UNIVERSITY OF NEW ENGLAND
Center for Excellence in Collaborative Education

Understanding an Interprofessional Team through the Lens of the Intentional Relationship Model (IRM)

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Research Question

How does the *Intentional Relationship Model* (IRM) aid healthcare students better understand other profession's approaches to patient-centered care?

Introduction and Objectives

Introduction: The *Intentional Relationship Model* (IRM) is designed to explain the therapist's roles and demands in both establishing and maintaining a therapeutic relationship with a patient. While based in occupational therapy, this model has wide implications on being applied in many contexts, including an interdisciplinary team. While based in occupational therapy, this model has wide implications for the application to health care interdisciplinary teams.

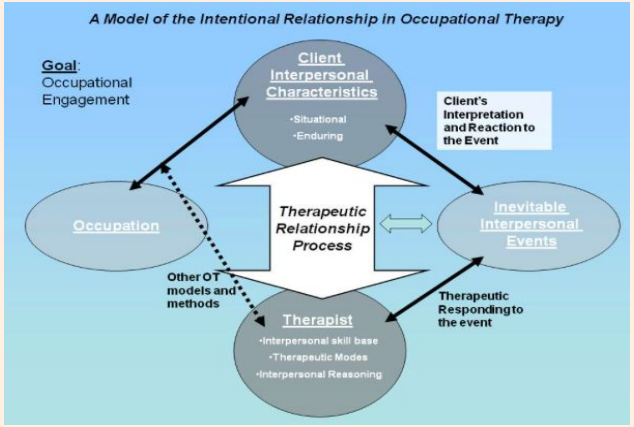
Objective: The objective for our team was to analyze our own interactions with Alex and identify how our ability to use different modes of the IRM and mode-shift made an impact on our care both individually and as a collective.

Background

Ten underlying principles of IRM

1. Critical self-awareness is the key to intentional use of self
2. Interpersonal self-discipline is fundamental to effective use of self
3. It is necessary to keep head before heart
4. Mindful empathy is required to know one's client
5. It is important to continually develop one's interpersonal knowledge base
6. Provided that they are flexibly and purely applied, a wide range of therapeutic modes can work and be utilized interchangeably in OT
7. The client defines a successful relationship
8. Activity focusing must be balanced with interpersonal focusing
9. Application of the model must be informed by OT core values and ethics
10. Cultural competency is central to practice

Methods



Results of IRM Questionnaire

*Boldized indicates the highest value

	Emma (OT)	Bailey (PA)	Marissa (PT)	Vanessa (SW)	David (COM)	John (CDM)
Advocating	**30**	10	5	0	5	0
Problem Solving	25	20	**25**	10	15	**30**
Collaborate	20	**30**	5	15	5	10
Empathy	20	15	15	25	5	5
Instruct	0	15	20	15	10	**30**
Encourage	5	10	30	**35**	**60**	25

Discussion

OT - **Advocate:** As a team, each group member incorporated aspects of advocacy into their discussions with Alex, whether it be for his rights to healthcare services and how we can support him in gaining access, or in our group discussions regarding how we can best support him.
PA - **Collaborate:** We collaborated while meeting with Alex (who, as the patient, is the leader in guiding his own care). Collaboration helped to make Alex's care patient centered as we worked together to obtain necessary information and then make a plan.
PT - **Problem Solving:** Our team was able to use this approach to be goal oriented and methodically identify the needs of the client and address those one by one. By identifying Alex's valued concerns, we were able to then adjust our plan of care to best serve and provide care that is beneficial and meaningful.
SW - **Encourage:** Encouragement was a huge part of helping Alex see progress and choices that were in front of him. We used this as a relationship builder between ourselves and the client but also as a motivator in the client's success and self action on treatment and goals for himself.
COM - **Encourage**: We encouraged Alex to continue to engage in activities that would improve his health status. We wanted him to feel good about seeking healthcare, securing insurance, and ensuring that he was receiving the appropriate medicines and therapies.
CDM **-Instruct**: As a dentist, our main focus is to instruct our patients on what they can do at home to improve their oral health. With good instructions, improved at home dental care can lead to better overall health. Instructing Alex to continue with overall care and seek other professional opinion's will result in the outcome he wishes to achieve.

Conclusion

As a group, we had an open mind about how approaching patient care has changed with the advancements in medicine. As we conducted small group interviews and debriefed as a large group, we quickly realized that we all had different approaches. Through the use of the *Intentional Relationship Model* we were able to see how, as a group of 6 individuals, we were able to represent each of the 6 modes of the IRM. With each mode, or strength represented by one of the students, Alex received the quality patient centered care he deserved. In future patient care, we will reflect on this simulation exercise and remember that collaborating with other professionals enables health care clinicians to provide best practice care to each individual, as others bring their unique strengths to the team.

Acknowledgements

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