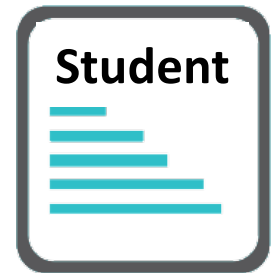


Student Pre-Work

Discharge Planning during Team Rounds: Structured Interprofessional Bedside Rounds (SIBR)

Part of the JHUSON Interprofessional Education and Online Simulation Program



Information for Students to Prepare for Simulation

Objectives

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

1. Observe team collaboration in preparing to discharge a patient.
2. Describe the role of each team member in preparing the patient for discharge.
3. Analyze how the patient's problems, needs and desire should be taken into consideration when planning for discharge.
4. Explain the importance of patient safety and strategies to address it when planning for discharge.
5. Describe how roles of team members overlap and how they are similar in discharge planning.
6. Differentiate teaching for the wife and teaching for the patient and explain the rationale for both approaches.
7. Explain how you might evaluate the effectiveness of your patient education.
8. Describe how you know that the goals of the team were met.
9. 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.

Prework

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

1. Brief overview of the patient
2. The principles of interprofessional care coordination and roles of each member of the team (physician, nurse, pharmacist).
3. The IPE core competencies addressed in this module.
4. The nursing priorities for a patient with COPD, CHF, and hypertension
4. The teaching needs of the patient with COPD, CHF, and hypertension
5. The IPE competency material found in this module
6. Read the following references

Reference Materials

Beaird, G., Dent, J. M., Keim-Malpass, J., Muller, A. G. J., Nelson, N., & Brashers, V. (2017). Perceptions of teamwork in the interprofessional bedside rounding process. *The Journal for Healthcare Quality (JHQ)*, 39(2), 95-106.

Coleman EA, Smith JD, Frank JC, Min S, Parry C, Kramer AM. Preparing patients and caregivers to participate in care delivered across settings: the care transitions interventions. *J Am Geriatr Soc*. 2004;52:1-9.

Snow V, Beck D, Budnitz T, et al. Transitions of Care Consensus Policy Statement: American College Of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, and Society for Academic Emergency Medicine. *J Hosp Med*. 2009;4:364–370.

Brief overview of patient

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.