



# ***Student Pre-Work***

## Interprofessional Care Coordination Rounds Simulation

Part of the JHUSON Interprofessional Education and Online Simulation Program

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### **Information for Students to Prepare for Simulation**

#### **Objectives**

By the end of this simulation, the learner will be able to:

1. Observe collaboration among members of an interprofessional team while planning for a patient's discharge from the hospital.
2. Assess the patient's needs and goals which must be met when coordinating hospital discharges.
3. Identify the role of each team member, including those from nursing, medicine, pharmacy, physical therapy and social work when planning a patient's discharge.
4. Explain the patient's needs for patient education prior to discharge as well as plans for conducting patient education.
5. Describe why it is important for the patient to understand the cause of his/her hospitalization.
6. Analyze the importance of each team member in preparing the patient for discharge.
7. Discuss the following **Core Competencies for Interprofessional Collaborative Practice (2016)**

#### **Core Competencies for Interprofessional Collaborative Practice (2016)**

##### **A. Values/Ethics sub-competencies**

- VE1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
- VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
- VE6. Develop a trusting relationship with patients, families and other team members.
- VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.
- VE10. Maintain competence in one's own profession appropriate to scope of practice.

## **B. Roles and Responsibilities sub-competencies**

- RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.
- RR2. Recognize one's limitations in skills, knowledge, and abilities.
- RR3. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
- RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.
- RR5. 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.
- RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
- RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.

## **C. Interprofessional Communication sub-competencies**

- CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- CC3. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies
- CC4. Listen actively and encourage ideas and options of other team members.
- CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

## **D. Teams and Teamwork sub-competencies**

- TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.
- TT4. 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.
- TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
- TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.
- TT10. Use available evidence to inform effective teamwork and team-based practices.
- TT11. Perform effectively on teams and in different team roles in a variety of settings.

## **Prewrite**

Please review the following information prior to participating in this simulation:

1. Read brief overview of the patients discussed in the Interprofessional Care Coordination Rounds Simulation
2. Review the roles of each member of the team (physician, nurse, pharmacist, physical therapist, social worker, nurse case manager).
3. Review the IPE competency material found in this module
4. Examine principles of interprofessional care coordination in the assigned reading

Required:

Bharwani, AM, Harris, C., Southwick, F.S. (2012) Perspective: A business school view of medical interprofessional rounds: Transforming rounding groups into rounding teams, *Academic Medicine*, 87, 1768-1771. doi: 10.1097/ACM.0b013e318271f8da

Optional:

O'leary, K. J., Johnson, J. K., & Auerbach, A. D. (2016). Do interdisciplinary rounds improve patient outcomes? only if they improve teamwork. *Journal of hospital medicine*, 11(7), 524-525.

## **Brief overview of patients**

This simulation depicts interprofessional conference room care coordination rounds. Professionals participating include nurse, case manager, physician, physical therapy, social worker, and pharmacist. They discuss three patients: past history, history of present illness, present condition and management, and new management plans and plans for transfer or discharge.

Patient #1 Mr. Taylor: 63-year-old male with Chronic Obstructive Pulmonary Disease (COPD), congestive heart failure (CHF), coronary artery disease (CAD), and hypertension (HTN) who presented to the Emergency Department last evening with a CHF exacerbation. Interventions included a chest xray, intravenous furosemide and oxygen.

Patient #2 Mrs. Jones: 75-year-old female who was admitted to the ICU one month ago with a stroke and left sided weakness. Her ICU course was complicated by ventilation issues, pneumonia and sepsis. She has been on the medical floor for one week and she recently developed a VTE. She is currently being treated with a heparin drip. The team plans to switch to oral anticoagulation and plan for discharge to rehabilitation service.

Patient #3 Mr. Washington: 80-year-old male with Type II Diabetes and hypertension. This is his 3rd hospitalization for hyperglycemia (glucose 850 mg/dL on admission) who was treated with IV insulin and fluids. He lives at home with his wife and needs medication counseling.