“Interprofessional Discharge Planning and Home Visiting”
Module
Interprofessional Education Session
Teaching Plan/Agenda
# March 25, 2013: FACT ACE Day Interprofessional Education Session

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“Interprofessional Discharge Planning and Home Visiting” Module
Interprofessional Education session

Session Information

Date: March 25, 2013
Time: 8am – 12 noon
Location: Brent Auditorium
Small groups: Brent Auditorium, JAH 207, JAH 307

Faculty Lead:
- Nursing: Karen Alexander, MSN, RN; Mary T. Bouchaud, PhD, RN, MSN; Maria Marinelli, MSN, CNOR, RNFA
- Radiologic Sciences: Frances H. Gilman, DHSc, RT(R)(CT)(MR)(CV); Colleen Dempsey MS, RT(R); Christina A. Truluck, PhD, CNMT, RT(N); Richard H. Weening, PhD, RT(R)(CT)(MR)

Part I: Lecture/Home Visit Video Discussion

8:00am – 8:05am Students settle into seats and complete the pre-test (Nursing >IPads; Rad Sciences hard copies)
1. Give 3-minute time frame for students to complete the pre-test and collect them before module introductions.

8:05am – 8:10am Welcome and Module Introduction to the class
1. Welcome and Module Introduction
   Faculty: Mary T. Bouchaud, PhD, RN, MSN

   Session Learning Objectives:
   At the end of the session, participants will be able to:
   1. Compare and contrast the roles of specific health professionals in environments other than the hospital setting
   2. Describe the interdisciplinary discharge process
   3. Discuss responsibilities of nursing and radiologic science professionals.
   4. Discuss benefits and challenges of interprofessional care in home and hospital settings.
   5. Identify strategies to improve interprofessional care.

8:10am – 8:50am Powerpoint presentation/class discussion
Faculty: Mary T. Bouchaud, PhD, RN, MSN

View 15 minute video http://jeffline.jefferson.edu/jcipe/learning/videos.cfm
Click on interprofessional home visit video.

Continue Powerpoint presentation/video discussion

8:50am -9:10am Question and Answer Period
Faculty: Mary T. Bouchaud, PhD, RN, MSN

Potential questions for class:
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- Positive interactions?
- Interactions that could be improved?
- Other professions who could be involved?

9:10am – 9:20am BREAK
Faculty and students will go to assigned classrooms

Part IIa: Small group exercises/Large group discussion.

Location 1: Brent Auditorium, JAH
- Faculty: Pending: Karen Alexander, Colleen Dempsey, Frances Gilman

Location 2: 207 JAH
- Faculty: Pending: Maria Marinelli, Christina Truluck, Reena Antony

Location 3: 307 JAH
- Faculty: Pending: Mary Bouchaud, Richard Weening

9:20am – 9:45am Small Group Activity

9:20am-9:35am (10 minutes): Advise each student group to spend the first 10 minutes getting to know the members of their group, especially those from the other disciplines. Recommend that they discuss their educational program, clinical practica, etc.

9:35am-9:45am (10 minutes): Answer questions for two separate scenarios (follow up to video portrayal of Ms. Smith in her home) & IPE questions. (See handout)

9:45am – 9:50am Faculty and students (207 and 307 JAH) return to Brent Auditorium

Part IIb: Large Group Discussion

9:50am-10:10am Bring the students back together in a large group discussion. Facilitate a discussion regarding the overview and small group experience.

Here are some guiding questions:
1. What did you learn from the small group activity about? (i.e. health professional to health professional in collaboration/communication?
2. What points were highlighted in each of your groups?
3. What were some of the similarities and differences that you heard from each other?
4. How could a team-based approach to gathering data help you provide better care to patients/clients in the future?
5. Ask students to list what they learned about other professions today.

Part III. Presentation by Rad Sciences and Nursing Faculty

Jefferson InterProfessional Education Center
10:10am – 11:25am

Topics: (15 minutes per presenter)
- MRI safety: Richard Weening PhD, RT(R)(MR)(CT)
  (time: 10:10 – 10:25am)
- Radiation Therapy (Medical & Airport Scanners): Colleen Dempsey, MS, RT(R)
  (time: 10:25am-10:40am)
- Radiation Pharmaceuticals: Christina Truluck, PhD, CNMT, RT(N)
  (time: 10:40am-10:55am)
- Nurse’s Role / Collaboration with Rad Sciences Professionals: Maria Marinelli, MSN, CNOR, RNFA
  (time: 10:55am-11:10am)
- Nurse’s Role in the Community/Patient-Centered Medical Home: Mary Bouchaud
  (time: 11:10am-11:25am)

11:25am-11:45am

Question and Answer Period – Panel Discussion
[20 minutes]
Have IP faculty as a panel to address any specific questions from the presentations (i.e. roles, patient safety, communication, handoffs)

Use the remaining time to have students summarize key take home points from today’s session.

- What is one thing that your will take away from this experience and bring to your future interactions with healthcare team members? To patient care?
- How will each of you be held accountable for providing patient-centered, collaborative care moving forward (i.e. performance measures, quality improvement, patient satisfaction surveys, etc)?

11:45am-12:00pm

Complete session evaluation
10 min:
1. Advise students to complete evaluation.
   Give 5-7 minutes.

2. Thank all students for participating in this interprofessional education experience.
Faculty Handout - Case Scenario #1

It is now 2 weeks later and the home care nurse visited Mrs. Smith. The nurse’s assessment revealed that Mrs. Smith had a 3-pound weight gain since the last visit (yet reported that she was eating less than normal), now has difficulty breathing and moderate swelling in her ankles. Mrs. Smith refuses to go to the hospital or to her physician’s office. The home care nurse speaks to the nurse practitioner on-call who orders a portable chest x-ray (CXR) in the home. The CXR demonstrates a mass in the right middle lobe. A chest CT will need to be ordered to rule out lung cancer. CT is positive for lung CA. Mrs. Smith will need a PET/CT to localize and stage lung mass for radiation treatment. She will then go to radiation therapy 5 days per week for 4 weeks.

Questions for students

1. What are the responsibilities of the home care nurse related to the ordered chest x-ray?
2. What are the responsibilities of the radiographers and nuclear medicine technologist who perform the portable chest X-ray, CT scan & the PET/CT scan?
3. What are the responsibilities of the radiation therapist?
4. How does interprofessional communication facilitate optimal patient outcomes?
5. Identify two strategies to improve interprofessional collaboration between the nurse and the various radiologic science professionals.

Answer Key / Key Points for Faculty

1. Rad Sciences
   - X-rays can be performed at home, facility, nursing homes…
   - Accessibility and pt. location in home. Portable x-ray machine can be carried/wheeled
   - Radiation safety for patient, nurse, others in home, and technologist. (stand at least 6 feet away, use lead shield)
   - Technologists need complete history, medications, allergies…
   - Explain to patient and caretaker/family what is being done.
   - CT- allergies (for contrast), history, and meds (diabetes/metformin-pre and post exam)
   - Radiation Therapy- daily transport to/from facility, potential side effects of treatment( fatigue, skin irritation/breakdown)
   - Understand Rad Sci professionals have knowledge of medical terminology, and need full history, meds, allergies
   - Full, open, honest communication between all healthcare professionals
   - Ask questions if one or all healthcare professionals do not understand the situation.

2. Nursing
   - Ensure the safety of the members of the home (standing at least 6 feet away, using a lead shield)
   - Help the technologist position the patient for the X-ray in safe and comfortable manner
   - Monitor vital signs before, during and after the procedure for signs and symptoms of distress
   - Explain the procedure to the patient and why it is necessary
   - When the technologist and the nurse communicate effectively, the patient will receive the necessary intervention with the least amount of adverse effects.
   - All professions (including the ordering N.P.) should respect each other and feel open enough to ask questions
   - The nurse should build trust with the patient as she helps the technologist with the x-ray.
Faculty Handout - Case Scenario #2

It is now 2 weeks later and the home care nurse visited Mrs. Smith. The nurse’s assessment revealed all vital signs within normal limits but the nurse detected a carotid bruit at the base of her neck. Mrs. Smith’s daughter mentioned that her mother had a dizzy “spell” today and seemed to actually “black out” for a few seconds. The home care nurse speaks to the primary care physician who sets up a carotid ultrasound appointment at the hospital later that day. Mrs. Smith became anxious, agitated, and says she is scared of having that test because of the radioactive materials used. The carotid sonogram demonstrates stenosis of the ICA. The radiologist requests that a magnetic resonance angiogram (MRA) be performed.

Questions for students
1. What are the responsibilities of the MRI technologist who perform the MRA?
2. What is the actual procedure for a MRA? How can this knowledge improve patient outcomes?
3. What are some benefits and challenges of interprofessional care in home and hospital settings?

Answer Key / Key Points for Faculty

1. Rad Sciences
   • MRI and sonography do not use ionizing radiation
   • ***MRI safety screening*** >>> Need full, complete, correct screening- no ferromagnetic material in MRI
   • Patient is already anxious and agitated- need for medication?? To go into MRI Claustrophobia?
   • If patient has been medicated technologist must be informed.
   • Explain to patient and caretaker/family what is being done
   • Understand Rad Sci professionals have knowledge of medical terminology, and need full hx, meds, allergies
   • Full, open, honest communication between all healthcare professionals
   • Ask questions if one or all healthcare professionals do not understand the situation.

2. Nursing
   • Nurse will administer medication if necessary before procedure and monitor vital signs
   • It is important to coordinate transportation to and from the procedure with a family member (home care nurse cannot provide transportation)
   • If necessary, home care nurse may need to coordinate medical transport depending on Mrs. Smith’s condition
   • All professions (including the ordering N.P.) should respect each other and feel open enough to ask questions
   • Transitioning care between home, hospital and back home again can present numerous challenges. The nurse should ensure that the caregiver and patient have been instructed fully and can function independently before allowing the patient back home.
Case Scenarios – Student Handout

Case Scenario #1

It is now 2 weeks later and the home care nurse visited Mrs. Smith. The nurse’s assessment revealed that Mrs. Smith had a 3-pound weight gain since the last visit (yet reported that she was eating less than normal), now has difficulty breathing and moderate swelling in her ankles. Mrs. Smith refuses to go to the hospital or to her physician’s office. The home care nurse speaks to the nurse practitioner on-call who orders a portable chest x-ray (CXR) in the home. The CXR demonstrates a mass in the right middle lobe. A chest CT will need to be ordered to r/o lung cancer. CT is positive for lung CA. Mrs. Smith will need a PET/CT to localize and stage lung mass for radiation treatment. She will then go to radiation therapy 5 days per week for 4 weeks.

Questions for students
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2. What are the responsibilities of the radiographers and nuclear medicine technologist who perform the portable chest X-ray, CT scan & the PET/CT scan?
3. What are the responsibilities of the radiation therapist?
4. How does interprofessional communication facilitate optimal patient outcomes?
5. Identify two strategies to improve interprofessional collaboration between the nurse and the various radiologic science professionals.

Case Scenario #2

It is now 2 weeks later and the home care nurse visited Mrs. Smith. The nurse’s assessment revealed all vital signs within normal limits but the nurse detected a carotid bruit at the base of her neck. Mrs. Smith’s daughter mentioned that her mother had a dizzy “spell” today and seemed to actually “black out” for a few seconds. The home care nurse speaks to the primary care physician who sets up a carotid ultrasound appointment at the hospital later that day. Mrs. Smith became anxious, agitated, and says she is scared of having that test because of the radioactive materials used. The carotid sonogram demonstrates stenosis of the ICA. The radiologist requests that a magnetic resonance angiogram (MRA) be performed.

Questions for students
6. What are the responsibilities of the MRI technologist who perform the MRA?
7. What is the actual procedure for a MRA? How can this knowledge improve patient outcomes?
8. What are some benefits and challenges of interprofessional care in home and hospital settings?
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Pre-Test

Discipline: _____ Nursing _____ Radiological Science, Modality: ______________

Please rate your confidence level on the following items:

1: Understanding the roles of health professionals in home care

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2: Realization of the impact of interprofessional care in home and hospital settings

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3: Ability to communicate with other health professions to improve patient outcomes

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4: Participation in discharge planning of the hospital patient

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5: Knowledge of the roles of the home care nurse

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6: Knowledge of the roles of the radiologic science professional

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Post-Test/Evaluation

Discipline: _____ Nursing  _____ Radiological Science, Modality: ______________

Please rate your confidence level on the following items:

1: Understanding the roles of health professionals in home care

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2: Realization of the impact of interprofessional care in home and hospital settings

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4: Participation in discharge planning of the hospital patient

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5: Knowledge of the roles of the home care nurse

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6: Knowledge of the roles of the radiologic science professional

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What did you like about this session?

What would have improved the session?

List one “take away” message from the session.