Building Collaborative Practice Teams

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Objectives

• Describe skills that students and practitioners need to function effectively in IP teams.
• Identify situations where these skills can be applied.
• Discuss the knowledge that each profession brings to collaborative practice.
Schedule

- Introductions, overview, & background information: 8:00-8:15 am
- History, roles, examples of IP education and practice examples
  - Occupational Therapy: 8:15-8:30 am
  - Speech Language Pathology & Audiology: 8:30 am - 8:45 am
  - Physical Therapy: 8:45-9:00 am
- Breakout Sessions: 9:00-9:20 am
- Debrief & conclusions: 9:20-9:30 am

Background Information (Past)

- Collaborative Practice (CP)
- Interdisciplinary Health Care
- Interprofessional Collaboration
- Interprofessional Education (IPE)
- Interprofessional Learning
- Interprofessional Practice
- Interprofessional Professionalism
- Interprofessional Team

Words can make a difference!
Collaborative Practice (Interprofessional Practice)

* As defined by the World Health Organization, “occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings.”

Interprofessional Education

* As defined by the World Health Organization, “occurs when two or more professions (students, residents and health workers) learn with, about, and from each other to enable effective collaboration and improve health outcomes.”


Bridging the Education and Practice Gap

[Diagram showing the relationship between local context, health-education systems, and collaborative practice.]
Why the emphasis on interprofessionalism?

None of us are as smart as all of us.
— Ken Blanchard

Patient Safety Movement & Team Training

Patient Safety and Quality Improvement Act of 2005

Executive Memo from President DoD

Medical Teams®

ED Study

Institute for Healthcare Improvement

100K Lives Campaign

"To Err is Human"

IO M Report

Team STEPPS®

1995

1999

2001

2003

2004

2005

2006

2007

2008

2009

2010

2011

Medical Team Training

JC AHO National Patient Safety Goals

Team STEPPS Released to the Public

National Implementation Program Began

Centers for Medicare & Medicaid Services Partnership for Patients Campaign

Medical Team Training
Based on more than 30 years of research and evidence:

- Team training programs have been shown to improve attitudes, increase knowledge, and improve behavioral skills.

Salas, et al. (2008) meta-analysis provided evidence that team training had a moderate, positive effect on team outcomes ($\rho = .38$).
Evidence That TeamSTEPPS® Works

- Cape, Lla, et al. (2010)
  - Trauma resuscitation team implementation
  - Pre- and post-TeamSTEPPS training results:
    - Team performance improved across all teamwork skills: Leadership, Situation Monitoring, Mutual Support, Communication
    - Significantly decreased times from arrival to CT scanner, endotracheal intubation, and operating room

- Thomas & Galla (2013)
  - System-wide implementation
  - Pre- and post-TeamSTEPPS training results:
    - Significant improvement in AQRs scores on feedback and communication, Actual errors, Frequency of errors, Environment, Workflow, Facilities and Technical, and Teamwork
    - Incremental changes evident through reduction of nosocomial infections, falls, birth trauma, and other incidents

High-Performing Teams

- Hold shared mental models
- Have clear roles and responsibilities
- Have clear, valued, and shared vision
- Optimize resources
- Have strong team leadership
- Engage in a regular discipline of feedback
- Develop a strong sense of collective trust and confidence
- Create mechanisms to cooperate and coordinate
- Manage and optimize performance outcomes

(Sals, et al., 2014)

IPEC Core Competencies

- Values/Ethics
  - Work with individuals of other professions to maintain a climate of mutual respect and shared values.

- Roles/Responsibilities
  - Use the knowledge of one’s own role and that of other professions to appropriately assess and address the healthcare needs of the patients and populations served.

- Interprofessional Communication
  - Communicate with patients, families, community, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

- Team and Teamwork
  - Communicate consistently the importance of teamwork in patient-centered and community-focused care.
Patient Centered/Engaged

- **Triple Aim**
  - A framework developed by the Institute for Healthcare Improvement that "describes an approach to optimizing health system performance" by improving the patient experience of care, improving population health and reducing the cost of care.
  - The National Center on Interprofessional Practice and Education (Minneapolis, Minnesota) is studying whether a Nexus can positively contribute to the Triple Aim.

Resources

- AHRQ [www.ahrq.gov/clinic/about/otherwebsites/teamstepps/teamstepps.html](http://www.ahrq.gov/clinic/about/otherwebsites/teamstepps/teamstepps.html)
- Interprofessional Education Collaborative [https://ipec collaborative.org/](https://ipec collaborative.org/)
- Institute for Healthcare Improvement [http://www.ihi.org/Pages/default.aspx](http://www.ihi.org/Pages/default.aspx)
- IOM Global Forum on Innovation in Health Professions Education [https://iom.nationalacademies.org/Activities/GlobalInnovationHealthProfEd/inpoc.aspx](https://iom.nationalacademies.org/Activities/GlobalInnovationHealthProfEd/inpoc.aspx)
- National Center for Interprofessional Practice and Education (NEXUS) [https://nexusipe.org/](https://nexusipe.org/)

The Present
Occupational Therapy

- Founded in 1917 based on the curative properties of "occupation" in mental health institutions; mental health is our foundation.
- "Help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations)."
- Occupations as Means and Occupations as Ends:
  - Evaluate occupations, use occupations as treatment modalities, outcomes are occupations.

Occupational Therapy

- Settings: Schools, Inpatient (NICU, acute, rehab, SNF, LTC, AL, Hospice), Outpatient (EI, community, home health, work sites)
- 9 Specialty Certifications within OT: Gerontology, Mental Health, Pediatrics, Physical Rehabilitation, Driving and Community Mobility, Environmental Modification, Feeding/Eating/Swallowing, Low Vision, and School Systems
- Emerging niches: Driving for teens with ASD, Chronic disease management, Veterans' mental health, AARP/AOTA CarFit and HomeFit, Aging workforce

Occupational Therapy

- Occupational Therapy Code of Ethics Principle 6:
  - All OT practitioners must "promote collaborative actions and communication as a member of interprofessional teams" (AOTA, 2015)
- Accreditation Council of Occupational Therapy Education (ACOTE, 2012, pp. 56-58)
  - Students must "be prepared to effectively communicate and work interprofessionally"
- AOTA Position Paper: "Importance of interprofessional education in occupational therapy curricula", 2015
  - "Responsibility of occupational therapy educators to provide students opportunities to work collaboratively during their professional education"
Massachusetts General Hospital (MGH)
Institute of Health Professions (IHP)
Boston, MA

Graduate school founded by MGH in 1976
1400 full- and part-time students
Divisions:
- School of Health and Rehabilitation Sciences (SHRS): PT, OT, CD, PA
- School of Nursing (SON): BS, MS, NP
- Center for Interprofessional Studies and Innovation (CIPSI)

IMPACT Practice Courses
- Required coursework for all entry-level Institute students
  - 3 one-credit courses
  - IMPACT I: Foundations of IPP/IPEC competencies, grand rounds with IPP faculty and clients, small group work
  - IMPACT II: IPP Projects. Quality and safety focus. IPP health mentors and team simulations with debriefing.
  - IMPACT III: IPP Ethics, case and application based
School of Health and Rehabilitation Sciences (SHRS)

- SHRS Interprofessional Clinical Center: Projected opening 2017
  - PT, CSD, OT, PA, plus NP
  - Pro-bono clinical center in and/or Charlestown, MA
  - 35+ Electives from all departments open to all IP students

Occupational Therapy IPE Activities

- Spaulding-IP Comprehensive Aphasia Program
- IP Nurse Practitioner and OT
- Open Style Lab at MIT
- International Innovations Project: OT, PT, SW, Nutrition

Interprofessional Clinical Experience (IPCE)

- Collaboration between Massachusetts General Hospital and MGH IHP
- Interprofessional Dedicated Education Units (IPDEU)
- Developing MGH staff IP faculty: Nursing, PT, OT, SLP
- MGH IP students: Nursing, PT, OT, CSD, and PA in student dyads for 2 sessions (1 session with a nursing and 1 with a rehab staff member)
Speech-Language Pathology & Audiology

- American Speech-Language-Hearing Association
- Council for Clinical Certification
- Council on Academic Accreditation
- Specialty Certification in Child Language, Fluency, Swallowing, Interoperative Monitoring

Is IPE/IPP Important to ASHA? YES!

- Strategic Pathway
- Code of Ethics
- Academic Standards

Roles of SLPs

Activities
- Collaboration
- Counseling
- Rehabilitation and wellness
- Screening
- Assessment
- Treatment
- Modalities, technology and instrumentation

Intervention areas
- Clarity
- Speech production
- Language
- Cognition
- Voice
- Resonance
- Feeding and Swallowing
- Auditory habilitation/assistive technology
Roles of Audiologists

Activities
• Prevention
• Identification
• Assessment
• Rehabilitation
• Advocacy/consultation

Intervention
• Amplification
• Audologic rehabilitation
• Audologic counseling
• Central auditory processing disorders
• Occupational audiology
• Vestibular assessment and rehabilitation

How Does ICF Help with Communication?
• Framework for interdisciplinary/interprofessional communication and documentation
• Webinars and handouts on ASHA site

Appraising Team Collaboration

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TEAM COLLABORATION APPRAISAL FORM

4/30/16
IPP Team Examples

• Howard County (MD) Public Schools Regiona Early Childhood Center Multiple Intensive Needs Children Program

“When you walk into one of our classrooms, you don’t know who is the teacher, who is the assistant, who is the OT, who is the Psych because we have all planned together and are working towards the same goals. It really is an amazingly collaborative environment.”

• Feeding Day Treatment Program Mt Washington Pediatric Hospital (Baltimore)

Resources

• ASHA Resources www.asha.org
• Search on IPE
• Search on ICF
• Council on Academic Programs in Communication Sciences and Disorders (CAPCSD) www.capcsd.org
• Search on IPE resources (scroll down to videos)
• Blosser, J. Team Collaboration Appraisal Form. Blosser23@gmail.com

Physical Therapy

• American Council of Academic Physical Therapy
• Member (2016) Interprofessional Education Collaborative (AOTA also is a member)
• Member, IOM Global Forum on Innovation in Health Professions Education
• National IPE Consortium with educational programming at Educational Leadership Conference
• IPE Task Force on IPE in Physical Therapist Education with a 2015 Summary
Physical Therapy

- American Physical Therapy Association
- NEXT conference programming
- Education Section: programming at Combined Section Meetings and ELC
- Resources (including webpage funding teams to attend IPEC Workshop)
  http://www.amjpt.org/education/combinedsectioninterprofessional

- Commission on Accreditation in Physical Therapy Education
  - 2016 criteria: IPEC Core Competencies
  - 2018 criteria: collaborative practice clinical experience

Medical University of South Carolina
Academic Health Center: 6 Colleges

Office of Interprofessional Initiatives

Collaborative Practice Activities
- PE Activities
  - Curricular
    - Required IP course: Transforming Health Care for the Future
  - Simulation labs
  - Elective courses
- Extracurricular: IPE Fellowship, Presidential Scholars, IP Day, IP Student-run Problem Clinics, Clarion Competition, Student Interprofessional Society, etc.
- Faculty Development (IP Fellowship)
- Research Initiatives
Student Collaborative Practice Initiatives

- Practicum: Interprofessional Healthcare Delivery Activity Tracking Form
- CARES student-run pro bono clinic

Interprofessional Healthcare Delivery Activity Tracking Form

- Survey that the College of Health Profession students complete while on practicums
  - Anesthesia for Nurses
  - Cardiovascular Perfusion
  - Occupational Therapy
  - Physician Assistant Studies
  - Physical Therapy

- Identify practitioners with whom students actively collaborated and the context of the collaboration
  - Case conference
  - D/C Planning Meeting
  - Phone Call
  - Other live meeting
  - Electronic Communications
Practitioners

- Medicine (MD, PA)
- Nursing
- Occupational Therapy
- Physical Therapy
- Speech Pathology
- Audiology
- Recreational Therapy
- Dentistry
- Cardiovascular Perfusion
- Respiratory Therapy
- Social Work
- Dietary
- Prosthetics/Orthotics
- Pharmacy
- Psychology
- Vocational Rehabilitation
- Education
- DME Consultant

Student Instructions: Describe...

- Your personal, ACTIVE level of participation/collaboration during the event:
  - Did you feel like an integral team member?
  - Overall perceptions of collaborative practice at this rotation site
- Important clinical outcomes for the patient
  - Anonymous description of the patient
  - Example: During case conference, consulted with pharmacist on medications and side effects that may affect alertness of a 25 yo TBI patient; no medication changes were made but will continue monitoring level of alertness for future needs.
  - Educational outcomes for yourself as a result of collaborative practice

MUSC CARES Clinic

- The MUSC CARES Therapy Clinic is a student-initiated and managed non-profit organization providing free physical, occupational and speech therapy.
  - http://studentdepartments.musc.edu/patientlist
  - https://www.facebook.com/MUSC.CARESTherapy
- The MUSC CARES Clinic is a student-initiated and managed non-profit organization providing free medical services.
Incubator Site

Office of Interprofessional Initiatives in Collaboration with National Center

- Clinical Partner/Hospital Administration
  - Identified unit in need of improved metrics related to collaborative practice
  - Allocated funds for quality improvement process involving team training

- Academic Faculty/Students
  - Developed learning module based on TeamSTEPPS concepts
    - IP elective course
    - Piloted section in required IP course

Required IP Course Content

- TeamSTEPPS® knowledge & skills
  - Health care system and ways to improve patient safety
  - Cultural competency
  - Ethics
  - Social determinants of health/health disparities
  - Evidence-based decision making
Innovation: Trained Observers

- Established rating reliability range using TeamSTEPPS® Team Performance Observation Tool
- Trained students in use of Team Performance Observation Tool
- Completed a 5-hour observation

Resources

- ACAPT www.acapt.org & National Interprofessional Education Consortium (NIPEC)
- APTA Resources http://www.apta.org/Educators/Programs/Interprofessional

The Future: What Can I Do To Get Started?

- What is needed in your setting?
- Who do you need to influence to get buy-in?
- What infrastructure needs to be put in place?
- Identify a competency to enhance
- Talk to your administrator
- Talk to your colleagues
SMALL GROUP DISCUSSIONS
- Share successful collaborative practice experiences
- Brainstorm ideas to enhance collaborative practice
- Identify collaborative practice experiences for students in your setting
- Select one to share role

Faculty /Clinician Resources
- Conferences:
  - All Together Better Health September 2016
    http://www.atbh.org/
  - Collaborating Across Borders
    https://ahec-us.org/collaborating-across-borders
- IPEC Faculty Development Workshop
  - 2016 Fall IPEC Institute
    October 5-7, 2016
Contact Us

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