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Interprofessional Clinical Education Case Study Competition from the Public Health Perspective

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Team-based collaborative practice can lead to safer and improved patient-centered care. Emphasis on interprofessional care in a facility goes beyond ensuring that each practitioner is aware of what goes on in other professions. Health care that is truly centered on interprofessional care encourages professionals to work collaboratively in the best interest of each patient to ensure that nothing is left unnoticed or undocumented. Developing interprofessional competencies early on in health professions students' education allows them to enter the health and medical fields more apt to practice interprofessional teamwork (Interprofessional Education Collaborative [IPEC], 2011). Supplementing profession-specific competencies with interprofessional collaborative competencies through interactive, team-based educational activities with a variety of professions has been used over the years to encourage teamwork. Implementation of interprofessional education activities such as service-learning, mentoring, and didactic presentations are increasing in medical and health profession education; however, they "may not have been linked explicitly to achievement of interprofessional competencies" (IPEC, 2011, p. 26).

In addition, to prepare medical and health professions students for effective interprofessional practice in their future settings, it is recommended that activities be relevant to the changing realm of interprofessional practice, allow students to purposively work together, and be clinically integrated in order to build these competencies (IPEC, 2011).

As one of the six professions represented in the report *Core Competencies for Interprofessional Collaborative Practice—Report of an Expert Panel* (IPEC, 2011), public health is moving to strengthen interprofessional teamwork preparation for not only individual but also population health. With the development of these interprofessional collaborative competencies for medical and health profession education, interactive learning and continual, purposive, team-based practice with students from various health professions is needed (IPEC, 2011). Health Education Specialists assess, plan, implement, and evaluate disease prevention and health promotion programs as well as communicate and advocate to improve individual and community health (National Commission for Health Education Credentialing, 2008), and their profession-

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specific competencies align well with interprofessional collaborative competencies recently developed that include interprofessional communication and teamwork (IPEC, 2011).

The interprofessional clinical case study competition

For the past three years, the Interprofessional Clinical Case Study Competition, sponsored by a medical school (AT Still University/Kirksville College of Osteopathic Medicine: medicine and dentistry) with collaboration from an undergraduate health professions program (Truman State University: nursing, public health, speech-language pathology, and athletic training) has been conducted. An interactive, interprofessional clinical education activity that is integrated into the curriculum of students in medicine, nursing, public health, dentistry, the competition allows students to work together in interprofessional teams to focus on the interprofessional competency domains from the Core Competencies for Interprofessional Collaborative Practice - Report of an Expert Panel (IPEC, 2011). Interprofessional teams of four students from a mix of these health professions collaborate over a semester to assess the health status of a virtual hospitalized patient from a web-based profile and design a patient/family-centered discharge plan for that patient. A facilitator, an instructor from one of the professions, is assigned to each team to help educate students on the concepts and skills of interprofessional practice as students become more familiar with the different professions and learn to effectively communicate with team members to meet the goal.

“I thought the process of forming an interprofessional care plan would be time consuming and inefficient, but I now realize this type of care is an organized and patient-centered approach.”

Shayda—2nd year Public health/Health education specialist student

After an orientation meeting to explain the program goals and the basics of interprofessional teamwork, teams work on their own time, learn about the other professions, determine their own communication methods, and create their patient/family-centered discharge plan. Teams then practice their multi-media

case presentation and finally present their case to the instructors and local health and medical professionals for judging during competition night at the conclusion of the semester. Scores are based on the following criteria: team focus on the patient, the interprofessional team structure, the collaborative competencies, a reflection on team experience and collaboration, and team presentation skills. A final meeting within the next week is set for an all-participant awards presentation, a program debriefing, and a feedback session.

Public health students learn about other professions

All information about the health status of the hospitalized virtual patient is provided on the case study website in the form of medical and hospital reports as well as case notes from each of the disciplines. For public health/health education specialist students, the overwhelming amount of data and medical information in the jargon and viewpoint of each of the professions was eye-opening. As students in a profession that is used to population-based needs assessments, it was difficult to sort through the aggregate data on lifestyle-behavior risks, all of the medications, functional and blood test results, and multiple medical diagnoses.

A true appreciation was discovered for the work of physicians and other specialties as they thoroughly assessed several aspects of the patient. For example, it was learned that dentistry is not just about cavities and fillings; the field also involves diagnosing many other health concerns such as cancers forming in the mouth, swallowing issues, and the absorption of nutrients from food. In addition, dentists and speech-language pathologists both work in the mouth area assessing the function of the throat, gums, teeth, and vocal chords as they teamed-up to assess, diagnose, and treat possible speech discrepancies and swallowing difficulties, which had the possibility to greatly affect the virtual patient's health. The collaboration of multiple health disciplines reinforced the viewpoint of looking at the overall health of the patient. These different methods of assessment allowed for a fresh set of eyes to look at the patient in a different way each time. This enabled a larger field of view of the patient's health than if there were only one discipline performing assessments. From a public health standpoint, this made gathering health education materials, supplies, and resources

more effective and relevant to the patient. As a future health education specialist, the collaborative case study was an invaluable opportunity to implement our profession-specific competencies and responsibilities. Understanding the circumstances of the patient involved assessing the information about the patient and collecting information from the different health disciplines' pages. Planning was the next major component as teams had the significant goal of creating a discharge plan that would transition our patient from the hospital back to the real world.

“When I first began contributing to my team’s care plan, I felt as though each of my team members truly valued my input. It was a unique opportunity because each team member had background experience in healthcare, but we all had different perspectives.”

Elsa—1st year Public health/Health education specialist student

Interestingly, assessment tasks were first divided by team members as ‘silos’—each profession focusing on its own specific skill set—according to their pre-conceived notions of practice skills. Because of the overlap of skills and knowledge in many of the professions, team members slowly learned that similar skills could be practiced by multiple professions, and the silos began to blend together. Once they learned more about the skills and abilities of each profession, shared leadership also began to develop. Students from each profession took turns in leadership roles in taking notes, compiling the report, and scheduling meetings. For example, nursing students took the lead and tutored all of the other professions on how to correctly take vital signs.

Trying to coordinate and manage all of the diverse directives, orders, and recommendations was difficult. The assessment and planning process required clear and specific communication between all team members. An example of how poor communication can negatively affect a team was given by a public health student: *“When my group was preparing to put together the care plan, we thought we knew who was in charge of what; however, once we began to put everything in writing, we had no idea which parts to complete or how to make each section work together in the final plan. This lack of communication caused our presentation to fall apart.”* On the other hand, another student had a positive experience with communication among the

team members: *“When my group was prepping for our presentation, we practiced it together twice and clearly defined who would do what portion. Everyone knew how their specialty related to the patient’s care plan, and this allowed the presentation to run smoothly.”*

Opportunities for public health/health education specialists working in an interprofessional capacity

The future health education specialists walked away from this competition with a valuable lesson: patient-centered care isn’t just about tests and evaluations but ensuring that your patient is spiritually, mentally, physically, and socially healthy. This aligns well with public health’s holistic philosophy. Patient-centered care is about improving the whole-health status of the patient and family members - who are also important members of the healthcare team. All medical and health professions students quickly learned that good communication between the different disciplines was the easiest way to make sure holistic health care was being delivered and that no aspect of the patient’s care plan was being overlooked. Future health education specialists can apply the interprofessional competencies they practiced with their team during the case study to their work with health coalitions, in their behavior change interventions, and in their health communication campaigns.

“Interprofessional collaboration enabled me to learn from other health professionals while combining their responsibilities with my own as a health education specialist.”

Lauren—3rd year Public health/Health education specialist student

All professions benefit from this experience by gaining knowledge and applying it in interprofessional practice, changing attitudes and stereotypes about other professions, and practicing the communications skills of an interprofessional team member. Also, when more insight into the other medical and health professions is gained, team members can become more understanding of the challenges other professions face every day. This is real life experience that can help health professions students decide whether or not they actually want to continue their education in the health and medical fields.

References

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative. Retrieved from <http://www.aacn.nche.edu/education-resources/ipcreport.pdf>

National Commission for Health Education Credentialing. (2008). *NCHEC - Health Education Profession - Health Education Credentialing: Health Education Profession*. Retrieved from <http://www.nchec.org/credentialing/profession/>

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