

# **Impact of the New Mdelta Curricula on Health Professional Students' Attitudes Toward Interprofessional Education**

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# Disclosures

- Nothing to disclose

# Objectives:

On completion of this session the participants will be able to:

- Describe the interprofessional education curriculum at the University of Connecticut and experience part of a simulated IPE session
- Collaborate and share ideas for and barriers to IPE with others
- Discuss two validated instruments used to study health professional students' attitudes towards interprofessional education and preliminary data on the IPE curriculum at UCONN

# Interprofessional Education

- “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010).

# Institute of Medicine

# **LCME Standards for Accreditation**

## **7.9 Interprofessional Collaborative Skills**

The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

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<https://www.ipecollaborative.org/resources.html>

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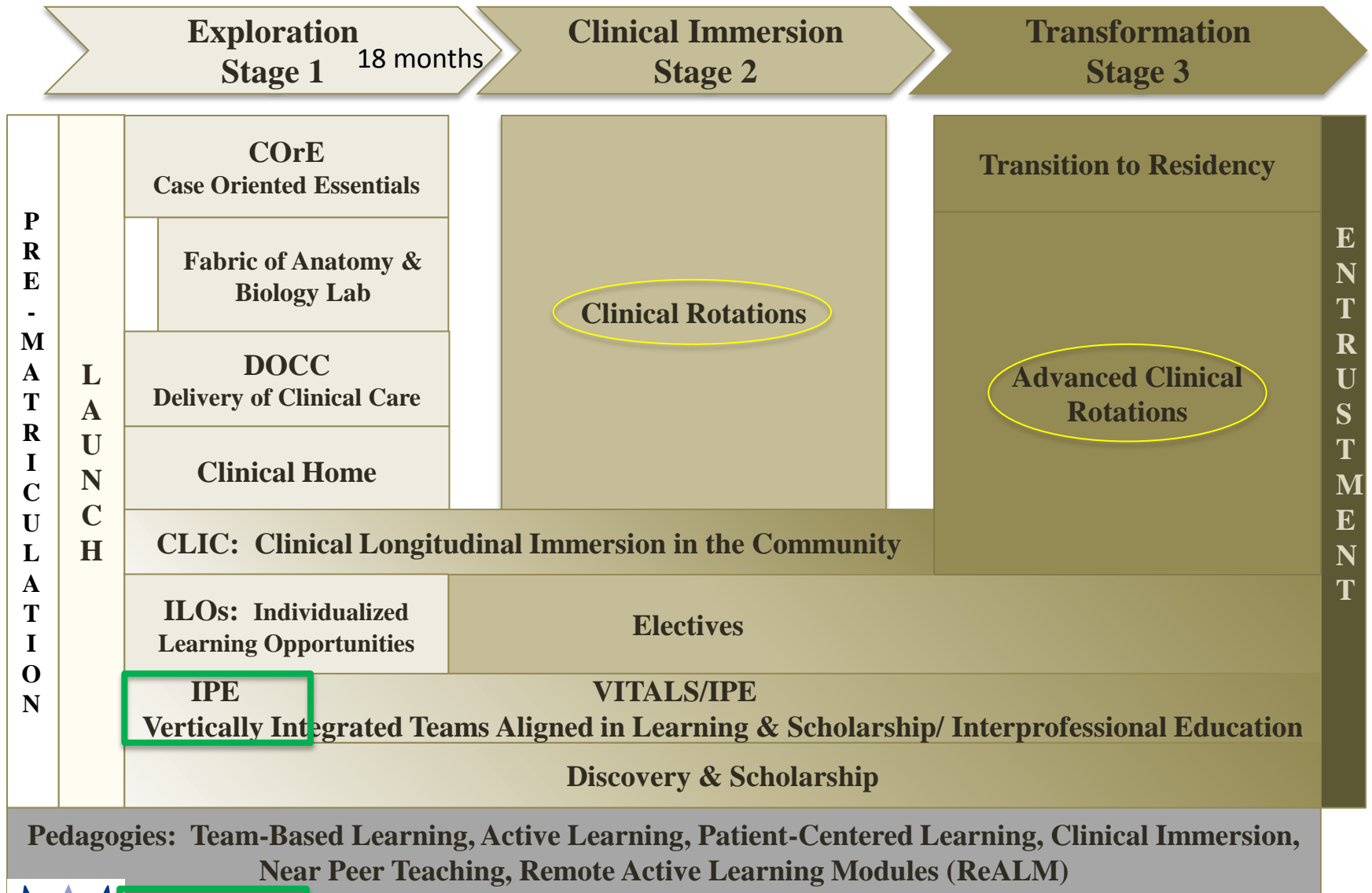


## **MDelta Curriculum**

- Fall 2016
- First class graduates 2020
- Team-based learning “Flipped classroom,”  
Remote Active Learning Modules (ReALMs)
- IPE!!!



# STFM Annual Spring conference



A B C D E

# IPE Curriculum

- 5 two hr sessions in Stage 1 (Blocks A, B, C)
- Modified TBL – online iRAT, no tRAT, application exercises
- Session topics: Pain, Trauma/Simulation, Pediatric Asthma, Public Health/Tuberculosis, Palliative Care
- Health professional students: Medicine, Dental Medicine, Graduate Nursing, Pharmacy, Public Health

## UConn | SCHOOL OF MEDICINE

### VITALS COURSE

#### Interprofessional Education: Palliative Care Syllabus

Health professions represented: Medicine, Dental Medicine, Nursing, and Pharmacy

**Key Words:** terminal care, palliative care, hospice care, interprofessional oncology practice

**Block/Module:** C6: April 16 & 18, 2018

#### Faculty

Facilitators: Douglas Peterson, Jennifer Mastrocola

Content experts: Jill Fitzgerald, Kathryn Goldman, Annette Jakubisin Konicki, Zita Lazzarini, Sarah Loschiavo, Paula McCauley, Patricia Newman, Trinh Pham, Catherine Wilcox

#### Summary: Interprofessional Education: Palliative Care

This session will explore the biologic, clinical, and ethical dimensions of managing a patient with cancer as they interact with Palliative Care and Hospice teams throughout the course of a life threatening illness, including at the end of life. The role of the interprofessional team in optimizing the patient's dignity and comfort while concurrently supporting the family will be emphasized. A patient-based case will be presented in sequential fashion during the session. At designated intervals throughout the case presentation, there will be small group followed by plenary group discussion to address a key question directed to the case.

Students will be expected to take a time limited individual Readiness Assurance Test (iRAT) prior to the session following the instructions below. All iRAT questions will be linked to one of the following objectives.

#### Learning Objectives:

At the conclusion of this session, the students will be able to:

1. Develop a trusting relationship with patients, families, and other team members (VE6) \*;
2. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable (RR5) \*;
3. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/ preferences for care (TT4) \*;
4. Understand the differences between Palliative and Hospice Care and what patients would be eligible for hospice care;
5. Describe how to identify which patients would benefit from a Palliative Care assessment and the components of a primary palliative care assessment;
6. List, in order, the important steps for delivering bad news and describe how to approach this discussion in a cross-cultural setting;



7. Delineate key pharmacologic interventions for the management of symptoms in patients approaching the end-of-life, particularly in regards to use of opioids;
8. Describe the legal advance directives in Connecticut.

\* Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. Washington, D.C.

<https://www.tamhsc.edu/ipe/research/ipe-2016-core-competencies.pdf>

## Required ReALMs:

(required to prepare for the individual Readiness Assurance Test: iRAT)

1. National Hospice and Palliative Care Organization: Palliative care questions and answers. (Objective 4)  
<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3355>
2. NHPCO Hospice Basics Video Series. (Objective 4)  
<http://www.nhpco.org/about-hospice-and-palliative-care/hospice-basics-video-series>  
Videos 1-5 only (total of 13.16 min)  
not required: Video 6 "Choosing a Hospice".
3. Lazzarini Z. Advanced care planning and legal advance directives (UConn MediaSite). (Objective 8)  
<http://mediasite.uchc.edu/mediasite41/Play/7dbde71c73b44c3687b00076a72b2e0b1d>  
(total of 28.46 min)
4. Swetz KM and Kamal AH. In the clinic: Palliative care. Ann Intern Med. 2018 Mar 6;168(5):ITC33-ITC48. doi: 10.7326/AITC201803060. (Objective 7)  
<http://annals.org/aim/fullarticle/2674116/palliative-care>
5. Old JL. Communicating bad news to your patients. (Objective 6)  
<http://www.aafp.org/fpm/2011/1100/p31.pdf>
6. Weissman DE and Meier DE. Identifying patients in need of a palliative care assessment in the hospital setting. J Palliat Med. 2011;14(1):17-23. (Objective 5)  
<http://online.liebertpub.com/doi/pdfplus/10.1089/jpm.2010.0347>

## Required Assignments (to be completed before class):

individual Readiness Assurance Test (iRAT) 11 minutes

Instructions:

Completion of a 7 question multiple choice examination prior to the session is required.

This quiz can be located on HuskyCT Blackboard, labeled as "individual Readiness Assurance Test (iRAT)".

As you soon as you start, the clock will start and you will have 11 minutes to complete the iRAT.

Upon submission of your answers you will be provided the correct answer, as well as text describing the basis for the correct and incorrect answers.

## Required Assignments (to be completed after class):

None



## Optional ReALMs:

1. Connecticut State Advance Directives. (Objective 8)  
<http://www.caringinfo.org/files/public/ad/Connecticut.pdf>
2. Oosterink JJ et al. Interprofessional communication between oncologic specialists and general practitioners on end-of-life issues needs improvement. (Objective 3)  
<https://academic.oup.com/fampira/article/33/6/727/2503141>
3. Albert RH. End-of-life care: Managing common symptoms. Am Fam Physician 2017;95(6):356-361. (PDF posted). (Objective 7)

## Curriculum Mapping:

### Medical and Dental Medical students:

COrE: B7  
COrE: B10

### Nursing students:

#### All NP students:

NURS 5060: Module 1: Cellular Biology  
NURS 5062: Advanced Health Assessment  
NURS 5070: Module 11-12 Pharmacology and Pain

#### Primary Care students:

NURS 5410: Common and Comorbid health problems in APN Primary Care.  
(Musculoskeletal pain; Honor my wishes", EOL Care, Palliative Care, Hospice & Ethics.) Fall semester

NURS 5420: Complex and comorbid health problems in APN PC Practice IV  
(chronic pain management & opioid prescribing) spring semester

NURS 5429/49: APN Practicum III. Palliative Care IPE activity. Spring semester

#### Acute Care students:

NURS 5160: Acute and chronic pain management; opioid guidelines

### Pharmacy students:

PHRx 3040: Neurology  
PHRx 4055: Advanced Clinical Concepts in Pain Management  
elective course (P2 or P3 Fall, prior to 2017)  
PHRX 3003: (P1 Spring) Nutrition module discusses CAM treatments  
PHRx 5044: Oncology/Hematology



# **Interprofessional Education**

## **Palliative Care**

**April 16<sup>th</sup> and 18<sup>th</sup>, 2018**



## Part 1 – Background

Ms. Y. is a 48 year old female who was first diagnosed with acute myelogenous leukemia (AML) eight years ago. At that time she underwent high-dose induction chemotherapy.

The patient experienced significant toxicities from her treatment, during which time the Palliative Care team managed her symptoms well. The patient achieved hematologic remission.

She unfortunately relapsed three years later and then underwent an allogeneic peripheral blood stem cell transplant (PBSCT). She once again achieved remission.





## Part 2 – Emergency Department

She presents to the Emergency Department (ED) today for worsening lethargy as well as moderate pain in her leg. She is at the ED with her wife and 2 children, ages 13 and 16.

Her laboratory test results include a complete blood count and differential as follows:

total white blood cell count:	40,000/mm <sup>3</sup>
blast leukemic cells	75%
segmented neutrophils:	10%
platelets:	8,000/mm <sup>3</sup>





# Ask the Expert

What do these laboratory values indicate?

How is this information interpreted?



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# Group Exercise: Delivering Bad News

The patient and her family are awaiting the results of the laboratory tests. You need to give these results to the patient and her family. You anticipate that they will be quite upset with the news that the patient has once again relapsed.

Take the next **3 minutes** to determine how you are going to break this news to them.

1. Who will be present? (family and clinicians/team members)
2. How will you start the conversation?
3. How much are you going to say?
4. How do you end the conversation?



## Part 3 – Inpatient admission

So now you are part of the team that is admitting the patient. You remember you must ask her about her code status.

You ask “What is your code status?”

The patient asks “What’s a code status?”



## Part 4 – In Home Hospice

The patient is experiencing the following symptoms:

- 5 out of 10 upper right leg pain
- nausea
- intermittent shortness of breath

The patient is feeling anxious about dying, and her children and wife are struggling with seeing her declining.



## Group Exercise

Take the next **5 minutes** to discuss what treatment you would recommend for management of the patient's current symptoms.



# Feedback

1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree 0-Not applicable	Average of Question 1: The Goals and Objectives were communicated well:	Average of Question 2: The session(s) were educationally effective:	Average of Question 3: The objectives for the unit were achieved:	Average of Question 4: The preparation workload for the session was manageable:	Average of Question 5: The resources provided for to prepare for the session(s) were appropriate:
VITALS-C2-IPE: Palliative Care	3.73	3.54	3.74	3.75	3.85



# Feedback 😊:

- *“I thought that having such a wide range of skilled faculty there to provide their various perspectives definitely added to the quality of the learning experience.”*
- *“The IPE was a good example of how good IPE is and how useful it is to have other profession in our discussions.”*
- *“This was my favorite IPE session. I enjoyed talking with the variety of students from the APRN + pharm schools. I was particularly impressed with the number of different faculty members from many different fields who were present. I learned a tremendous amount about palliative care from this productive class, and really appreciated the inclusion of a palliative care specialist on the team of content experts.”*
- *“I like how the "case" was organized. It helped us as students consider different choices at different stages of a patient's disease progress. It forced us to consider many implications of different decisions.”*
- *“It was very helpful to have a former hospice nurse in our class share her experience in working with these patients.”*
- *“IPE are always fun classes, it is nice to interact with the other professions.”*

## Feedback 😞:

- *“Didn't get any benefit from having the APRN students at our table for the exercises.”*
- *“The REALMs were very informative and concise, but the session itself didn't introduce any new material or deepen my understanding enough to justify the two hours it filed”*
- *“IPE sessions do not provide any new information or skills to my education. a powerpoint or video would suffice”*
- *“Much too long of a session.”*
- *“Weakness: my table did not have a nursing student”*
- *“Please get rid of IPE. I think the sessions seem like a good idea but in reality they are soooooo boring.”*

## **Time for collaboration:**

- Break into groups of 2-3 people
- Share if/what you currently do for IPE at your institutions. (If you do not currently, think of what you'd like to do)
- What have been some of the barriers?



## **Research:**

**Which curricular exposures or additional factors result in the greatest attitude difference?**

## RIPLS

Readiness for Interprofessional Learning Scale

- 19 items
- 5 Point Likert Scale
- Score Range: 5-95

Strongly Disagree	1
Disagree	2
Neutral	3
Agree	4
Strongly Agree	5

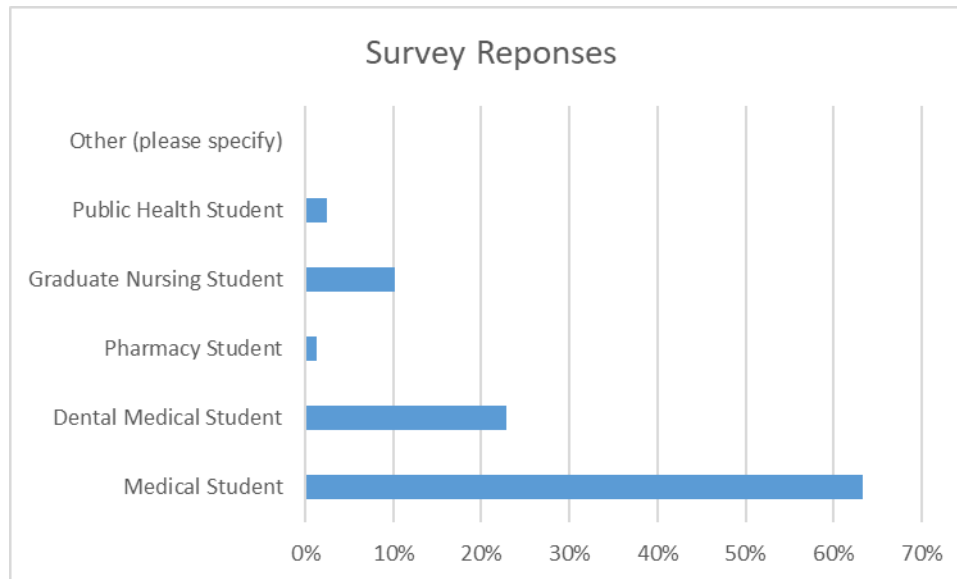
## IEPS

Interdisciplinary Education Perception Scale

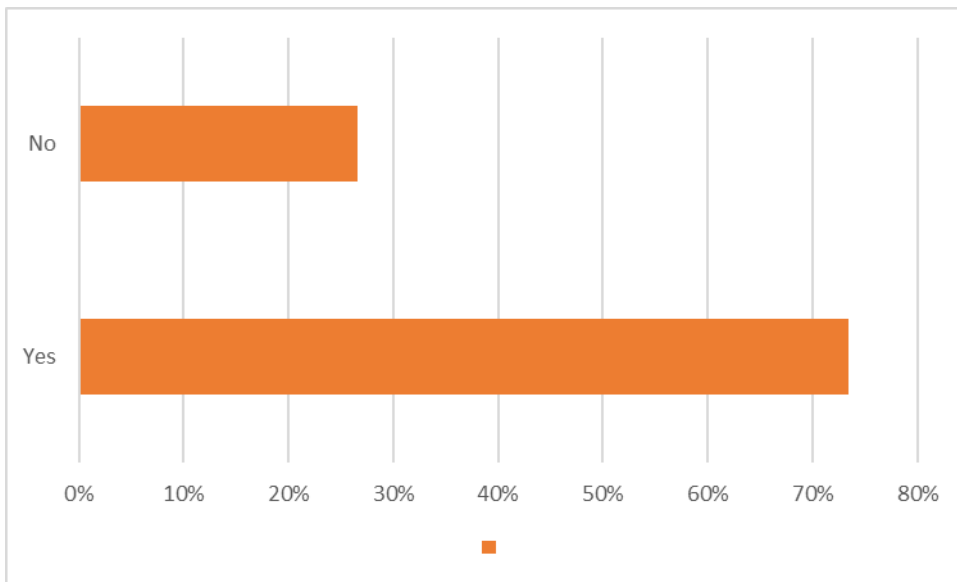
- 12 items
- 6 Point Likert Scale
- Score Range: 6-72

Strongly Disagree	1
Disagree	2
Somewhat Disagree	3
Somewhat Agree	4
Agree	5
Strongly Agree	6

# Responses:



Check which best describes you.		
Medical Student	50	63%
Dental Medical Student	18	23%
Pharmacy Student	1	1%
Graduate Nursing Student	8	10%
Public Health Student	2	3%
Other (please specify)	0	0%
TOTAL	79	100%



**Prior to entering your current health professional school,  
did you have prior clinical experience?**

Yes	58	73%
No	21	27%
TOTAL	79	100%

# RIPLS (Teamwork and collaboration)

## *Teamwork and collaboration*


1. Learning with other students will help me become a more effective member of a healthcare team.
2. Patients would ultimately benefit if healthcare students worked together to solve patient problems.
3. Shared learning with other healthcare students will increase my ability to understand clinical problems.
4. Learning with healthcare students before qualification would improve relationships after qualification.
5. Communication skills should be learned with other healthcare students.
6. Shared learning will help me to think positively about other professionals.
7. For small-group learning to work, students need to trust and respect each other.
8. Team-working skills are essential for all healthcare students to learn.
9. Shared learning will help me to understand my own limitations.

Question. 1	Question. 2	Question. 3	Question. 4	Question. 5	Question. 6	Question. 7	Question. 8	Question. 9
4.208955224	4.253731343	4.059701493	4.074626866	4.149253731	4	4.373134328	4.432835821	4.044776119
4.177446103								



# References:

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- World Health Organization (WHO). (2010). *Framework for action on interprofessional education & collaborative practice*. Geneva: World Health Organization. Retrieved March 28, 2017 from [http://apps.who.int/iris/bitstream/10665/70185/1/WHO\\_HRH\\_HPN\\_10.3\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf?ua=1)
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- Interprofessional Education Collaborative Expert Panel. (2011). *Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel*. Washington, DC: Interprofessional Education Collaborative.
- <https://medicaleducation.uconn.edu/curriculum/m-d-curriculum/m-delta-curriculum/>
- Lie DA, Fung CC, Trial J and Lohenry K. A comparison of two scales for assessing health professional students' attitude toward interprofessional learning. *Med Educ Online*. 2013; 18: 21885.

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