

TexMed 2016 Clinical Abstract

Please complete all of the following sections:

Procedure and Selection Criteria

- Submissions not directly related to quality improvement or research may be accepted and should follow the standardized format outlined below. Content should enhance knowledge in the field of clinical care and be relevant to a given patient population.

PROJECT NAME: “What’s Wrong With Warren?”: an interprofessional exercise in the first year of medical education (a student’s perspective)

Institution or Practice Name: University of Texas Medical Branch (UTMB)

Setting of Care: Medical Education/Clinical Simulation

Primary Author: Hayley Rogers

Secondary Author: Kayla Tunnell

Other Members of Project Team: IPEP

Is the Primary Author, Secondary Author or Member of Project Team a TMA member (required)?

Yes No

Please provide name(s): Hayley Rogers, Kayla Tunnell

Enhanced Perioperative Recovery/Future of Surgical Care program

Clinical

Background (15 points max): *Describe the purpose for sharing the content. What caused this subject matter to be approached? Why is this content important to share? What is the potential impact if this content is not shared?*

Despite a call for Interprofessional Education (IPE) as a core competency of medical education by both the AAMC and the Institute of Medicine (IOM), many medical schools have yet to implement IPE as a foundational part of their curriculum (Blue et. al., 2010). Research on interprofessional training experiences has elucidated its potential to reduce medical errors through team-based, patient care (IOM, 2000). Further research has established the importance of implementing IPE early in medical education (Leipzig et al., 2002). These IPE training activities should emphasize how different health professions may work collaboratively across diverse patient care settings to optimize both acute and long-term health care. The AAMC has encouraged the integration of interprofessional activities in early medical education, and The University of Texas Medical Branch has been an innovative force in this endeavor, forming the Department of Interprofessional Education and Practice (IPEP) to create opportunities for interdisciplinary learning. “What’s Wrong With Warren?” was the first IPE activity fully integrated into the first year medical school program and resulted in collaboration between health professional schools to solve real clinical issues, from acute patient care to long-term management, research, and epidemiological studies. This program can be easily implemented by other medical schools with the long-term goals of increasing collaboration between health professionals while reducing medical errors and increasing the quality and efficacy of patient care.

Blue A.V, Zoller J., Stratton T.D., Elam C.L., Gilbert J. (2010). Interprofessional education in US medical schools. *Journal of Interprofessional Care*: 24(2):204-206.

Interprofessional Education Collaborative Expert Panel. (2011). *Core Competencies for Interprofessional Collaborative Practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.

Institute of Medicine. (2000). *To Err is Human: Building a Safer Health System*. Washington, D.C.: National Academy Press.

Leipzig R.M., Hyer K., Ek K., Wallenstein S., Vezina M.L., Fairchild S., Cassel C.K., Howe J.L. (2002). Attitudes toward working on interdisciplinary healthcare teams: a comparison by discipline. *Journal of American Geriatric Society*: 50(6): 1141-8.

Intended Stakeholders (15 points max): *Identify those individuals, organizations, or interest groups that could be potentially impacted by this information or benefit by obtaining this information.*

This program potentially impacts schools of health professions and how they implement interprofessional education. This is also valuable to anyone who works in a patient care setting, as this type of IPE activity clarifies the respective roles of different professions in patient care while also encouraging better communication between professionals. More widespread implementation of IPE in early medical education could have profound effects on the quality, continuity, and efficiency of patient care.

Description of Accomplished Work (25 points max): *Provide an overview of the work that was accomplished, including any specific methods, tools or techniques. Also, include any milestones or key accomplishments. Note charts, graphs and tables here and send as addendum with abstract form.*

The University of Texas Medical Branch Department of Interprofessional Education and Practice (IPEP) works to provide collaborative education experiences between the School of Medicine, School of Nursing, School of Allied Health Sciences, and the Graduate School of Biomedical Science. IPEP created “What’s Wrong with Warren?” with the goal of creating a case-based, educational experience that is uniformly integrated throughout the schools. The program was intended to encourage training health professionals to identify their roles in patient care and how they can collaborate with each other to provide more efficacious care. All of the professional schools at UTMB had both students and faculty participate in the event. Pharmacy students from the University of Houston also traveled to the UTMB campus to participate in the event.

During the first year of medical education, all students are required to participate in this four-hour long, clinical simulation with their peers in other health professions. Students began by participating in a faculty-facilitated, problem-based learning (PBL) exercise. Students were assigned different phases of care, including acute, convalescent, and community. Initially, each group received only information directly pertinent to their phase of care. For example, an acute phase group received information about the immediate presentation and treatment of the patient in the emergency room but did not receive information beyond patient stabilization. After an hour-long discussion and exploration of the assigned phase of the case, students had the opportunity to consult other specialties to discover the best course of action. Students had to prioritize consults with other specialties and report back to their group. Students

integrated the newly discovered interprofessional knowledge with prior case information and made adjustments to their treatment plans. This allowed students to gain a fuller picture of the patient's health from all perspectives. Students had the opportunity to consult nursing, pharmacy, occupational therapy, physical therapy, clinical laboratory sciences, biomedical researchers, public and community health, as well as other phases of physician care. At the end of the activity, students placed a sticky note containing their consult information from other professions onto a poster board into the appropriate phase of care. Each specialty was represented by a unique sticky note color, so that students could visualize the impact of collaborative interprofessional teams at every phase of patient care, from acute to convalescent to community health. The simulation concluded with a debriefing session involving all participants. Students shared their experiences and what they learned about interprofessional care. The session was interactive with live, anonymous surveys so that students could observe the experiences of other specialties.

After the event had concluded, anonymous surveys were collected from students who participated. This information was used to gauge the success of the program and what the students gained from it. As medical students who participated in this program, we felt that "What's Wrong with Warren?" greatly added to our medical education. We came away with knowledge about the roles and responsibilities of other healthcare professions and how we might engage these professions in a clinical setting to achieve optimal patient care.

Timeframe and Budget (20 points max): *Provide the start and end dates for the work along with any financial implications that were incurred due to the work accomplished. Note charts, graphs and tables here and send as addendum with abstract form.*

This program took approximately seven months from the first planning meeting, to the day of the event. Included in this time period was the creation of the problem-based learning case, coordination with the various health professions schools, and organization of event logistics. This activity can be implemented with relatively little cost. Facility and chair rentals comprised the largest expenditures. Beyond rooming logistics, the event requires simple materials, such as sticky notes and poster boards. Creation of the post-activity survey may also be a major cost, depending on the respective institution's contract with such services.

Intended Use (25 points max): *Describe how this information could be used moving forward to impact patient care.*

Interprofessional education has been shown to decrease physician stress and reduce medical errors (IOM, 2000). By integrating these activities early in medical education, students become comfortable discussing patient care with other health professions and learn the value of collaborative, patient-centered teams. In this clinical simulation, students learned how each profession contributes to various levels of health care. Physicians with a practiced understanding of interprofessional teamwork are more likely to entrust other health professionals with patient care responsibilities. This in turn, reduces physician workload, stress, and burnout. UTMB has been a leader in the integration of interprofessional education into its medical school curriculum. Implementation of this program into other medical school curriculums would encourage a new generation of physicians that value the contributions of other health professions. Interprofessional experience early in medical education produces more collaborative future physicians who can thrive in the team-oriented, ever-changing field of medicine.