

# Client Centered Simulation: Practicing Interprofessional Teamwork with Standardized Patients

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## Introduction/Background

Interprofessional education (IPE) prepares students to work in collaborative teams (Burin et al., 2009). Educators use a variety of methods to develop and enhance teamwork skills (Fox et al., 2018).

Standardized patient (SP) simulations allow students to practice skills in safe environments (Herge et al., 2013) and respond to situations as they would under natural conditions (McGaghie, 1999). As an active learning experience, SP simulations help students break through the “illusion of understanding” (Synicki & McKeachie, 2001 p. 190).

Kirkpatrick posits a hierarchy of changes as a result of training/education (Kirkpatrick, 1979). At the highest level is transfer of learning to change behavior. Assessment of IPE influenced behavior change is limited and most assessments measure satisfaction, attitudes and knowledge (Abu-Rish et al., 2012).

Team Care Planning is a simulated discharge meeting with an elderly female patient who had a CVA and her adult daughter played by standardized patients. It was developed in 2009 as Clinical Discharge Scenario as part of a Geriatric Education Center grant. Goals for this learning activity are:

Health care professions students will:

- 1) identify roles and responsibilities of professionals on the healthcare team and
- 2) practice communication and collaboration in an interprofessional team simulation.

## Methods

Prior to the simulation students:

- read the patient medical record
- view a short video that portrays eight health professionals (physician, nurse, physical therapist, occupational therapist, pharmacist, physician assistant, couple and family therapist and social worker) working with the patient in the acute care setting.

During the simulation students

- meet in interprofessional teams to discuss their perspective and generate a plan
- meet with the patient and family caregiver to plan discharge.

Following the simulation students

- engage in a debriefing session led by the faculty observer
- receive feedback from the standardized patients.



## Data Collection and Analysis

Evaluation of the Team Care Planning simulation is multi-faceted assessing student’s own self-reported perceptions along with observations of the team process by all stakeholders.

Construct	Measure	Participants
Behavior	Jefferson Team Observation Guide JTOG™	students, faculty observer, SPs
Learning (skills)	Team Care Planning Evaluation	students
Learning(knowledge)	Team Care Planning Evaluation	students
Reaction/satisfaction	Team Care Planning Evaluation	students

<http://archive.ahrq.gov/news/events/conference/2009/salas/index.html>

Descriptive statistics were computed for all quantitative data; thematic analysis with two independent coders was computed for all qualitative data.

## Conclusion/Discussion

Analysis of results indicates program outcomes are being met. Students report greater understanding of roles/responsibilities of team members. Students, faculty and standardized patients rate the experience high in terms of teamwork.

Simulated encounters help students practice, enhance and develop skills necessary for effective interprofessional practice. Practicing these skills in an authentic, yet safe setting, gives students the chance to test strategies, practice communication skills, work with teammates, and even make errors. Through debriefing, students reflect on their performance; feedback from the standardized patients provides students with information that can inform the development of their personal and professional self.

## Results

Learning: How could participating in this activity inform your clinical practice now and in the future?		Satisfaction: Please complete this sentence: Next time you offer this learning activity be sure to...		Behavior: What one thing did you learn that you will apply to future teamwork?		
Quantitative	Qualitative	Quantitative	Qualitative	Quantitative	Qualitative	
<p><b>Means:</b></p> <ul style="list-style-type: none"> <li>• Increased knowledge of roles M = 3.39</li> <li>• Improved ability to communicate M = 3.36</li> <li>• Improved ability to collaborate M = 3.39</li> <li>• Increased understanding of person-centered care M = 3.46</li> </ul> <p>Team Care Planning Evaluation Scores Per Rater Perspective: (1-Strongly Disagree, 4 = Strongly Agree)</p>	<p><b>Quotes:</b></p> <p>“Collaborating with interprofessional clinicians gives a different perspective to patient centered-care, each member is equally important and I will remember this throughout my practice.”</p> <p>“This (experience) will help me be more patient centered and I realized how small changes in my language and how I speak to the patient can have a huge impact on how they feel.”</p>	<p><b>Means:</b></p> <ul style="list-style-type: none"> <li>• Focus of activity was clear M= 3.35</li> <li>• Time allotted was sufficient M = 3.39</li> <li>• Materials (video, chart) were appropriate M = 3.41</li> <li>• Debriefing with faculty was helpful M = 3.56</li> <li>• Debriefing with SP and CG was helpful M = 3.57</li> </ul> <p><b>Major themes:</b></p> <ul style="list-style-type: none"> <li>• Preparation before encounter</li> <li>• Time</li> <li>• Diverse teams</li> <li>• Instructor centric</li> </ul> <p>Team Care Planning Evaluation Scores Per Rater Perspective: (1-Strongly Disagree, 4 = Strongly Agree)</p>	<p><b>Quotes</b></p> <p>“increase the time a little to make sure there is enough time to debrief”</p> <p>“include social work”</p> <p>“have all programs represented”</p> <p>“make sure (one profession) doesn’t take over the role of (another profession)”</p>	<p><b>Team-Member Rater:</b></p> <ul style="list-style-type: none"> <li>• Leadership: M = 3.34, SD = 0.67</li> <li>• Roles and Responsibilities: M = 3.48, SD = 0.51</li> <li>• Communication: M = 3.49, SD = 0.46</li> <li>• Values and Ethics: M = 3.29, SD = 0.59</li> <li>• Teamwork: M = 3.41, SD 0.61</li> </ul> <p><b>Observer Rater:</b></p> <ul style="list-style-type: none"> <li>• Leadership: M = 3.33, SD = 0.73</li> <li>• Roles and Responsibilities: M = 3.57, SD = 0.47</li> <li>• Communication: M = 3.57, SD = 0.49</li> <li>• Values and Ethics: M = 3.31, SD = 0.59</li> <li>• Teamwork: M = 3.41, SD = 0.75</li> </ul> <p>JTOG Competency Scores Per Rater Perspective: (0 = not observed, 4 = Strongly Agree)</p>	<p><b>Patient Rater:</b></p> <ul style="list-style-type: none"> <li>• Teamwork: M = 2.78, SD = 1.17</li> <li>• Roles and Responsibilities: M = 3.33, SD = 0.77</li> <li>• Communication: M = 3.33, SD = 0.84</li> <li>• Values and Ethics: M = 3.28, SD = 0.67</li> <li>• Patient-centeredness: M = 3.06, SD = 0.80</li> </ul> <p><b>Caregiver / Support-person Rater</b></p> <ul style="list-style-type: none"> <li>• Teamwork: M = 2.67, SD = 1.08</li> <li>• Roles and Responsibilities: M = 3.70, SD = 0.48</li> <li>• Communication: M = 3.39, SD = 0.78</li> <li>• Values and Ethics: M = 3.33, SD = 0.84</li> <li>• Patient-centeredness: M = 2.90, SD = 0.97</li> </ul>	<p><b>Quotes</b></p> <p>“Establishing a plan and structure of the discharge meeting prior to the meeting to make sure it runs smoothly.”</p> <p>“One thing I learned that I will apply to future teamwork is that although we are all equals, it is still important to establish a leader in the group that will lead the discussion to make it seem more cohesive.”</p> <p>“It can be really overwhelming for the patient so it is crucial to...give them time to process the information that is being thrown at them.”</p> <p>“To foster respectful discussions. Make an environment where people feel comfortable to disagree with you because you might just find out that you were wrong or that there are alternate solutions that you didn’t think of.”</p>