

Grant Recipient Names: *Janice Kuperstein, Lynn English, Sam Powdrill, Kevin Schuer, Bob Marshall, Gil Boissonneault* Grant period: 2010-2011  
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## **Interprofessional Examination and Treatment Planning – A Medical Home Model**

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### **Specific Aims of the Project**

- Provide a simulated practice experience for learners to function as part of an interprofessional team
- Enhance knowledge, understanding, and communication among the students of the three disciplines involved
- Enhance interprofessional understanding of the complexity of care for individuals with chronic conditions

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### **Progress on Project Objectives**

*(List the Project Objectives from your original proposal. Describe progress for each objective.)*

1. Develop a series of case studies to include patients with neurological conditions.

***Progress toward meeting objective:** A comprehensive case was developed with input from all participating disciplines. Actors were instructed to more accurately simulate a patient with aphasia following the initial session.*

2. Initiate and test a model for future interprofessional educational opportunities within CHS

- a. Test interprofessional case conference approach with faculty facilitation of small groups
- b. Seek opportunities to streamline the process for expanded use
- c. Determine the impact of evening sessions on eliminating scheduling barriers (will exams, other assigned or voluntary tasks still interfere?)

***Progress toward meeting objective:** The case conference approach was identified as very effective by all instructors and by students. Rich discussions contributed to the learning. Between the first and the second session, there were improvements made in the process. Evening session was the only way to accomplish the scheduling challenge, and because we served dinner during the discussion session, this was well-accepted. The cost of standardized patients and of food may make this approach difficult to sustain, despite the merits.*

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## Progress on Outcomes

### Student Learning Outcomes

1. Identify unique and overlapping roles of each of the disciplines in caring for a patient with a neurological condition.
2. Describe resources within and outside the traditional healthcare system that may be of value to their patients.
3. Communicate professionally while working as part of an interprofessional team.
4. Discuss ethical and policy issues that impact care delivery from an interprofessional, patient-centered perspective.

**Progress toward outcomes:** Survey responses from the students indicated substantial success in achieving goals 1 and 3. Students clearly learned about the other disciplines, as well as how their own disciplines were viewed by others. A sample of summative comments follows:

One thing that surprised me was some of the techniques the PT used. When the patient was having difficulty moving her right arm, the PT continued with repetitions. Whereas, in speech we would back up, give them more support and try again. This was a neat experience because it helped me step out of my box and view it from a PT angle.

I was surprised by the methods and work the communication disorder professionals performed. I have never seen, worked with, or known anyone to work with someone in this field. I am very glad to now know more about the work they do with the patients.

I was pleasantly surprised at how much PTs contribute to a patient's evaluation. I thought they were only there to help get the patients out of bed but they do so much more.

I was surprised how easily all the professions collaborated.

The usefulness of a communications and speech disorders specialist in their help with finding better/more appropriate ways to communicate with patients suffering from a communication deficit. Also, the detailed/methodical examination a PT professional performs was somewhat surprising.

I was honestly surprised by the level of respect that the other professionals have for those in speech pathology.

It surprised me how much we all overlapped in some of our screening exams. While some may view this as inefficiency, it can also be viewed as a method of checks and balances to make sure important systemic problems within a patient are not left undetected.

I didn't know the extent of all the testing the communication disorders did and how it played into the cognition of the patient.

The amount of work done by the PT surprised me

it was surprising how much overlap/difference there was, as in, two professions might start from the same exam, but then branch two completely different directions.

I really enjoyed this experience because you often hear professors and professionals say "You're going to interact with PTs, PAs, and other professionals but to be given that opportunity put it in a real-life situation. It was interesting to see what each professional was looking for and what their take on the patient was. It was also beneficial to hear what each profession would do with the patient after the assessment.

This experience gave me a chance to work with a stroke patient in a standardized setting before encountering an actual patient when I enter the working field and I am truly grateful. It taught me an abundant amount of information on how to communicate with the patient and perform an accurate physical exam as well as what to expect from other professions.

This experience gave me an opportunity to see what other professions do when they are seeing a patient for the first time. This experience may potentially better prepare students for interacting with other professionals in a "real world" setting.

I really liked being able to sit in smaller groups with the other students and discuss our programs and ask questions to each other. I also found it really helpful when we described what we were doing to the standardized patient so the other students knew what we were looking for.

I enjoyed meeting individuals from other disciplines and seeing what they do. I also enjoyed the experience because I felt like a respected member of the care team.

It was pretty neat to watch how the other students performed their parts of the evaluation and what systems they focused on.

I learned how to work effectively and collaborate with individuals from different professions. I also learned the importance of communicating with everyone involved in the interdisciplinary team when managing a patient.

I thought it was a very positive experience because it gave me a better understanding of what the other professions do and the importance of working together.

Learning more about other related professions and getting to share what I do with other related professionals. I think also the PAs and PTs took a real interest in what we were doing. That may us feel good.

***Progress toward outcomes:*** Goals 2 and 4 were more difficult to assess, although there was intentional discussion with the students about such issues. One summative comment captured this.

It broadened my understanding of what options are available to provide the most comprehensive care/rehab for patients to ensure the best results possible

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### **Project Summary**

Modeling on the Interprofessional Case Conference program from Duke University, we used a case-based approach, with standardized patients (SP), to allow students from Communication Sciences and Disorders, Physician Assistant Studies, and Physical Therapy to work together in examining and treating a person with simulated neurological impairment. To eliminate the barrier of scheduling conflicts, we conducted evening sessions during the spring semester of 2011 during which three teams of six students – two from each discipline – worked with SPs. The experience was repeated a second time with a different cohort of students.

Although the initial intent was to develop several cases, ultimately the project faculty determined that one thorough case would be more appropriate. This allowed us to add the complexity of aphasia, and train the SPs in how to interact with the students. Notably, between experience one and two, Dr. Marshall worked with the SPs to make their responses more realistic for the students.

During the session, students performed initial examinations, including history. The students worked well together, but another enhancement (having students talk through their exams to educate their colleagues, instead of staying in character) improved the experience for the second group of students participants.

Students discussed their findings (over a light supper) with faculty members serving as facilitators and developed realistic plans of care that included consideration of other professionals and of community resources.