular integration and faculty training

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\$10,000 to support this initiative

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Budget

Finding a topic that was relevant and of value to all the SHS

New IPE symposium would include all students in their final year of study (350 students)

Professional space outside of the classroom big enough to hold 350+ students and 40 faculty

Found a common free time in March where all students could attend. Also identified a course in everyone's program to integrate the patient case

\$10.000 to support this initiative

See next slide.....

2nd annual Touro SHS
Interprofessional symposium:

Destination: HOME

Focus on Interprofessional collaboration to achieve safe and stable transitions for patients into their communities from healthcare settings



BACK TO THE DRAWING BOARD

- IPE Committee developed a case requiring care from all the professions in our SHS...again.



MEET ROBERTO ALVAREZ

51-year-old male admitted to rehabilitation hospital s/p left CVA with right hemiparesis which occurred four weeks ago. Chief complaint is inability to control right side and inability to speak understandably. Unstable angina since 2000. Patient underwent CABG x 4, 6 months ago

Lives alone in a 3rd floor walk up. Has a girlfriend who has been with him intermittently for the last 10 years.

Worked intermittently as a construction worker. Has not worked due to cardiac symptoms for the last 2 1/2 years.

MEET ROBERTO ALVAREZ

Requires moderate assist for all transfers. Ambulates with a quad cane and close contact guard. Requires moderate assistance to complete all other bed mobility activities, grooming and dressing activities.

Can feed himself with mod assist and frequent coughing noted.

Patient has a right homonymous hemianopsia and impaired visual perception

Long list of medications etc

PLANNING FOR THE FUTURE

Wishlist

- Include as many students as possible

Needs

- Bigger Space
- Scouted locations with
 - -a main ballroom and breakout rooms
 - -35 round Tables that can seat 12
 - -central location near public transportation for all 3 campuses (NYC, Long Island, Brooklyn)
- Hotels were very expensive. Hotel catering was very expensive
- Found a Temple in Long Island, near the train, with a main ballroom, breakout rooms, an on site caterer and not too many events midweek

PLANNING FOR THE FUTURE

Wishlist

- Better student preparation
- Add curricular integration

Needs

- Each program identified one course where this patient case could be integrated.
- Students would concentrate on the care of this patient from their profession's perspective.
- Prepared a powerpoint with voiceover for the faculty teaching those courses



2nd Annual Interprofessional Education Symposium
Destination: HOME

**Pre-Symposium Curricular Integration Guide for
Faculty in preparation for March 19th event**
Sons of Israel Conference Center
Woodmere, NY

CURRICULAR INTEGRATION BLUEPRINT

Students were instructed to complete the following items as they prepared to “treat” the patient

- **STRENGTHS AND WEAKNESSES/IMPACT ON OUTCOMES**
- **PRECAUTIONS**
- **WHAT ADDITIONAL ASSESSMENTS MEASURES WOULD YOU USE?**
- **WHAT ADDITIONAL QUESTIONS WOULD YOU ASK TO GATHER INFORMATION ON SOCIAL HISTORY?**
- **DISCIPLINE SPECIFIC GOALS**
- **DISCIPLINE SPECIFIC TREATMENT PLAN (TECHNIQUES)**
- **WHAT ADDITIONAL DISCIPLINES WOULD BENEFIT THIS PATIENT? (HOW)**

PLANNING FOR THE FUTURE

Wishlist

- Better faculty facilitator prep and faculty buy-in

Needs

- Each committee member was responsible for contacting the Chair of their program and getting names of faculty facilitators to participate. (needed at least 35 faculty)
- Committee prepared a powerpoint for the facilitators with instructions on what to expect at the symposium

PLANNING FOR THE FUTURE

Wishlist

- Consider including more professions

Needs

Panel consisting of the professions not represented at the table, but involved in the care of this patient, would round out the program and Interprofessional team

OTHER CONSIDERATIONS

Balanced Table assignments- big spreadsheets

Sound- Needed Microphones, wanted to record a table.

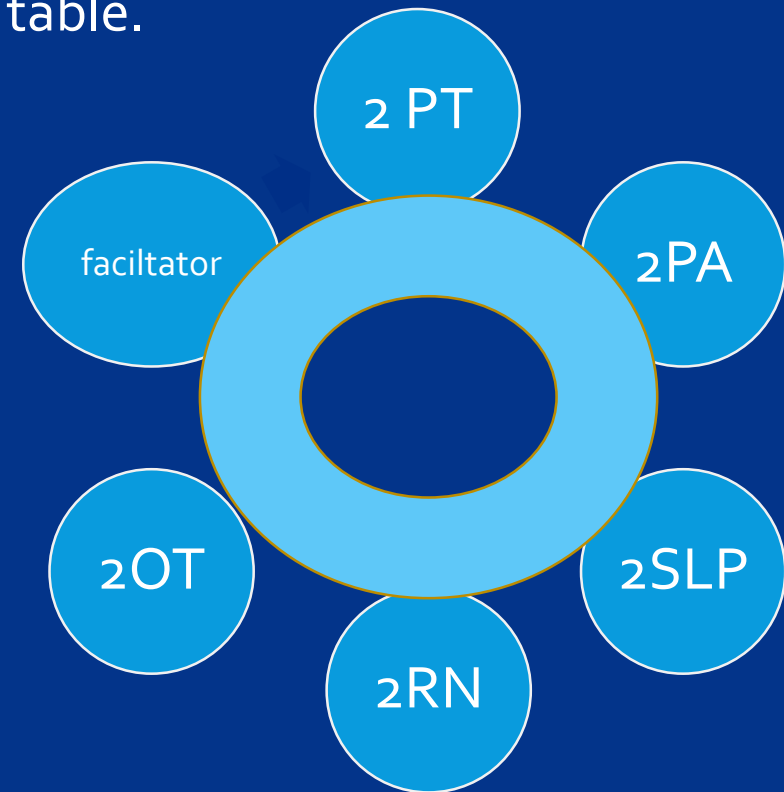
400 Nametags

400 Certificates

Food – continental breakfast, Lunch

Gifts for panelists

Course evaluations



NURSING • PA • OT • OTA • PT • SPEECH



**THURSDAY,
MARCH 19, 2015**
9:00 AM - 4:00 PM
Congregation Sons of Israel
111 Irving Place,
Woodmere, New York

**2nd ANNUAL INTERPROFESSIONAL
EDUCATION SYMPOSIUM**

DESTINATION: HOME

This symposium will focus on interprofessional collaboration to achieve safe and stable transition for patients into their communities from health care settings.

Symposium includes interprofessional breakout sessions with students and faculty.

PROGRAM OBJECTIVES:

- Identify the value of interprofessional communication in the patient care planning process.
- Understand role of the other disciplines participating in the care team.
- Work in collaborative, interprofessional teams to identify care plans for optimal patient care outcomes.

Attendees will include students and faculty from the School of Health Sciences Programs of: Nursing, Occupational Therapy, Occupational Therapy Assistant, Physician Assistant, Physical Therapy, and Speech and Language Pathology

KEYNOTE SPEAKER:

✦ **Kenneth Miller**, Doctor of Physical Therapy, Clinical Educator for Catholic Home Care, Chair Practice Committee Home Health Section of the American Physical Therapy Association and Certified Exercise Expert for Aging Adults

PANELISTS:

- ✦ **Holly Rhodes-Teague**, Director, Suffolk County Department of Aging
- ✦ **Robert Goldberg**, Dean, Touro College of Osteopathic Medicine
- ✦ **Eva Berrios-Colon**, Chair, Department of Social, Behavioral and Administrative Sciences Touro College of Pharmacy
- ✦ **Susan Brot**, Social Worker and faculty, Touro College Graduate School of Social Work
- ✦ **Janet Fegan**, Nutritionist, Touro School of Nursing



**TOURO COLLEGE
SCHOOL OF HEALTH SCIENCES**

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TOURO COLLEGE
SCHOOL OF HEALTH SCIENCES

2nd Annual Interprofessional Education (IPE) Symposium
March 19th, 2015

Destination: HOME

Agenda

- 8:30-9:00 Registration, open seating
- 9:00-9:15 Welcome from IPE Committee Chair & Dr. Gardner, Associate Dean, SHS
- 9:15-9:45 Keynote: Ken Miller, DPT
- 9:45-10:15 Continental Breakfast break
- 10:15-11:30 Panel with audience questions
- 11:30-11:45 Setting the stage for breakout groups
- 11:45-12:00 Move to *assigned* group table (see table map, 3 different rooms used)
- 12:00-1:00 Lunch & Ice Breaker *with your assigned group*
- 1:15-2:45 Case discussion, discharge planning, debriefing in your *assigned group*
- 2:45-3:00 Return to large room, open seating
- 3:00-3:15 Summary comments from the IPE Committee

Interprofessional Education Committee

- Nathan Boucher, PA-C, MS, MPA, CPHQ** Comm. Chair/Physician Assistant Program
- Steve Blaustein, PhD, BC-CL, CCC** Speech & Language Pathology Program
- Jill Horbacewicz, PT, MA, PhD** Physical Therapy Program
- Rivka Molinsky, PhD, MS, OT** Occupational Therapy Assistant Program
- Alex Lopez, OT, MS, JD** Occupational Therapy Program
- Suzanne White RN, MA, CHPN** Nursing Program
- Andrew Siegal, PhD** Office of the Dean

CURRICULAR INTEGRATION COURSE OBJECTIVES AND IPEC CORE COMPETENCIES

- **AFTER ENGAGING IN THE CURRICULUM INTEGRATION AND SECOND ANNUAL SYMPOSIUM STUDENTS WILL BE ABLE TO:**
- **IDENTIFY THE VALUE OF INTER-PROFESSIONAL COMMUNICATION IN THE PATIENT CARE PLANNING PROCESS**
- **SHARE THEIR DISCIPLINE SPECIFIC ROLE AND THE ROLE OF THE OTHER DISCIPLINES PARTICIPATING IN THE CARE TEAM**
- **WORK IN A COLLABORATIVE, INTER-PROFESSIONAL TEAM TO IDENTIFY A CARE PLAN FOR OPTIMAL PATIENT CARE OUTCOMES**

8:30 - 9 REGISTRATION



9:00 – 9:15 DEANS WELCOME

9:15 – 9:45 KEY NOTE SPEAKER



9:45 – 10:15 CONTINENTAL BREAKFAST



10:15-11:30 PANEL



11:30 – 11:45 MOVE TO ASSIGNED TABLES, BREAKOUT SESSION EXPLAINED



12:00 – 1:00 LUNCH AND ICE BREAKER ACTIVITY



1:15 – 2:45 INTERPROFESSIONAL DISCHARGE PLANNING



2:30 – 2:45 RETURN TO MAIN BALLROOM

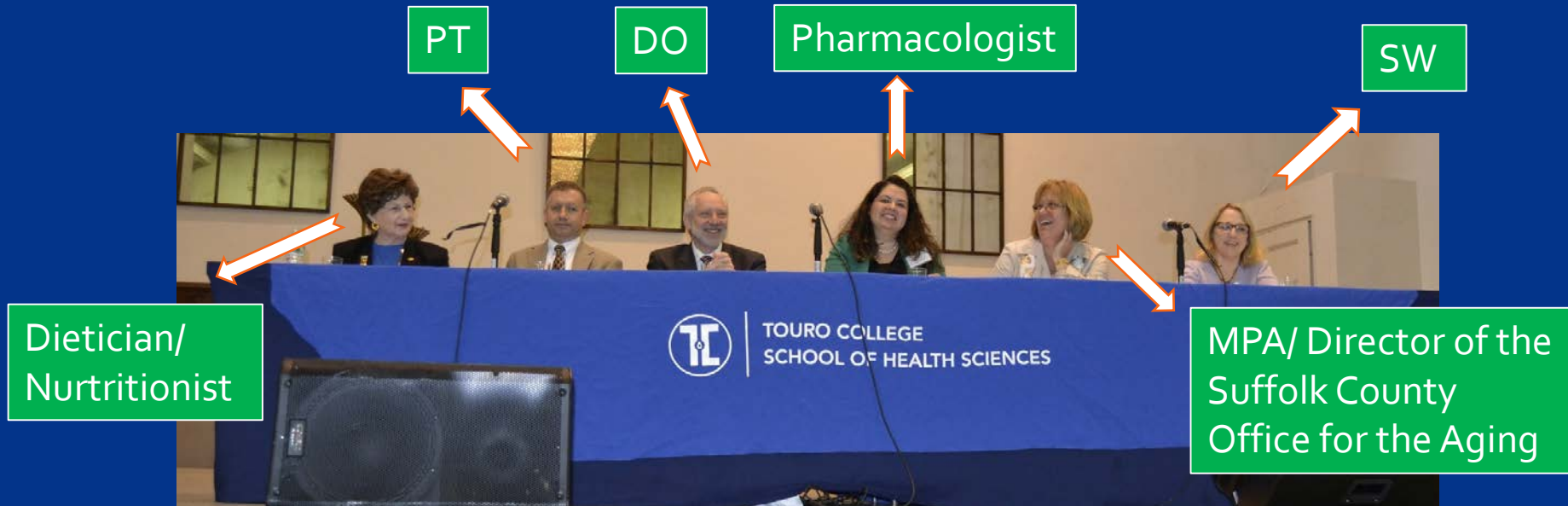
2:45-3:00 SUMMARY IN MAIN BALLROOM



3:00-3:15 COMPLETE COURSE EVALS
AND DISTRIBUTE CERTIFICATES



PANEL



Tell us a little bit about yourself and what it is that you do in your specific profession. Describe how your role in the care of patients contributes to the patients well being

Tell us your professions role in the discharge planning of a patient. What is it that you do, and what information do you need to know to be able to do it?

With which other health professionals do you interact in order to comprehensively plan the patient's discharge?

What are some of the challenges to instituting a collaborative, interdisciplinary healthcare environment?

LUNCH 12-1 WITH ICEBREAKER



INTERPROFESSIONAL TEAM DISCHARGE PLAN 1:15-2:45





Touro SHS Interprofessional Education Symposium
DISCHARGE WORKSHEET

Element/ Need	Disciplines Involved	Assessment (what additional info from case)	Plan (what do we need to do to get this patient home)
Home Environment concerns:			
Psycho/social concerns:			
Physical concerns:			
Rehabilitation concerns:			
Medication concerns:			
Dietary concerns:			
Follow-up after Discharge Telephone calls Tele monitoring Home Visits			
Additional concerns:			

END OF DAY

- 2:45-3:00 SUMMARY IN MAIN BALLROOM
- 3:00 – 3:15 distribute certificates

OUTCOMES



OUTCOMES

For the following statements, use the scoring scale to indicate the degree to which you agree with the following statements regarding the 2015 School of Health Science Inter-professional Symposium

Strongly agree	4=agree	3=neither agree or disagree	2=disagree	1=strongly disagree	NR- No response
----------------	---------	-----------------------------	------------	---------------------	-----------------

Curricular Integration Component- incorporating the patient case into the student's current coursework

I felt I had the requisite academic knowledge to participate in the curricular integration component where we discussed the fictional patient case

5	4	3	2	1	NR	4.7

The patient case activity fit into the course well

5	4	3	2	1	NR	4.6

The patient case activity was a valuable learning experience

5	4	3	2	1	NR	4.6



OUTCOMES

- Moderator, Key Note and Panelists.... 4.2-4.5
- I felt adequately prepared to discuss Plan of Care from the perspective of my profession's role during the breakout sessions 4.6
- I felt adequately prepared to discuss Discharge Plan from the perspective of my profession's role during the breakout sessions 4.6

OUTCOMES

I was exposed to and understood the role of the other health professions represented at the symposium in patient care

5	4	3	2	1	NR

4.6

I was exposed to and understood the role of the other health professions represented at the symposium in discharge planning

5	4	3	2	1	NR

4.6

I understand the value of inter-professional communication

5	4	3	2	1	NR

4.8

The breakout sessions were successful (productive/ a valuable learning experience)

5	4	3	2	1	NR

4.6

What was the most valuable part of the symposium?

Discussing discharge plan

The breakout session

Collaboration of all the health care teams

Hearing specifically what each health professional's role is within the team.

Hearing how each discipline is involved in d/c planning.

Learning what the other clinicians are and are not responsible for.

What was the least effective?

The morning session. There was a lot of talking without telling us the importance of each profession

Questions to the panel

The panel was too long

Some planning is / may be unrealistic ie how will all these services be paid for?

Listening to speakers

The icebreaker was too long

What can be added, deleted or changed to improve the effectiveness?

More detailed description of case study

Include social work discipline

More time in groups, include more disciplines (i.e. social work, pharmacists)

I think this symposium was great and don't think anything has to be added deleted or changed.

More time with the case study and involved w other disciplines students. Less time with speeches.

Include more professional facilitators into each group to reinforce understandings. It seems each facilitator augmented their groups in different ways in regards to their expertise.

More breakout groups and discussion, less speeches

Have 2 discussion groups instead of panel and keynote speaker

BUDGET

- 2nd annual IPE symposium 2015 – \$10,000
 - \$6,000 on food/hall;
 - \$3,500 on sound;
 - \$500 on gifts and supplies such as certificates, nametags etc.

3rd annual Touro SHS

Interprofessional symposium:

Teamwork: Meeting the challenge of
Comprehensive Care



**TOURO COLLEGE &
UNIVERSITY SYSTEM**

Where Knowledge and Values Meet

THIRD TIME'S A CHARM

- The third IPE symposium took into account all of the pros and cons of the previous two symposiums as well as suggestions for improvement.

THIRD TIME'S A CHARM

- Some considerations
 - Break out sessions and teamwork/collaboration seemed to be the most effective for meeting IPEC core competencies
 - Panel, though informative, took the focus away from the professions present at the symposium
 - Students want Social Workers present!
 - Alotted time for collaboration should not be too short or too long...1 hr is about right

THIRD TIME'S A CHARM

- Some considerations
 - **The better prepared the faculty facilitators, the better the student experience**
 - **The better prepared the students are to represent their own profession, the better the student experience**

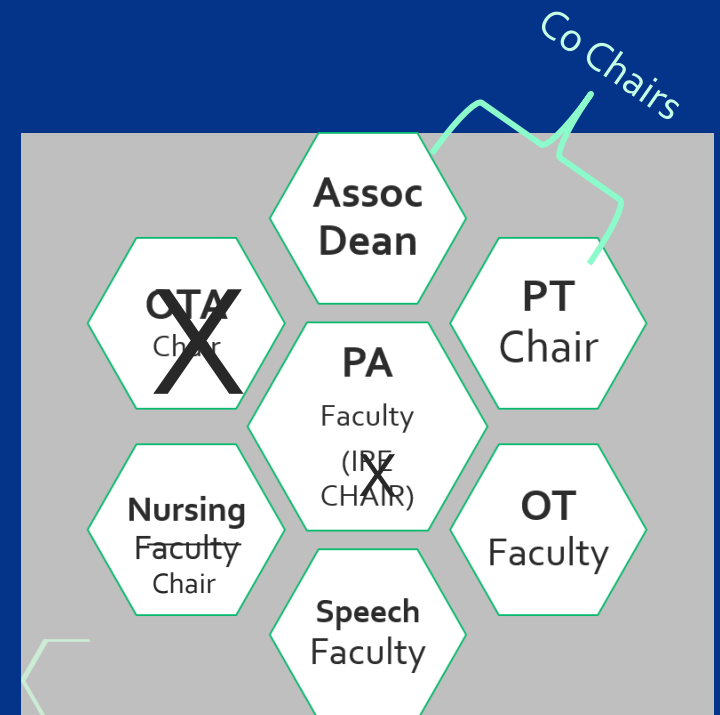
THIRD TIME'S A CHARM

Some practicalities:

- Sitting at assigned Interprofessional tables from the inception promotes team building
- Preparing certificates by table to be handed out by the facilitator at the end solves the problem of the mad rush to exit
- Giving students the option to take a bus from the college was helpful

THIRD TIME'S A CHARM

- Committee makeup slightly modified:
- New Assoc Dean on committee(prev OTA chair) now IPE co-chair
- PT- Chair , now IPE co-chair
- SLP-faculty (unchanged)
- OT fac (unchanged)
- Nursing Fac retired, replaced by Nursing Chair
- PA faculty changed for different PA faculty member



THIRD TIME'S A CHARM

- IPE Committee with renewed zeal for continuous improvement
- *More detailed description of case study*
- NEW patient case designed- adult with autism involved in MVA (never miss a meeting)
- *More breakout groups and discussion, less speeches*
- Schedule for the day optimized opportunities for IP collaboration
 - Treatment plan
 - Discharge plan

THIRD TIME'S A CHARM

- *Less speeches*
- Instead of key note speaker;
 - Two committee members (OT and SLP) with expertise in treatment of people with ASD to give a short introduction on the importance of IPE with this population
- PERSONAL PERSPECTIVE-Adult with autism invited to speak and provide the patient's perspective



TOURO COLLEGE SCHOOL OF HEALTH SCIENCES PRESENTS:

3rd Annual INTERPROFESSIONAL EDUCATION SYMPOSIUM

TEAMWORK: Meeting The Challenge Of Comprehensive Care

TUESDAY, MARCH 22
9:30AM - 4:00PM
Congregation Sons of Israel
111 Irving Pl., Woodmere, NY

Attendees will include students and faculty from the School of Health Sciences programs of: Nursing, Occupational Therapy, Occupational Therapy Assistant, Physician Assistant, Physical Therapy, and Speech and Language Pathology

PROGRAM OBJECTIVES

1. Identify the value of interprofessional communication in the patient care planning process.
2. Understand role of the other disciplines participating in the care team.
3. Work in collaborative, inter professional teams to identify care plans for optimal patient treatment and care outcomes.

This symposium will focus on interprofessional collaboration to achieve safe and stable transition for patients into their communities from health care settings. Symposium includes interprofessional breakout sessions with students and faculty.



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3rd Annual Interprofessional Education (IPE) Symposium

March 22, 2016

TEAMWORK: MEETING THE CHALLENGE OF COMPREHENSIVE CARE

Agenda

9:30 – 9:45 Registration

9:45 - 10:00 Continental breakfast, Ice breaker activity

10:00 – 10:15 Welcome: Dr Primavera, Dean SHS

Introduction: Alexander Lopez PhD JD OT Assistant Professor

Occupational Therapy Program

Steven Blaustein PhD Associate Professor

Speech and Language Pathology

10:15 – 10:30 Personal perspective

10:30 – 10:45 Move to *assigned* tables (see table map, 3 different rooms used)

10:45 - 12:15 TEAMWORK: Patient-centered Treatment Planning

12:15 - 1:00 Lunch *with your assigned group*

1:00 - 2:30 TEAMWORK: Patient-centered discharge planning

2:30 - 2:45 Return to large room

2:45 - 3:15 Summative comments

3:15 – 3:45 Course Evaluation Completion, Distribution of course certificates

BETTER STUDENT PREP/ STRONGER CURRICULAR INTEGRATION



CURRICULAR INTEGRATION

- Faculty/courses identified in each program where the patient case could be inserted as part of the course
- In the PT curriculum patient case was integrated into a course called “Complex Patient” where each week students were given a new patient case to examine, evaluate and plan a treatment program
- SHS Faculty teaching those courses were provided with the case and informed of the ultimate goal to have students well prepared to represent their profession at the Interprofessional table.
- SHS Faculty teaching the course were provided with a powerpoint instructional video to provide detailed guidance
- The committee member representing that program followed up with the professor teaching the course

PATIENT CASE- MEET MANNY NELSON

- 23-year-old male with autism spectrum disorder (ASD) s/p MVA from taxi jumping the curb. Patient sustained a fracture of the right femoral neck resulting in a THA, a fracture of the right tibia requiring external fixation, and fracture of the right distal radius currently immobilized in a cast. Mother was also injured in the accident with a fracture of the left humeral shaft requiring immobilization.
- The patient has hyperacusis and tactile hypersensitivity.

PATIENT CASE- MEET MANNY NELSON

- Patient was minimally verbal prior to admission, indicating that he is primarily non-verbal secondary to marked apraxia, but has a few functional word approximations including “more, no, water, want”. Patient communicates more effectively with Augmentative Assistive Communication (AAC) program on iPad which he uses for requests, concrete answers to questions and to provide a simple comment.
- Patient has comprehension difficulties and relies on visual support to facilitate understanding. Patient has motor dyspraxia. Patient has a limited diet with many taste and texture aversions.
- Patient is covered by Medicaid and receives SSI

OPTIMIZED SYMPOSIUM FOCUS EFFICIENT USE OF TIME



9:30-9:45 Registration



9:45 – 10:00 Continental breakfast and ice breaker activity



10:00 – 10:30 Speakers

10:30 – 10:45 Move to assigned tables



10:45-12:15 Interprofessional TREATMENT PLANNING

12:15 – 1:15 LUNCH



1:00 – 2:30 Interprofessional DISCHARGE PLANNING



Two opportunities for Interprofessional collaboration

2:30 – 2:45 Return to main ballroom

2:45-3:15 Summary in main ballroom



3:15-3:45 Complete course evals and distribute certificates



Include more professional facilitators into each group to reinforce understandings. It seems each facilitator augmented their groups in different ways in regards to their expertise.

BETTER FACULTY FACILITATOR PREP AND SUPPORT AND MORE STRUCTURE



TEAMWORK: MEETING THE CHALLENGE OF COMPREHENSIVE CARE

3rd Annual Touro College School of Health Sciences Interprofessional Symposium



Guide for Facilitators

(abbreviated version)

Guide for Facilitators

Quick overview

- The students have all been given a patient case involving a 21 year old male with Autism who was in a car accident. He is now in the hospital with a broken wrist, broken tibia, and s/p Total Hip Arthroplasty from a broken femoral neck.

As a interprofessional team, your table will

- A) plan how to **TREAT** the patient while he is in the hospital
- B) decide what the best **DISCHARGE** plan will be after he has been in the hospital for 8 days.



Guide for Facilitators

What does the facilitator do?



- On the slides that follow there is a breakdown of the day **hour by hour with what happens during each time slot**. The same info will be in your folder on the day of the symposium.

Guide for Facilitators

- There are 1 ½ hrs allotted to decide how this patient will be treated while in this acute care hospital.
- To help you we have prepared a list of questions you can ask to facilitate the discussion.

List of facilitator questions is in the folder!

Sample
questions....

- What is your chief concern?
- What are your safety concerns? (Hip precautions etc.)
- Pain management? How do we discern his pain? What communication factors need to be taken into account?
- How are you balancing the client's need for consistency and your productivity and scheduling requirements?
- Will his mother be involved? How extensively?
- What influence will the ICF model have on planning the treatment as this model helps describe the patient's level of function?

Guide for Facilitators

- The session should end with your team completing the pink treatment planning form (which is in your folder)



Pink treatment planning form is in the folder!

ISSUES AND CONCERNS RECORD SHEET to help organize treatment

As a group, identify all of the issues and concerns related to this case that you would need to consider in order to treat this patient. Categorize issues and concerns by theme (is it medical? Social?) and level of priority (very important, minimally imp?)

TOURO COLLEGE
SCHOOL OF HEALTH SCIENCES

3rd Annual Inter-professional Education (IPE) Symposium
TEAMWORK: MEETING THE CHALLENGE OF COMPREHENSIVE CARE

ISSUES AND CONCERNS RECORD SHEET to help organize treatment

As a group, identify all of the issues and concerns related to this case that you would need to consider in order to treat this patient. Categorize issues and concerns by theme (is it medical? Social?) and level of priority (very important, minimally imp?)

	Issues and Concerns	Theme	Priority
1			
2			
3			
4			
5			
6			
7			
8			
9			

Themes

1. Medical (M)
2. Functional (F)
3. Social (S)
4. Communication (C)
5. Sensorimotor (S/M)

Priority

1. Critically important (CI)
2. High importance (HI)
3. Moderately important (Mod)
4. Minimally important (Min)
5. Not important (NI)

INTERPROFESSIONAL TREATMENT PLAN DURING THE ACUTE CARE STAY

As a group determine the top 4 concerns to address and your planned intervention or treatment

TOURO COLLEGE
SCHOOL OF HEALTH SCIENCES

3rd Annual Inter-professional Education (IPE) Symposium
TEAMWORK: MEETING THE CHALLENGE OF COMPREHENSIVE CARE

INTERPROFESSIONAL TREATMENT PLAN during the Acute care stay
As a group determine the top 4 concerns to address and your planned intervention or treatment

Issue / Concern	Priority level
Planned intervention or treatment	
Short Term Goal(s)	

Issue / Concern	Priority level
Planned intervention or treatment	
Short Term Goal(s)	

Issue / Concern	Priority level
Planned intervention or treatment	
Short Term Goal(s)	

Issue / Concern	Priority level
Planned intervention or treatment	
Short Term Goal(s)	

Guide for Facilitators

- The patient has now been in the hospital for 8 days and is ready to be discharged. There are 1 ½ hrs allotted again, to plan the most appropriate discharge plan for this patient. We included an update for the student to read before they decide what to do, (update is in your folder!) and a chart to fill out with whatever your team decides.(D/C Chart is in your folder!)

Home?

Group Home?

Rehab Facility?

Pediatric Rehab?

3rd Annual Interprofessional Education (IPE) Symposium

TEAMWORK: MEETING THE CHALLENGE OF COMPREHENSIVE CARE

DISCHARGE WORKSHEET

Name: MANNY NELSON

Medical Record: 11111-11111

Date of Planned Discharge: 3/23/16

Allergies: Peanuts, gluten, penicillin

Emergency contact person MOTHER

Insurance coverage: Medicaid/SSI

D/C PLAN: LOCATION/SETTING	JUSTIFICATION SUMMARY FOR D/C PLAN LOCATION/SETTING

ARE YOU CONFIDENT THAT THIS D/C PLAN WILL BE SUPPORTED BY HIS INSURANCE
 YES NO NEED TO DISCUSS WITH SW

3rd Annual Interprofessional Education (IPE) Symposium

TEAMWORK: MEETING THE CHALLENGE OF COMPREHENSIVE CARE

DISCHARGE WORKSHEET

AS A GROUP, PLEASE CONSIDER THE CONCERNS AND ISSUES THAT GUIDED YOUR DISCHARGE PLAN

CONCERNS	DESCRIBE HOW THIS CONCERN INFLUENCED D/C PLANNING	Disciplines involved in care post discharge
Medical concerns:		
Medication concerns:		
Rehabilitation concerns:		
Psycho/social concerns:		
Diet & Nutrition concerns:		
Environment concerns:		
Community support considerations		
Additional concerns:		

BETTER ORGANIZATION



FOLDER CONTENTS

FACILTATOR FOLDERS

- 1 Agenda
- 1 Facilitator cheat sheet
- 12 Ice breaker cards
- 1 Table map
- 1 case study
- 1 Facilitator questions and morning treatment planning worksheets (1 in pink)
- 12 Patient/case update X12
- 12 Afternoon Discharge worksheet (1 in blue)
- 12 Program evaluations
- 12 Closure summaries

STUDENT FOLDERS

- 1 Flyer
- 1 Agenda
- 1 Table map
- 1 case study
- 1 Program evaluation



BUDGET

- 3rd annual IPE symposium- 2016 –\$9,000
 - \$7,500 on food/hall
 - \$1,000 on sound
 - \$500 on supplies

OUTCOMES



Touro College
 School of Health Sciences
 3rd Annual Inter-professional Education (IPE) Symposium
Student Evaluation Form

For the following statements, use the scoring scale to indicate the degree to which you agree with the following statements regarding the 2016 School of Health Science Inter-professional Symposium.

5=strongly agree	4=agree	3=neither agree or disagree	2=disagree	1=strongly disagree	NR=No Response
------------------	---------	-----------------------------	------------	---------------------	----------------

I – Curricular Integration component – incorporating the patient case into the student’s current coursework

I felt I had the requisite academic knowledge to participate in the curricular integration component where we discussed the fictional patient case

5	4	3	2	1	NR

The patient case activity fit into the course well

5	4	3	2	1	NR

II – Inter-professional Symposium Component

The Introduction was interactive and knowledgeable

5	4	3	2	1	NR

Speaker #1 was engaging and knowledgeable

5	4	3	2	1	NR

Speaker #2 was engaging and knowledgeable

5	4	3	2	1	NR



4.7

4.9

4.7

4.7

4.7

For the following statements, use the scoring scale to indicate the degree to which you agree with the following statements regarding the 2016 School of Health Science Inter-professional Symposium.

5=strongly agree	4=agree	3=neither agree or disagree	2=disagree	1=strongly disagree	NR=No Response
------------------	---------	-----------------------------	------------	---------------------	----------------

I was exposed to and understood the role of the other health professions in discharge planning

5	4	3	2	1	NR

4.8

I understand the value of inter-professional communication

5	4	3	2	1	NR

4.6

The morning breakout sessions was a valuable learning experience

5	4	3	2	1	NR

4.6

The afternoon breakout sessions was a valuable learning experience

5	4	3	2	1	NR

4.6

Having breakout sessions are Productive/usefull

5	4	3	2	1	NR

4.7



Working with individuals from other disciplines and looking at the patient holistically was very valuable

Speaking with professionals from other fields really influenced my way of thinking and approaching a treatment and discharge plan for a patient.

I enjoyed the group problem solving

Observing how it takes a complete team effort to address a patient deficits and needs.

What was the most valuable part of the symposium?

As a future clinician it was great to have an opportunity to be on my own and work through a case with other professionals. I think this was a valuable experience.

The facilitators were knowledgeable and kept the conversation going.

Introduction to multidisciplinary approach, exposure to language & priorities of other professions/disciplines, discussion of pros/cons of multiple treatment/discharge options – very helpful & eye opening!

Learning to work together

Some of the medical terminology wasn't made as clear to the other professions such as OT/Speech

It was all such a wonderful educational experience!

N/A

What was the least effective?

N/A

We did not have the chance to speak with social worker

Everything was great!

Not having a social worker part of the entire process

N/A

Food was great

The planning from facilitator

People were quick to think they were more important than they were.

The amount of time for each section too much.

Having a case study that did not have completely equal engagement on the parts of each discipline as PA's had minor contributions

We could have used some more time.

Could have included more medicine for PA students

Hour long sessions for each section.

The amount of time given for conversation of case study could be increased

Shorten the time for the breakout sessions

More social workers! Psych? We also didn't have a nursing student at our table which was a big deficit.

The inclusion of a social worker and nutritionist to collaborate further to the case study, as their roles would have been crucial

Add more to the patient chart, vitals, and panels

More details on patient history. Please more focused assessment, and lab values and nutrition values.

What can be added, deleted or changed to improve the effectiveness of this inter-professional symposium?

More disciplines can be added – Psych, social work, etc. Maybe more info on what the family wants for the Pt b/c in real life family is very important.

SUMMARY

You should now be able to:

1. Explain Interprofessional Education (IPE) and Interprofessional Practice (IPP) and define and domains and core competencies for collaborative practice developed by the Interprofessional Education Collaborative (IPEC)
2. State ASHA's IPE goals and objectives as contained in the ad hoc committee on IPE recommendations and 2017 CAA standards
3. Create a detailed fictitious patient case with an interprofessional faculty committee that is realistic and allows students from participating health education programs to play a key role in interprofessional care
4. Use practical components from the IPE model presented to create successful IPE projects including human resources, facility requirements, budget, facilitative preparation, agenda, logistics, communication and evaluation

THANK YOU

▪ QUESTIONS?