

# Methods for Assessing Interprofessional Collaborative Practice During Clinical Rotations

Date: October 22, 2018

Presented by: :

Sherry Jimenez, Ed.D.; Randal Batchelor, Ed.D.;  
Michael Wieting, DO; Lisa Shelburne; Amy Drittler, MS

**LMU**

DeBusk College of Osteopathic Medicine  
LINCOLN MEMORIAL UNIVERSITY

VALUES | EDUCATION | SERVICE

# Agenda

- Assesses **IPEC competencies** utilizing a dual-method approach during clinical years.
- This session will introduce the **Preceptor Evaluation of Student** instrument and an **e-reflection/journal** component both designed to elicit student performance data based on the IPEC competency framework.
- Both methods align with the Commission on Osteopathic College Accreditation Element 6.8 and Entrustable Professional Activity (**EPA 9**).
- Efforts are underway to validate these approaches and instruments to predict **students' future success in residency performance**.

## IPEC Core Competencies (VRIT)

- **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 those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

- **INTERPROFESSIONAL COMMUNICATION**


- Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

- **TEAM and TEAMWORK**

- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely efficient effective and equitable.

# Entrustable Professional activity (EPAs)

- “A unit of professional practice that can be entrusted to a sufficiently competent learner
- **Collaborate as a member of an interprofessional team (EPA 9)**

- EPA 1: Gather a history and perform a physical examination . . . . .  
(Primary authors: Stephanie Call, Tracy Fulton)
- EPA 2: Prioritize a differential diagnosis following a clinical encounter . . . . .  
(Primary authors: Maureen Garrity, Brenessa Lindeman)
- EPA 3: Recommend and interpret common diagnostic and screening tests . . . . .  
(Primary authors: Steven Lieberman, Monica Lypson)
- EPA 4: Enter and discuss orders and prescriptions . . . . .  
(Primary authors: Rebecca Minter, Jay Rosenfield)
- EPA 5: Document a clinical encounter in the patient record . . . . .  
(Primary authors: Carol Carraccio, Lynn Cleary)
- EPA 6: Provide an oral presentation of a clinical encounter . . . . .  
(Primary authors: Rebecca Minter, Jay Rosenfield)
- EPA 7: Form clinical questions and retrieve evidence to advance patient care . . . . .  
(Primary authors: Stephanie Call, Tracy Fulton)
- EPA 8: Give or receive a patient handover to transition care responsibility . . . . .  
(Primary authors: Joe Thomas, Mark Wilson)
-  EPA 9: Collaborate as a member of an interprofessional team . . . . .  
(Primary authors: Carol Carraccio, Lynn Cleary)
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management .  
(Primary authors: Joe Thomas, Mark Wilson)
- EPA 11: Obtain informed consent for tests and/or procedures . . . . .  
(Primary authors: Robert Englander, Timothy Flynn)
- EPA 12: Perform general procedures of a physician . . . . .  
(Primary authors: Maureen Garrity, Brenessa Lindeman)
- EPA 13: Identify system failures and contribute to a culture of safety and improvement . . . . .  
(Primary author: Robert Englander)

# Impetus for IPE/IPCP

- 1972: Educating for the Health Team
- 1999: **To Err is Human** (IOM aka The Academy of Medicine)
  - 44,000-98,000 deaths annually attributable to medical error
- 2001: **Crossing the quality chasm**
  - Healthcare redesign for the 21<sup>st</sup> century: safe effective, patient centered, timely, efficient, equitable
  - Team approach to patient care
- 2003: **A Bridge to Quality** (IOM)
  - Development of high functioning patient centered teams
  - Education for how to do this successfully





- “Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” (WHO, 2010)
- “Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, (careers) and communities to deliver the highest quality care.” (WHO, 2010)

- 2009: Interprofessional Education Collaborative (IPEC)
  - Osteopathic and allopathic medicine, dentistry , nursing, pharmacy and public health
    - Created core competencies for IPE to guide respective curricula



# OMS-III Pilot e-reflection/journal

## Purpose

- History
- Commission on Osteopathic College Accreditation (COCA) **Element 6.8: Interprofessional Education for Collaborative Practice: (CORE)**
  - A COM must ensure that the core curriculum prepares osteopathic medical students to function **collaboratively on health care teams** by providing opportunities, in **each year of the curriculum**, to learn in academic and/or clinical environments that permit interaction with students enrolled in other health professions degree programs or other health professionals.
- How do we assess IPE in 3<sup>rd</sup> and 4<sup>th</sup> year?



- Students already collaborate with on Rotations with Interprofessional colleagues
- How do we formalize that?
  - IPEC relevant journal reflections
  - Specific Interprofessional categories to ensure a diverse experience

# OMS-III Pilot e-reflection/journal Methodology

- 20 OMS-III students
- 5 Interprofessional categories
  - Nursing -3
  - Physician (clinical) -5
  - Physician (non-clinical) -1
  - Non-clinical professionals -1
  - Other clinical professionals-1
- E\*Value/Coursework
- Journal prompts
- Journal rubric
- Pre-assigned students to grader

# Rubric

Dimension	(1) Did Not Meet Expectation	(2) Just Meets Expectation	(3) Fully Meets Expectation
<b>Roles/ Responsibilities:</b>	Does not fully address the prompts.	Provides collaborator's name, profession, required educational qualifications, expertise and health care role, but answer is vague and generic lacking context specific detail or personal insight.	Provides collaborator's name, profession and fully describes required educational qualifications, expertise and health care role including personal insights and rotation site specific detail.
<b>Team and Teamwork</b>	Does not fully address the prompts.	Briefly describes the collaboration and its impact on the patient, but answer is vague and generic lacking context specific detail or personal insight.	Clearly describes the collaboration and its impact on the patient including personal insights and rotation site specific detail.
<b>Values/Ethics:</b>	Does not fully address the prompts.	Briefly discusses the ethical dimensions of the collaboration but answer is vague and generic lacking context specific detail or personal insight.	Clearly discusses the ethical dimensions of the collaboration including personal insights and rotation site specific detail.
<b>Communication:</b>	Does not fully address the prompts.	Briefly discusses the professional's communications with the health care team (including students) and with the patient but answer is vague and generic lacking context specific detail or personal insight.	Clearly discusses the professional's communications with the health care team (including students) and with the patient including personal insights and rotation site specific detail.

# Prompts

- **Roles and Responsibilities:**

- Name of professional
- What is this person's profession?
- What educational qualifications/certifications are required for this profession?
- Summarize this professional's expertise and describe how it supports overall hospital/clinic operations as well as impacts patient outcomes.

- **Team Work:**

- Briefly describe how you and others collaborated with this professional to impact patient outcomes.

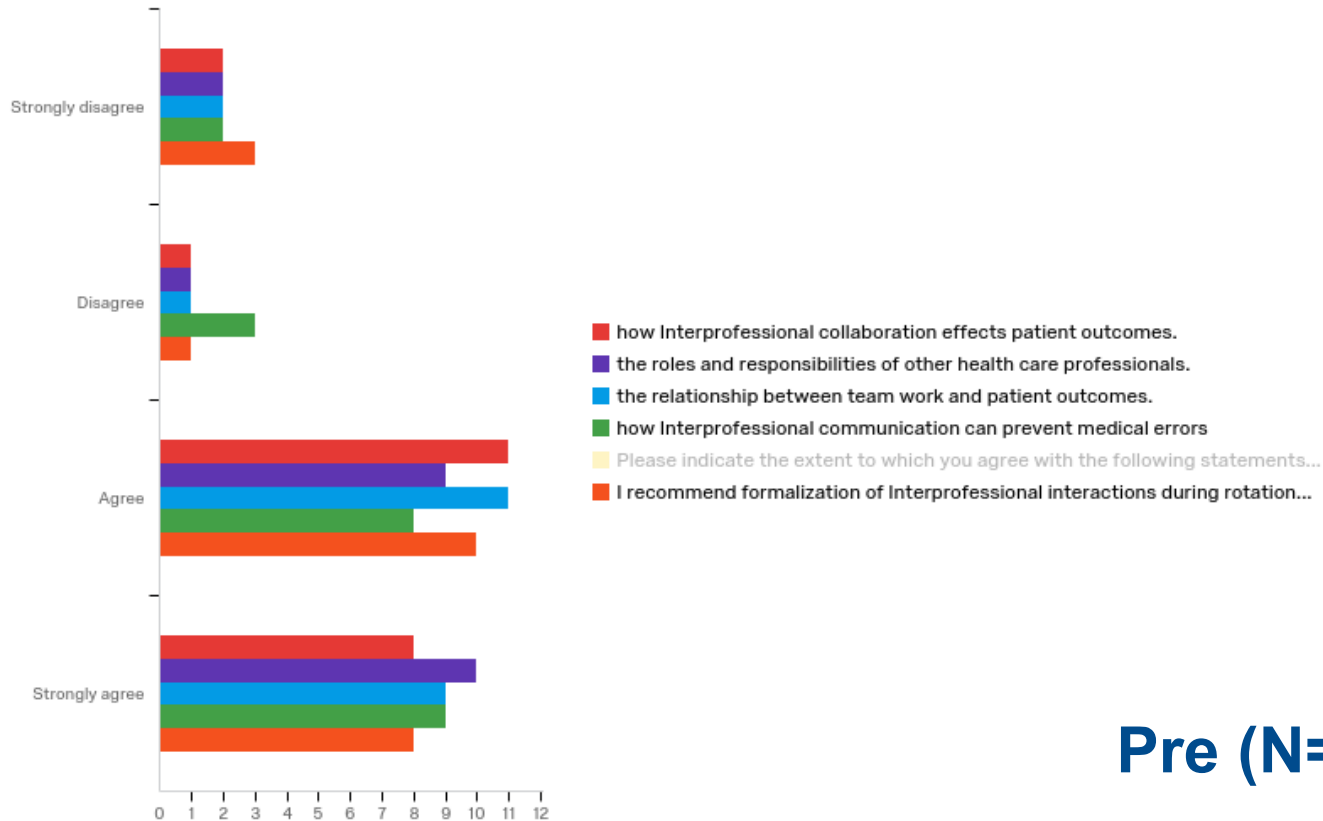
- **Values/Ethics:**

- Describe if/how members of the health care team including yourself (if applicable) embraced individual differences, unique cultures, or values of colleagues and/or the patient and how this effected patient care?

- **Interprofessional Communication:**

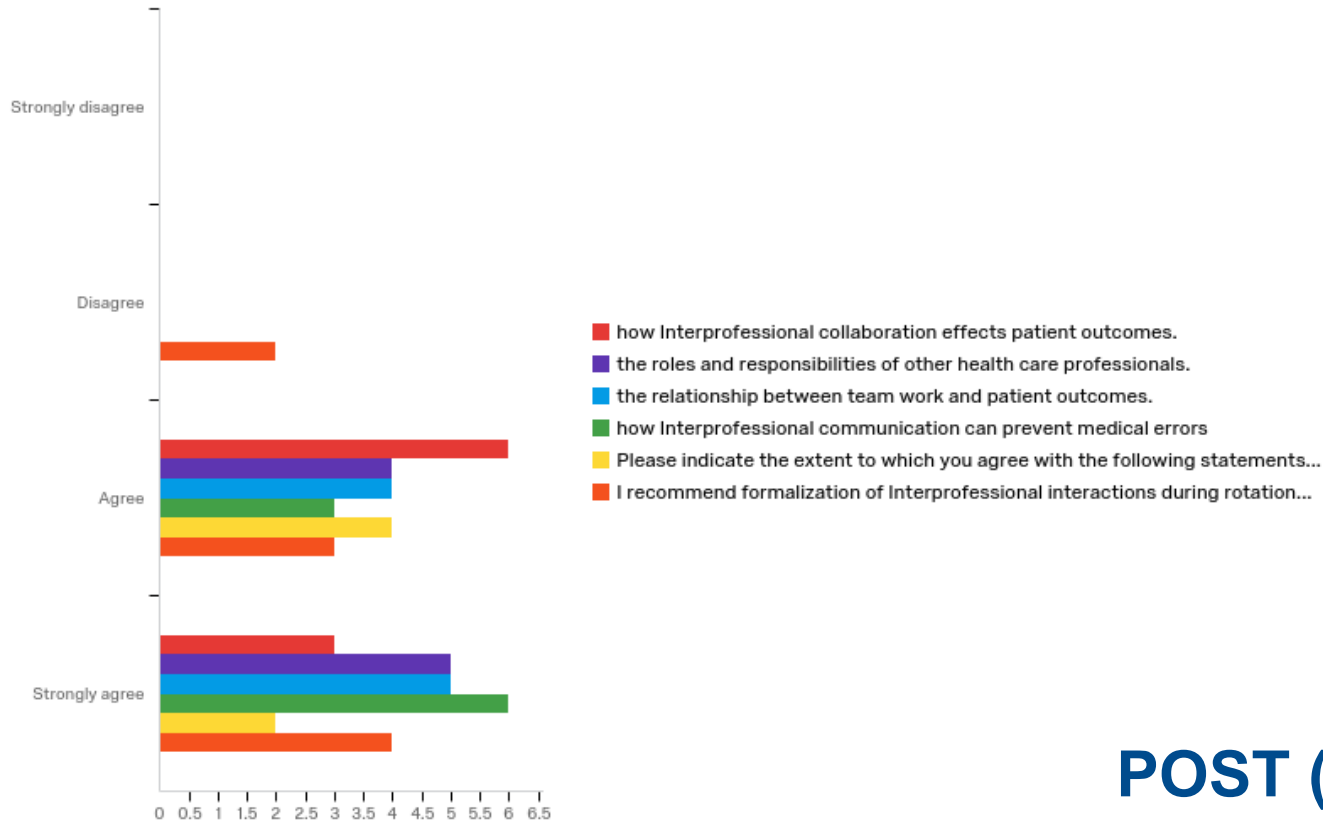
- Describe how your communications with this professional affected the patient and families and/or how this could have been improved.
- Describe how this professional's communication with the patient/family affected the patient and families and/or how this could have been improved.

Please indicate the extent to which you agree with the following statements: Journaling about the experiences I will have with various clinical and nonclinical health care team members will broaden my learning about



**Pre (N=22)**

Please indicate the extent to which you agree with the following statements: Journaling about the experiences I had with various clinical and nonclinical health care team members broadened my learning about



**POST (N=9)**

# Results

## Medical Student Journal Entry:

- “Communication with the CRNA in regards to the surgical cases was vital for the patient's care...Their knowledge and confidence in their role allowed the cases to run smoothly and assured families who were worried. He made adjustments as necessary based on the patient's behavior and comments, which prevented major complications and allowed the cases to run smoother”.
- **Excerpt relates to Interprofessional Communications (IPEC) Outcome**



# OMS-III Rollout

- Essentially the same

# OMS-IV Rollout

- With improvements to rubric and prompts per OMS-III Pilot participants

Dimension	(1) Did Not Meet Expectation	(2) Just Meets Expectation	(3) Fully Meets Expectation
Roles/ Responsibilities:	Does not fully address the prompts.	Provides collaborator's name, profession, required educational qualifications, expertise and scope of practice, but answer is vague and generic lacking context specific detail or personal insight.	Provides collaborator's name, profession and fully describes required educational qualifications, expertise and scope of practice including personal insights and rotation site specific detail.
Team and Teamwork	Does not fully address the prompts.	Briefly describes the collaboration and its impact on the patient, but answer is vague and generic lacking context specific detail or personal insight.	Clearly describes the collaboration and its impact on the patient including personal insights and rotation site specific detail.
Values/Ethics:	Does not fully address the prompts.	Briefly discusses mutually respectful collaboration between physicians, this professional, and team members but answer is vague and generic lacking context specific detail or personal insight.	Clearly discusses mutually respectful collaboration between physicians, this professional, and team members including personal insights and rotation site specific detail.
Communication:	Does not fully address the prompts.	Briefly discusses the professional's communications with the health care team (including students) and with the patient but answer is vague and generic lacking context specific detail or personal insight.	Clearly discusses the professional's communications with the health care team (including students) and with the patient including personal insights and rotation site specific detail.

Write a brief journal entry reflecting on the interprofessional interaction you wish to reflect on during this rotation. For best results, copy and paste the prompts into the text box to ensure all competencies are reflected.

## **Roles and Responsibilities:**

- Provide the name of this professional
- What is this person's profession and what is their degree or certification?
- What is the basic content and length of the curriculum for their degree/certification
- Describe this person's scope of practice
- How does this professional's expertise differ from yours and how do they fit into the patient care team.

## **Team Work:**

- Briefly describe an instance of when you and others collaborated with this professional, what went well and/or what could have been improved.

## **Values/Ethics:**

- Mutual respect is a key component of professional culture and is proven to impact patient outcomes. Describe the dynamic between the physicians, this professional, and individuals with similar responsibilities. What was your impression of these interactions and its effect on patient care.  
haveaniceday1\*

## **Interprofessional Communication:**

- Describe ways in which you communicated **with this professional** and how the professional **communicated with** the patient and families.
- Do you feel that communication with this professional was optimal for the patient or situation? Please elaborate.

# Observational Assessments of Inter-professionalism within Medical Related Educational Programs

- Simulated clinical settings
- Real clinical settings

# Assessing Student Performance in Clinical Rotations using Preceptor Evaluations

**Medical Knowledge**

**Foundational Principles**

**History & Physical**

**Assessment Skills**

**Preventive Care**

**Clinical Documentation**

**Clinical Skills**

**Osteopathic Manipulative  
Medicine**

**Communication**

**Teamwork Skills**

**Patient Centered Care**

**Interpersonal Skills**

**Ethics**

**Life-long Learning**

**Professionalism**

# Instrument Background

Preceptors rate rotating 3<sup>rd</sup> and 4<sup>th</sup> year students monthly using an electronic form.

- 1. Always Performed (Excellent)**
- 2. Usually Performed (Competent)**
- 3. Infrequently Performed (Inadequate)**

The domains are weighted and scaled differently in calculating overall scores.

LMU-DCOM began using the evaluation in 2014  
More than 5000 evaluations have now been completed.

# Interprofessionalism Related Behaviors

Domain	Observed Behavior
<b>Communication</b>	<ul style="list-style-type: none"> <li>Effectively and appropriately communicated with patients and other members of the health-care team</li> </ul>
<b>Teamwork Skills</b>	<ul style="list-style-type: none"> <li>Made herself/himself a useful, productive and dependable member of the health-care team</li> <li>Demonstrated initiative, leadership and respect within the health-care team</li> </ul>
<b>Interpersonal Skills</b>	<ul style="list-style-type: none"> <li>Showed respect, consideration, concern and empathy for patients</li> <li>Interacted with patients and other health-care team members in ways that enhanced patient care</li> </ul>
<b>Professionalism</b>	<ul style="list-style-type: none"> <li>Projected a professional attitude in her/ his punctuality, attire and readiness to complete tasks</li> <li>Took responsibility for her/his own decisions and actions</li> </ul>

# Validating the Interprofessionalism Component by Examining Residency Success

## Becoming Chief Resident

- Selected by program faculty with input from other residents
- They plan didactics, schedule shifts and act as a liaison between residents and faculty.
- Generally prestigious

11.3% of eligible graduates from the LMU-DCOM  
Classes of 2014, 2015 and 2016 became chief  
residents



# The data used

- 1900 completed evaluations for eligible graduates
- A three point scale was used to average the ratings of the four domains for each student.
- A 1/0 (yes/no) scale used for becoming a chief resident.

# Preliminarily results

- Very little variability in the ratings data was found.  
Standard deviation = .1
- A very weak but statistically significant correlation was found between IPE related preceptor ratings and becoming a chief resident.

N	Pearson r	Sig.
408	.12	.015

## Results continued

Mean Rating Quartile	Percentage Becoming Chief Residents
First	16.7%
Second	13.5%
Third	8.0%
Fourth	6.9%
Aggregate	11.3%

# Conclusion

- Higher preceptor ratings in domains related to IPE are minimally associated with becoming a chief resident within a residency program.

This association could likely be strengthened by increasing preceptor awareness of IPE and the importance of rating each domain independently.

# Acknowledgements

- Acknowledgements:
  - Rachael Proumen, OMS-III
  - Melinda Turner, M.Ed., Institutional Effectiveness Associate & Data Analyst

# References/Resources

- Triple Aim: Care, Health, and Cost. Health Affairs Volume 27, Number 3, May/June 2008. <https://doi.org/10.1377/hlthaff.27.3.759>
- From Triple Aim to Quadruple Aim: Care of the Patient Requires Care of the Provider. Bodenheimer, T., Sinsky, C. Ann Fam Med 2014;12:573-576. doi: 10.1370/afm.1713.
- 2016 Update: IPEC- Core Competencies for Interprofessional Collaborative Practice
- Framework for Action on Interprofessional Education and Collaborative Practice. World Health Organization 2010 ([http://apps.who.int/iris/bitstream/10665/70185/1/WHO\\_HRH\\_HP\\_N\\_10.3\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HP_N_10.3_eng.pdf))
- Institute of Medicine Composite Summary <http://acmq.org/education/iomsummary.pdf>
- Brown D, Gillespie C, Warren J. *Core Entrustable Professional Activities for Entering Residency—EPA 9 Schematic: Collaborate as a Member of an Interprofessional Team*. Obeso V, Brown D, Phillipi C, eds. Washington, DC: Association of American Medical Colleges;2017. [aamc.org/initiatives/coreepas/publicationsandpresentations](http://aamc.org/initiatives/coreepas/publicationsandpresentations)
- Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.