

The Role of Critical Case Analysis in Interprofessional Education

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Background Information

Goals for interprofessional education include preparing students to work in collaborative practice, teaching them how to work in teams and to assess and improve the quality of patient care. (Barr, 2007, Thibault, 2013). Four core competency domains have been established to inform interprofessional education (Interprofessional Education Collaborative Expert Panel, 2011). These are ethics/values, roles/responsibilities, interprofessional communication and teams/teamwork. Various pedagogical approaches have been used to help students meet these competencies. The Josiah Macy, Jr. Foundation (2013) recommends development and implementation of innovative models to link interprofessional education and practice. Thibault (2013) recommends students engage in “real work” as part of their interprofessional education experience.

Description of Critical Case Analysis

Students attend a hospital-based team presentation of a challenging discharge scenario. Held four times a year, this one hour presentation is led by members of the hospital clinical staff. Students and the clinical staff collaborate to identify and analyze the challenges to optimal patient care from an interprofessional perspective. Students and the clinical team explore the roles/responsibilities of the team members, participate in the discussion of patient care and disposition recommendations, and share their ideas and strategies for optimal patient outcomes.

Evaluation

Students complete the following:

- University developed Team Observation Guide to evaluate the team process. Jefferson Team Observation Guide (JTOG)
- Critical Incident Questionnaire
- Students in the Department of Occupational Therapy write a reflection paper on their experience.

Participants

Students	Clinical Staff
<ul style="list-style-type: none"> • Nursing • Medicine • Occupational Therapy (2nd year EMOT & Combined BSMS) • Pharmacy • Physical Therapy (3rd year) 	<ul style="list-style-type: none"> • Occupational therapists • Physical therapists • Psychiatrists • Medical Residents • Speech pathologists

Example: Critical Case Analysis

HPI: Pt is a 35 y.o female admitted to outside hospital after being found down in her 8th week of pregnancy. She was treated at the outside hospital for possible meningitis with IV antibiotics and acyclovir. She was transferred to TJUH after an MRI revealed bilateral abnormal signal. Findings were thought to represent viral or autoimmune encephalitis. The pt was treated with high dose IVIG infusions. She had gradual improvement in her mental status. Physical therapy and occupational therapy were consulted to assist with d/c planning.



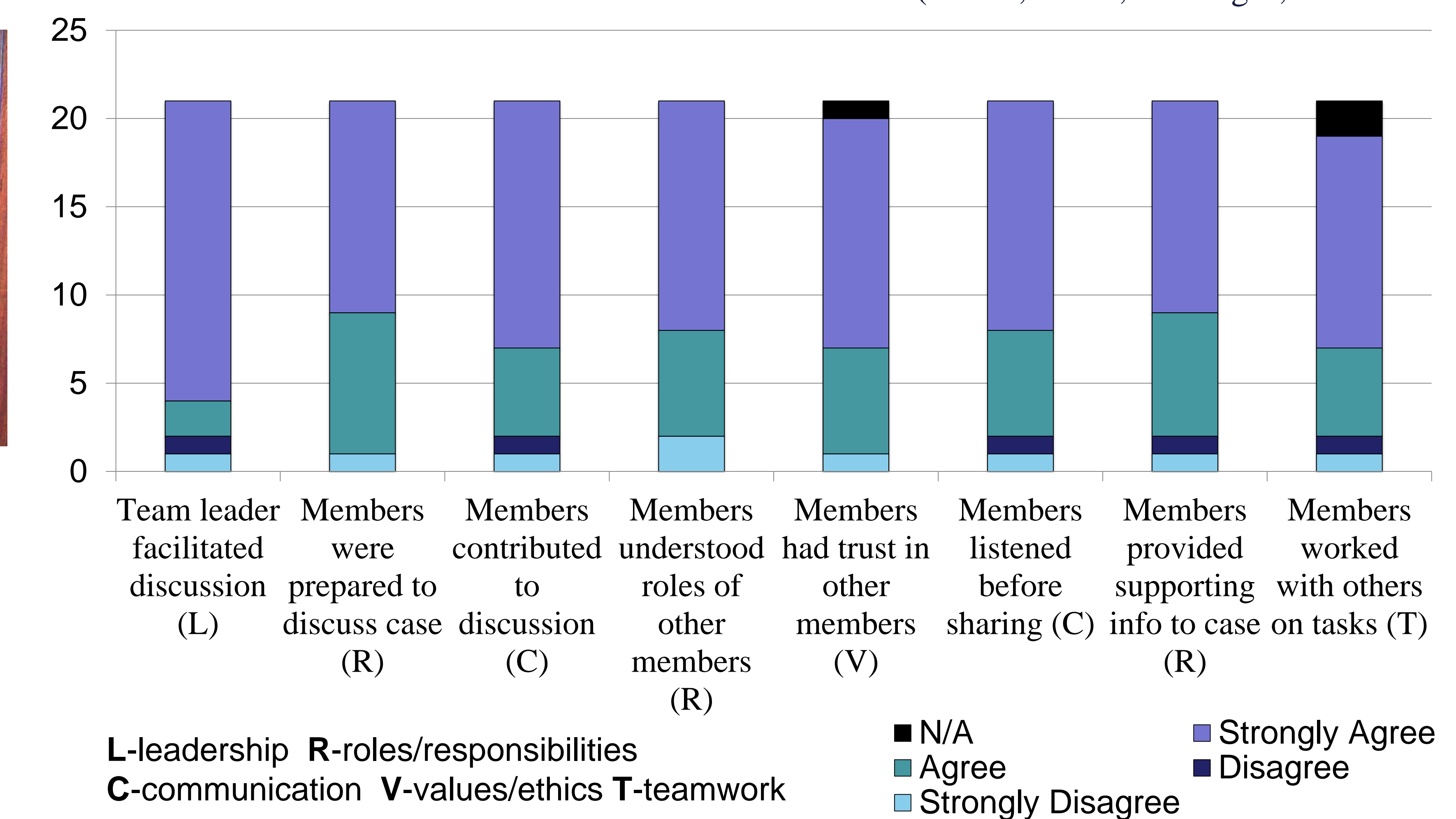
PMH: Peripheral neuropathy, depression, Hyperlipidemia, HTN
Social History: The pt’s social hx was obtained from a family member. Prior to her admission, she was living with her two children (ages 4 and 2). There was questionable assistance from her brother who lived across the street. She and her family were in a first floor apartment with approximately six stairs to enter. She was employed as a CNA.

Results-Critical Incident Questionnaire

Critical Incident Questionnaire		N= 11
<ul style="list-style-type: none"> ❖ At what moment during the workshop did you feel most engaged? • When the leaders engaged the students by asking questions • When the case was explain in full • Discussion of the difficult disposition 	<ul style="list-style-type: none"> ❖ At what point during the workshop were you most confused? • Use of medical terminology, jargon, unfamiliar vocabulary • Discussion of discharge options 	
<ul style="list-style-type: none"> ❖ At what moment during the workshop did you feel distracted? • External distractions (ex: pager going off, side conversations, etc.) • Use of unfamiliar terminology • Discussion of process of treating a patient 	<ul style="list-style-type: none"> ❖ What part of the workshop surprised you the most? • Amount of responsibility placed on the case manager • Consequences of miscommunication among team • Less emphasis on the patient’s wants • Impact of hospital regulations on patient care 	
<ul style="list-style-type: none"> ❖ What part of the workshop did you find most useful? • When the psychiatrist summarized the clinical case at hand • Hearing the interactions among the team members • Hearing the different team members’ viewpoints 		

Results-Selected JTOG Questions

N = 44 (OT-23, PT-11, Nursing-2, Medicine-8)



L-leadership R-roles/responsibilities C-communication V-values/ethics T-teamwork
N/A Agree Strongly Disagree Strongly Agree Disagree

Comments:

- ❖ **Describe one aspect of team-based care that you observed today:**
 - Communication and collaboration among team members
 - A variety of opinions from different disciplines
 - Discussion of appropriate disposition
 - Multidisciplinary approach to decision making
 - Shared leadership among disciplines
 - The teams understanding of each other’s roles
 - The team appeared to work well together
- ❖ **Describe one aspect of patient centered care you observed today:**
 - Engaging the family in the patient’s care
 - Putting the patient first
 - Allowing the patient to have control of his care
 - Teamwork for better quality care
 - Recognizing all aspects of patient, not just diagnosis and problems
 - Considering patient’s social hx, supports, barriers, home environment and interests
 - Remaining ethical and eliminating biases despite difficult dx and background
- ❖ **Describe one new thing positive or negative you learned today:**
 - Communication is important for best care for patient
 - Collaboration
 - Respect among interprofessional team
 - Need to understand each team members roles
 - Teamwork and communication are always evolving

Comments from the clinical team:

- **Observer:** "I like the critical case reviews. It has been very interesting to hear the reasoning other clinician's have used in difficult cases and helps guide my practice."
- **Presenter:** "It helped to emphasize the importance of communication between the interdisciplinary team. The conversation demonstrated that discharge planning needs to be a collaborative effort in order to expedite the process, as well as ensure optimal patient outcomes. I also think it helped give the bigger picture of what we as therapists do everyday."