Interprofessional Hospital Video Facilitator’s Guide

The following Facilitator’s Guide was devised to be used in conjunction with the Interprofessional Hospital Video that is available on the Jefferson InterProfessional Education Center website at http://jeffline.jefferson.edu/jcipe.

The overall objectives of the video are to provide viewers/learners with an opportunity to explore the benefits of a health care team on patient care in a hospital scenario, to discuss the roles of health professionals, and to describe aspects of interprofessional care (e.g., assessment, communication, caregiver role, and transitions in care).

Four modules were identified; however, other areas can be addressed. The modules are:

1. Assessment module
2. Communication module
3. Caregiver module
4. Transition of care module

Facilitators may use all or part of this guide. Sample questions have been provided but in no way are they inclusive of all questions that could apply. In selected instances, possible answers to the questions are included but are not considered inclusive or comprehensive, but rather sample answers. In addition, please refer to http://jeffline.jefferson.edu/jcipe “roles of health professionals handouts” when appropriate.
Assessment Module

1. Scene 1 - Trauma
   a. ER nurse and ER resident started to elicit History of Present Illness (HPI)
      i. What other questions could have been asked in the HPI?
      
      ii. How can the physician and the nurse work together to elicit the HPI?

      iii. What was the importance of obtaining Mrs. Smith’s previous medical record from her past hospitalization?

1. “Obtaining an accurate history is the critical first step in determining the etiology of a patient's problem. A large percentage of the time, you will actually be able to make a diagnosis based on the history alone. The value of the history, of course, will depend on your ability to elicit relevant information. Your sense of what constitutes important data will grow exponentially in the coming years as you gain a greater understanding of the pathophysiology of disease through increased exposure to patients and illness. However, you are already in possession of the tools that will enable you to obtain a good history. That is, an ability to listen and ask common-sense questions that help define the nature of a particular problem. It does not take a vast, sophisticated fund of knowledge to successfully interview a patient. In fact seasoned physicians often lose site of this important point, placing too much emphasis on the use of testing while failing to take the time to listen to their patients. Successful interviewing is for the most part dependent upon your already well developed communication skills.” More info on HPI and other medical assessment can be found in the University of California at San Diego’s A Practical Guide to Clinical Medicine: A comprehensive physical examination and clinical education site for medical students and other health care professionals at http://meded.ucsd.edu/clinicalmed/history.htm
b. Physical exam and diagnostic studies (ER resident examines Mrs. Smith and orders appropriate diagnostic studies)
   i. What diagnostic studies were completed in the ER?
   ii. Who was responsible for ordering the studies?
   iii. What interactions did you observe between health professionals related to the diagnostic studies?
   iv. Were there instances where interactions between health professionals potentially improved the outcomes of the patient?

c. A medication history was completed by the pharmacist in the ER and Xray and blood studies completed.
   i. What were the implications of the conversation among the ER resident, the pharmacist, and the radiation technologist?
   ii. What role did the lab technologist play related to the ordered blood studies?

2. Scene 2 – Post-operative recovery
   a. The nurse, occupational therapist, and physician interact about the cognitive abilities of Mrs. Smith

   i. What cognitive assessment techniques did you observe?  
      What does orientation to “time, person, place” mean?  
   ii. What is the purpose of the CAM assessment?
      1. “Caring for patients with cognitive disorders can be challenging and physically and emotionally exhausting for the bedside nurse. Cognitive disorders come in many forms but in the acute care setting, understanding what is causing the changes is important in care management. Two common cognitive disorders that frequently pose a challenge in the acute care setting are dementia and delirium. The inability to diagnose dementia or delirium appropriately can increase morbidity and mortality in this patient population.” For more information (including information on CAM), view June 2008 “Dementia or delerium? Understand the difference” by Theresa Hills at: www.nursingcenter.com/library/JournalArticle.asp?Article_ID=798207
iii. What health professional(s) administer this assessment?

iv. Why did the physician order further studies?

v. Why was the pharmacist called in to do a further assessment at this time?

3. Scene 3 – Occupational and Physical Therapy
   a. The moderator mentioned that a Mini Mental Status Exam (MMSE) score was compared to a previous score.

   i. What type of assessment tool is the MMSE and what does the score mean?
      1. “Of all the mental status exams assessing memory, concentration, and other cognitive skills, the most common one used in the evaluation of Alzheimer's disease is the Mini Mental State Exam (MMSE). The MMSE is a research-based set of questions that provides a score about a person's general level of impairment”. Read more at http://alzheimers.about.com/od/diagnosisofalzheimers/a/MMSE.htm.

   ii. What health professionals are able to administer the MMSE?

   b. The occupational therapist completed a cognitive assessment called the ACLS or Allen Cognitive Battery Screening.

      i. What is the purpose of this assessment and how is it implemented?
         1. www.allen-cognitive-network.org The Allen Cognitive Battery consists of several tools for evaluating attention, problem solving, and learning in persons with brain conditions resulting in some cognitive restrictions. The idea of developing a scale to measure global functional abilities of persons with psychiatric disorders was originated over thirty years ago by Claudia Kay Allen, MA, OTR, FAOTA and her colleagues at Eastern Pennsylvania Psychiatric Institute in Philadelphia. A leather-lacing test, now known as the Allen Cognitive Level Screen (ACLS), was developed at this time to provide a quick measure of learning/cognitive abilities. More information on website.
ii. What other assessment tools are used by occupational therapists?

iii. The MME is used by many professionals. The ACLS is used primarily by occupational therapists. What other assessment measures are used by many professionals?

c. The physical therapist and the occupational therapist assisted Mrs. Smith in her transfer from bed to chair.

i. What assessment do you think that the physical therapist had completed previously?

ii. Why do you think that the physical therapist took Mrs. Smith’s blood pressure prior to her therapy session?

iii. What are the advantages of health care professionals working together in conducting assessments?

4. Scene 4 – Family therapy
   a. The family therapist meets with Mrs. Smith’s daughter

   i. What type of assessment did you observe from the family therapist?
Communication Module

PART I – Communication questions refer to the video in general. PART II – communication questions specific for each of the scenes.

Part I - general communication questions

1. What examples of patient/family centered interactions did you observe in each scene? What verbal communication strategies did the professional use? What non-verbal communication did you observe? Why do you identify these interactions as patient/family centered? What would you have done differently?

   Acute care: professional responds to patient’s fear and anxiety about her daughter not being at the bedside yet. Professional speaks directly to the patient in a calm, clear voice, looks at the patient while speaking to her, has an open receptive body language.

   There were times when the health professionals stepped away from the patient’s bedside to discuss her care. The patient was able to hear these conversations and should have been part of them or the professionals should have gone to an area where she could not hear them.

2. Throughout the scenes Crystal, the daughter, is experiencing a variety of concerns and emotions. How the professional’s interactions with her address these? What was the outcome of the interaction with the professional for the daughter? (e.g., did she become more anxious or more relaxed?) If the professional had used a different style of interaction would the outcome for the daughter have been different? How so?

   Acute care: daughter rushes in and is very anxious “What are you doing to my mother?” professionals speak clearly, calmly and let her know exactly what is going on. They recognize her anxiety and respect it. Crystal becomes visibly relaxed and is able to support her mother in the decisions about her care.

3. In a similar way how did the professional’s interaction with Mrs. Smith address her emotions and concerns? What was the outcome of the interaction with the professional? Discuss the possible outcomes for Mrs. Smith if the professional used a different style or approach.

   Post Op: Mrs. Smith is disoriented and doesn’t recognize the staff members. She asks Lynn the OT if she is the person from next door and tells her she makes too much noise. Lynn orients Mrs. Smith to her name and role on the team. She recognizes Mrs. Smith’s cognitive disorientation and apologizes for making too much noise. Ellen the nurse also attempts to orient Mrs. Smith but also recognizes her anxieties. She tells her that someone will feed her cats. This helps Mrs. Smith reduce her anxiety.

4. How did the interaction between professionals help develop or change the plan of care for Mrs. Smith? Discuss exactly what happened in each of the following interactions, the outcomes for each professional and for Mrs. Smith. Describe positive interactions and interactions that could have been improved.
• pharmacist, physician and rad sciences tech
• occupational therapist and nurse
• nurse and physician
• occupational therapist and physical therapist

• shared discipline specific knowledge and enhanced the knowledge of fellow team members (ie. contraindications for use of Metformin with CT scans)
• shared results of their evaluation to improve the plan of care for other disciplines (ie the occupational therapist gave the physical therapist suggestions on types of cues that Mrs. Smith may respond to)
• lab tech and rad tech had interactions with physician.
• shared hypothesis and plan for differential diagnosis (ie Mrs. Smith may be experiencing delirium, physician will order more tests)
• Professionals talked amongst each other (team work, collaborating among peers, for clarification and patient progress (for example, physician-nurse, physician-OT, physician-tech)

5. The team meeting is an opportunity for all team members to share information and make decisions about the next level of care for Mrs. Smith. What are some of the verbal communication strategies that you observed in the team meeting that demonstrated patient/family centered care? What are some non-verbal strategies? How did Mrs. Smith and Crystal respond to these interactions?

verbal: introducing self and describing their role on the team
speaking clearly, confidently and directly to patient or family member
answering any questions clearly, directly
team members supporting one another
respect for team members

non-verbal: looking at and leaning into the patient/family while speaking
professional demeanor
sitting at different places around the table (nurse next to Mrs. Smith, family counselor next to Crystal)
holding patient’s hand for comfort

PART II Communication questions by scene

I. Scene I- Trauma

Patient centered care (PCC) focuses on the patient’s right to have his or her values and belief’s respected as an individual. In treating the patient as an individual, the focus should be on the situation, not the disease process (Wolf, 2008). What could be done better in this scene to deliver patient centered care?

The nurse appeared to be more focused on getting medical information from the patient, then addressing the patient’s main concern, which was to be with
her daughter. In an emergency room setting it is often necessary to attend to the disease process first, but in this situation the patient appeared stable. After the nurse assured the patient that there would be no tests done before the arrival of the daughter, in the next scene the lab technician came in to draw blood.

**What could have been done better to improve inter-professional communication between the doctors and the nurse?**

The medical physician and the surgeon interacted with the patient for the first encounter without initially collaborating with the nurse to gain pertinent information. When communication is lacking between the healthcare team the patient is often asked unnecessary questions and the providers miss the opportunity to learn pertinent information from each other. Unfortunately this type of interaction is more of the norm than the exception in an Emergency room setting.

II. Scene 2- Post-operative recovery

**This scene provided several examples of effective communication between the inter-professional team. Can you identify some communication strengths in this scene?**

The healthcare providers addressed the patient’s situation, not the disease process. Often time’s healthcare workers become more focused on the assigned task and are not flexible in changing the routine to adapt to the patient’s situation. The Institute of Medicine has listed Patient Centered Care as 1 of 6 national quality aims for improvement. The IOM’s goal is to have all healthcare workers to provide and deliver PCC as part of an interdisciplinary team (Wolf 2008). In this scene, the physician, nurse, OT and PT collaborated together to address the patient’s confusion and adjusted the plan of care based on input from each member of the inter-disciplinary team. Another strength in this scene was that the nurse touched the patient’s arm and talked in a very soothing tone which seemed to reduce the patient’s anxiety.

III. Scene 3- Occupational and Physical Therapy

**How could inter-professional communication be improved in this scene to assure that the patient’s pain was adequately being addressed?**

The OT and the PT collaborated with each other about the patient’s current needs. The one area of improvement would be if the PT had a conversation with the nurse about pain management before getting the patient out of bed. The patient commented several times that she was in extreme pain and no one asked her if she needed pain medication. It is important that members of the inter-disciplinary team speak with the nurse before delivering care to the patient. Nursing is the only member of the team who is with the patient 24/7. Team communication plays a primary role in professional nursing practice as
modern nurses are expected to coordinate health care team processes, function as the information link among team members and serve as the liaison between care givers and patients (Miller & Apkler, 2002).

IV. Scene 4- Family Therapy

It is important to include the family in discharge planning. What were some of the strengths of the communication style of the family therapist?

The family therapist was very compassionate and through use of probing and open ended questions, was able to get the daughter to reveal why she was so anxious about sending her mother to a skilled care facility. By allowing the daughter to talk through all of her concerns, the daughter was able to come to her own conclusion that taking her mother home may delay her recovery. The therapist showed concern for the daughter’s stress and anxiety and demonstrated acts of caring behavior. Through caring acts, including informing, treating with respect, and showing concern for personal stress, the health care provider can help maintain the individual’s self-worth (Henderson, 2007).

V. Scene 5- Team Therapy

This scene demonstrated teamwork, collaboration and the practice of patient centered care. How did the input of the entire team convince the mother and daughter that discharge to a skilled care facility was the safest and best solution? What are some advantages to making the patient feel that they are in charge of their treatment plan?

The entire team explained the benefits of going to a skilled care facility. They presented a united front, even when the daughter changed her mind, and decided it may be best to take her mother home. The health care team was able to make a strong argument for the reasons that the mother was not ready to return home but allowed the time to let the mother and daughter to reach the same conclusion. By allowing the patient autonomy, improves the chance for compliance with the plan. If she felt forced into something that she did not want, she most likely would have resisted the plan and the daughter would have been faced with guilt and resentment towards the health care team. Maintaining the patient’s integrity during the association with the healthcare service is imperative to a patient well being (Henderson, 2007). The reason for many hospital’s re-admissions is a result of unclear communication regarding discharge planning.

References for communication section
Caregiver Module

Scene 1: Upon seeing Mrs. Smith’s in the emergency room, the best thing her daughter could do would be to:

1. tell her mother to calm down
2. tell her mother to listen to the doctor
3. tell her mother no to be so upset
4. utilize reassurance and a calm voice *

What other behaviors would be appropriate for Crystal, the daughter, to do at this point?

What health professionals interacted with her at this point? What were positive about the interactions? What could have been improved?

Scene 4: What is most important for the family therapist to do when discussing Mr. Smith with her daughter?

1. Tell her daughter that Mrs. Smith will be fine in rehab.
2. Explain that Mrs. Smith may still get very confused.
3. Discuss some coping mechanisms with the daughter. *
4. Tell the daughter that she should not worry so much about her mother.

Describe the role of the couple and family therapist in this scene.

Scene 5: The daughter can help to minimize any confusion Mrs. Smith may have once she is home by:

1. giving Mrs. Smith the prescribed anti-anxiety medication to calm her down
2. telling her to watch television
3. re-orienting her to her location, time, day, and using cues familiar to Mrs. Smith *
4. telling her that we all get confused or forgetful at times

What are some caregiver factors/challenges/stressors that are evident in this scene?

What are some potential interventions? Who would provide these interventions?
What are some community resources available for the daughter (caregiver)?

Scene 5: What would be an appropriate way for the daughter to help Mrs. Smith remember what medications to take?

1. The daughter should give the medications to her mother every day.
2. Tell a neighbor to watch Mr. Smith take her medicine.
3. **Teach Mrs. Smith to use a medicine dispenser with slots for the appropriate medication days and time with reinforcement of the teaching.**
4. Tell Mrs. Smith to take the medication by recognizing the color of the medication.

What health professionals would assist with medication adherence in this situation?

What health professionals would assist with medication adherence in the nursing home setting? In the home?
Transitions in Care Module

1. Scene 1. What major clinical decision or clinical activity did each team member make in the Emergency Room scene?

2. Scene 2. What major clinical decision or clinical activity did each team member make at the Bedside scene?

3. What are the differences and similarities between a nursing home, SNF, acute rehabilitation facility, assisted living and a CCRC (Community Care Retirement Community)?

   What are your personal opinions about nursing homes?

   How might these beliefs affect your interactions with a person who may need to go or caregivers?

4. Scene 4 and 5. Mrs. Smith and her daughter seem to have a long term pact about not being “sent to a nursing home” or a skilled nursing facility (SNF)? List the advantages of Mrs. Smith being discharged to a SNF rather than being discharged home. List the disadvantages. Consider both Mrs. Smith and her daughter.

   How would the decision differ if Mrs. Smith had no caregiver and lived alone? How would the decision differ if Crystal, Mrs. Smith’s daughter, did not have an infant to care for at home? What are other factors that need to be considered?

5. How would the discharge plan be different if Mrs. Smith lived in a Community Care Retirement Community (CCRC)?

6. Mrs. Smith expressed a concern about paying for a nursing home. Assuming Mrs. Smith has Medicare, what are the financial implications of being discharged from a hospital to a SNF as compared to receiving Home Care Services?

7. Discuss whether Mrs. Smith has the right to decide her discharge placement. Can she refuse to go to the skilled nursing facility? What if she had refused?